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 15th September 2022 at 9.00am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

Chair: Jacqueline Forbes
East Dunbartonshire Health and Social Care Partnership
Integration Joint Board

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

A G E N D A

Sederunt and apologies

Topic Specific Seminar – Update on the New Allander – David Aitken

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 30th June 2022

Item	Report by	Description	Update	For Noting/ Approval
STANDING ITEMS				
1.	Chair	Declaration of interests	**Verbal**	**Noting**
2.	Martin Cunningham	Minute of HSCP Board held on 30th June 2022	**Paper**	**Approval**
3.	Caroline Sinclair	Chief Officer's Report	**Verbal**	**Noting**
STRATEGIC ITEMS				
4.	Claire Carthy	Integrated Children's Services Plan 2023- 2026	**Paper**	**Approval**
5.	Derrick Pearce	Equal, Expert and Valued report 2022 (PSUC)	**Paper**	**Approval**

Item	Report by	Description	Update	For Noting/ Approval
6.	Jean Campbell	National Care Service (Scotland) Bill - IJB Response to Call for Views	**Paper**	**Noting**
GOVERNANCE ITEMS				
7.	Alan Cairns	HSCP Annual Performance Report 2021 - 2022	**Paper**	**Approval**
8.	Alan Cairns	HSCP Quarter 1 Performance Report 2022	**Paper**	**Noting**
9.	Jean Campbell	Financial Monitoring Report – Month 3	**Paper**	**Approval**
10.	Paul Treon	Annual Clinical and Care Governance Report (2021-2022)	**Paper**	**Noting**
11.	Jean Campbell	Performance, Audit and Risk Committee Minutes held on 28th June 2022	**Paper**	**Noting**
12.	Paul Treon	Clinical and Care Governance Minutes held on 20th April 2022	**Paper**	**Noting**
13.	Derrick Pearce	Strategic Planning Group Minutes held on 9th June 2022	**Paper**	**Noting**
14.	Tom Quinn	Staff Forum Minutes held on 29th June 2022	**Paper**	**Noting**
15.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	**Paper**	**Noting**
16.	Chair	Any other competent business – previously agreed with Chair	**Verbal**	

FUTURE HSCP BOARD DATES

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

Thursday 17th November 2022

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

East Dunbartonshire Health & Social Care Partnership

Minute of virtual meeting of the Health & Social Care Partnership Board held on **Thursday, 30 June 2022.**

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

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

Non-Voting Members present:

C. **Sinclair**	Chief Officer and Chief Social Work Officer - East Dunbartonshire HSCP
L. **Connell**	Interim Chief Nurse
G. **Cox**	Service User Representative
L. **Dorrian**	General Manager – Oral Health NSGG&C
A. **Innes**	Voluntary Sector Representative
F. **McManus**	Carers Representative
P. **Treon**	Clinical Director

Jacquie Forbes (Chair) / Councillor Calum Smith (Vice Chair) presiding

Also Present: D. **Aitken**	Interim Head of Adult Care
C. **Carthy**	Interim Head of Children's Services & Criminal Justice
M. **Cunningham**	Corporate Governance Manager – EDC
J. **Johnstone**	Primary Care Transformation Manager
G. **McConnachie**	Audit & Risk Manager - EDC
D. **Pearce**	Head of Community Health and Care Services
T. **Quinn**	Head of Human Resources - ED HSCP
F. **Shields**	Senior Management Accountant

OPENING REMARKS

The Chair welcomed everyone to the meeting and introduced Councillor Calum Smith to the Board and Lisa Dorrian who had taken up post as General Manager - Oral Health Care. The Chair confirmed that Councillor Smith had been appointed Vice Chair of the East Dunbartonshire HSCP Board. The Chair congratulated Caroline Sinclair on her appointment as Chief Officer of East Dunbartonshire HSCP. Lastly, the Chair on behalf of the Board intimated condolences to Jenny Proctor - former Carers Representative to the Board - on the passing of her husband.

The Chair advised that she was currently suffering from Covid-19 and she then invited Councillor Smith to chair today's meeting.

ANY OTHER URGENT BUSINESS

The Chair advised that there were no urgent items of business.

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
30 JUNE 2022

1. DECLARATION OF INTEREST

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

2. MINUTE OF MEETING – 24 MARCH 2022

There was submitted and approved, subject to the undernoted amendment, a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 23 March 2022.

That an Apology for Absence had been submitted and should be recorded for Ian Ritchie

3. INTERIM CHIEF OFFICER'S REPORT

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

- Increased Covid Transmission rates;
- HSCP had completed the Vaccination Programme for Care Home & House Bound residents. The programme was exceptionally successful with an overall 98.6% uptake;
- No One Dies Alone Project – successful funding application to the NHS GG&C Endowment Fund – from November 2022 for 2 years. Officers will seek to source alternative funding streams thereafter;
- Visit from Netherlands Chief Executive and Health & Care Officials – scheduled for September – Board members will be notified / invited;
- Scottish Government has published a high level report on the proposed National Care Service with perceived benefits and supporting evidence. Potential implementation over next 4 years.
  National Care Service - Social care - gov.scot (www.gov.scot)

Following questions the Board noted the information.

4. SOCIAL SUPPORT FOR OLDER PEOPLE STRATEGY 2023-2028 (DRAFT)

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, presented the draft Social Support Strategy for approval prior to the stakeholder engagement phase. Full details were contained within the Report and attached Appendices.

Following consideration, the Board welcomed the Report and acknowledged the work of officers to date. Thereafter the Board noted the proposals to extend engagement and engage with those not using services and agreed as follows:

a) Approve the content of the draft five year Social Support Strategy (Appendix 1);

b) Approve the proposed consultation activities with key stakeholders in order to finalise the Strategy;

c) Note the content of the accompanying strategic analysis (Appendix 2);

d) Note the intention to undertake a concurrent operational review alongside the consultation to inform the future delivery model, for consideration at the November 2022 IJB.

5. HSCP PROPERTY STRATEGY UPDATE

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the Property Strategy and delivery for East Dunbartonshire HSCP. Full details were contained within the Report and attached Appendices.

Following consideration, the Board agreed as follows:

a) To note the challenges in terms of premises available to deliver services within the HSCP; and

b) To note the submission of a business case to request capital funding, through NHSGGC, to support the refurbishment of shop front premises in Milngavie and Bishopbriggs to enhance clinical capacity in these areas.

6. PRIMARY CARE IMPROVEMENT PLAN (PCIP) - UPDATE

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, presented the East Dunbartonshire Primary Care Improvement Plan (PCIP) Impact & Activity Report and the East Dunbartonshire Primary Care Improvement Plan (PCIP) Tracker. Full details were contained within the Report and attached Appendices.

Following consideration, the Board noted progress against the key commitments in the new GMS contract and Memorandum of Understanding; and noted the remaining challenges in terms of overall affordability, workforce and premises.

7. ADULT LEARNING DISABILITY DAY SERVICE REDESIGN & NEW ALLANDER CENTRE

A Report by the Interim Head of Adult Services, copies of which had previously been circulated, provided a progress update on the redesign of Adult Learning Disability Day Services, and transition to the new Allander Centre.

Thereafter the Board heard updates regarding slippage in the delivery timescales-revised opening for Nov / December 2022. The Board noted the Report.

8. DRAFT WORKFORCE PLAN

A Report by the Head of Human Resources, copies of which had previously been circulated, presented the draft HSCP Workforce Plan for 2022 – 2025. Full details were contained within the Report and attached Appendices.

In the ensuing discussion, members commented on various demands which required to be addressed in the short term – particularly retention of staff. The Board noted the Report and that a final version would be submitted to the next meeting of the Board, incorporating an improved Section 2 on Demand Drivers including pay structures.

9. HSCP QUARTER 4 (FULL YEAR) PERFORMANCE REPORT 2021/2022 & ANNUAL PERFORMANCE REPORT UPDATE

A Report by the Planning, Performance & Quality Manager, copies of which had previously been circulated, advised the Board of the deferred publication of the HSCP Annual Performance Report 2021-22 until September 2022, in line with provisions under the Coronavirus Scotland Act (2020) and associated Scottish Government advice. An interim Quarter full and full year 2021-2022 intimated progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities.

Following questions comments and consideration, the Board noted the deferment of Annual Performance reports to September and the noted the contents of Quarter 4 and full year Performance reports

10. FINANCIAL MONITORING REPORT – MONTH 12

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the financial performance of the partnership as at month 12 (Year End) of 2021/22. Full details were contained within the Report and attached Appendices.

Following consideration, the Board agreed as follows:-

a) To note the Final Outturn position was reporting a surplus on budget of 3.1m as at year end 2021/22 (after adjusting for impact of movement to / from earmarked reserves).

b) To note and approve the final budget adjustments outlined within paragraph 3.2 (**Appendix 1**)

c) To note the HSCP financial performance as detailed in (**Appendix 2)**

d) To note the progress to date on the achievement of the current, approved savings plan for 2021/22 as detailed in **(Appendix 3)**.

e) To approve the reserves position set out in paragraphs 3.10 – 3.14.

f) To note that the HSCP Draft Annual Accounts 2021/22 were presented to the Performance, Audit & Risk Committee on the 28th June 2022 for consideration and were available for review **(Appendix 4).**

g) To note the summary of directions set out within **(Appendix 5)**

11. HSCP CORPORATE RISK REGISTER

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the Corporate Risks and how they were being mitigated and managed within the HSCP. Full details were contained within the Report and attached Appendix.

Following consideration, the Board noted and approved the Corporate Risk register.

12. DIRECTIONS LOG UPDATE

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the status of HSCP Integrated Joint Board Directions which are recorded and issued to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

Following discussion the Board noted the Report

13. HSCP DRAFT PERFORMANCE AUDIT & RISK COMMITTEE MINUTES HELD ON 31ST MARCH 2022

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, enclosed the draft minutes of the HSCP Draft Performance Audit & Risk Committee Minutes held on 31 March 2022.

Following consideration, the Board noted the minutes of the meeting.

14. CLINICAL AND CARE GOVERNANCE GROUP MEETING MINUTES HELD ON 23 FEBRUARY 2022

A Report by the Clinical Director, copies of which had previously been circulated, enclosed the minutes of the Clinical and Care Governance Group Meeting Minutes held on 23 February 2022.

Following consideration, the Board noted the contents of the minutes of the 23 February 2022.

15. STRATEGIC PLANNING GROUP DRAFT MINUTES HELD ON 3 MARCH 2022

A Report by the Head of Health and Community Care Services, copies of which had previously been circulated, enclosed the draft minutes of the Strategic Planning Group held on 3 March 2022

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

16. STAFF PARTNERSHIP FORUM MINUTES OF 27 APRIL 2022

A Report by the Head of Human Resources, copies of which had previously been circulated, enclosed the minutes of the Staff Partnership Forum Minutes of 27 April 2022.

Following consideration, the Board noted the contents of the minutes of the 27 January 2022.

17. PUBLIC SERVICE USER AMD CARER (PSUC) MINUTES HELD ON 12 MAY 2022

A Report by the Health Improvement & Inequalities Manager, copies of which had previously been circulated, described the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC). Full details were contained within the Report and attached Appendices.

Following consideration, and having heard from both Service User and Carer representatives, the Board congratulated both PSUC representatives on the work carried out by the group and thereafter noted the progress of the Public, Service User & Carer Representatives Support Group.

18. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER

A Report by the Interim Chief Officer, copies of which had previously been circulated, brought forward for noting East Dunbartonshire HSCP Board Agenda Planner. Full details were contained within the Report and attached Appendices.

Following consideration, the Board noted the Planner.

19. ANY OTHER COMPETENT BUSINESS

None.

20. DATE OF NEXT MEETING

Date of next meeting – **Thursday 15 September 2022,** 9.30am to 1pm if Seminar is scheduled it will commence at 9am.

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

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 4.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15th SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/04**
CONTACT OFFICER:	**CLAIRE CARTHY, INTERIM HEAD OF CHILDREN'S SERVICES AND JUSTICE, TELEPHONE NUMBER: 07910828714**
SUBJECT TITLE:	**INTEGRATED CHILDREN'S SERVICES PLANNING**

1.0 PURPOSE

1.1 The purpose of this report is to inform Board Members of the Integrated Children's Services Planning process, provide a review of our current Integrated Children's Services Plan (ICSP) and provide an opportunity to engage on future planning.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Report.

2.2 Approve the future plans; and

2.3 Engage in consultation on the 2023-2026 plan.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Part 3 Section 8(1) of the *Children and Young People (Scotland) Act 2014* requires every local authority and its relevant health board to jointly prepare a Children's Services Plan (CSP) for the area of the local authority, in respect of each three-year period. The plan is prepared working collaboratively with specified service providers and local stakeholders, with a view to securing achievement of statutory aims:

(a) that children's services in the area concerned are provided in the way which;

(i) best safeguards, supports and promotes the wellbeing of children in the area concerned,
(ii) ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising,
(iii) is most integrated from the point of view of recipients, and
(iv)constitutes the best use of available resources,

(b) that related services in the area concerned are provided in the way which, so far as consistent with the objects and proper delivery of the service concerned, safeguards, supports and promotes the wellbeing of children in the area concerned.

3.2 The current ICSP for EDHSCP covers the timeframe 2020-2023. Prior to submission to Scottish Government (SG) the plan was presented to and endorsed by IJB members. SG has now reviewed every ICSP in Scotland and has provided feedback on both a national and a local level. The SG reports are attached as appendices to this report.

3.3 In summary the feedback for EDHSCP follows:

Areas of strength of the Plan

- Governance structure and collaborative approach
- Links with other plans
- Focus on early intervention and prevention services

Areas where more support and development is needed

- Whole family support approach
- Set of performance measures for priorities and actions
- Link priorities to aims, actions and performance measures
- More data on child wellbeing and service performance and better linked to priorities
- Discuss budget and how it is spent across services

3.4 The current ICSP has 4 priorities: Children's Mental Health and Wellbeing; Corporate Parenting; Keeping Children Safe; and Healthy Lifestyles. Significant improvements have been made by the multi-agency teams working under the governance of the Delivering For Children and Young People's Partnership (DCYPP). Improvements have been reported to IJB regularly.

3.5 DCYPP is now planning to draft the 2023-2026 ICSP. In order to undertake this the group is planning to start with a self-evaluation of the current plan to identify strengths and areas for improvement. In addition, DCYPP is planning a number of consultation activities with children and young people in order to ensure their voices are heard and instrumental in influencing our planning processes: the goal being to know what is

important to them. Partner agencies will also have the opportunity to engage in the consultation process.

3.6 A survey monkey will be sent to all Board members to afford them the opportunity to engage in the ICSP process and agree priorities for the 2032-2026 plan. The consultation process will begin in September 2022 and the DCYPP sub group will begin drafting the new plan thereafter. The new plan will be presented to IJB early next year and submitted to Scottish Government in April 2023 as required.

3.7 There are a number of workstreams which will certainly be included in the next ISCP, these are: The Promise; Children's Rights (UNCRC); Corporate Parenting: GIRFEC; Child Protection; Mental Health and Wellbeing; Child Protection; and Child Poverty.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – Improved outcomes for children and families, ensuring their health and wellbeing are promoted and they can access the right supports at the right time.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – Fulfilling statutory responsibilities in safeguarding and Corporate Parenting.

4.5 Financial Implications – Various funding streams have been made available from SG. However, these are non-recurring so there are challenges regarding sustainability.

4.6 Procurement – There may be some services which we have to commission.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – Core aims are to reduce inequality and tackle child poverty. A particular focus is to improve outcomes for our Care Experienced Young People.

4.10 Sustainability – None**.**

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 There are no associated risks as the ICSP will improve outcomes for children and their families and ensure best value for HSCP.

6.0 IMPACT

6.1 **STATUTORY DUTY** – Publishing an ICSP is a statutory duty, as is Corporate Parenting and safeguarding children.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Improved outcomes for children, young people and their families as well as ensuring best value.

6.3 **NHS GREATER GLASGOW & CLYDE** – Improved outcomes for children, young people and their families as well as ensuring best value.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1** – ED HSCP Feedback
8.2 **Appendix 2** – National Feedback

getting it right for every child

Improving Outcomes for Children, Young People and Families: Review of Children's Services Plans (2020-2023) and Strategic Engagement Activity

Scottish Government
Riaghaltas na h-Alba
gov.scot

12 July 2022

Contents

Foreword

We are delighted to share this report providing an overview of Children's Services Planning across Scotland.

Children's Services Planning Partnerships (CSPPs) are key to delivering our ambitions for children, young people and families, bringing together all those organisations that have a part to play in improving outcomes.

CSPPs were established through the Children and Young People (Scotland) Act 2014 (Part 3). The legislation requires them to develop and publish their Children's Services Plans every three years, setting out how the partnership will work together collaboratively to improve outcomes for children and young people in their area.

The legislation also requires those Plans to be reviewed against set criteria, on behalf of Scottish Ministers. This report reviews the extent to which Scotland's 30 Children's Services Plans for the period 2020-2023 meet the criteria. Recognising that Plans only tell part of the story, the analysis has been supplemented with findings from strategic engagement activity to provide further insight into the current delivery context and the effectiveness of the planning process. The review has highlighted areas of strength in Children's Services Planning, as well as areas where improvements are needed.

We look forward to working with the Strategic Leads of CSPPs, through the Strategic Leads Network, to improve the effectiveness of strategic planning and to ensure CSPPs continue to play a strong role in shaping and delivering services as we work together to navigate the changes ahead.

Carrie Lindsay
Executive Director of Education and Children's Services
Fife Council

Michael Chalmers
Director of Children and Families
Scottish Government Co-Chair of Strategic Leads Network

Co-Chair of Strategic Leads Network

Executive Summary

This report sets out key findings from the review of Scotland's Children's Services Plans (CSPs) published in 2020-2023[1] and highlights areas of strength and improvement and examples of good practice. Review of the Plans only tells us part of the picture, and the report also describes the evolving policy context and impacts relevant to outcomes for children, young people and families since the previous review in 2019. This draws on findings from engagement with the Children's Services Planning Strategic Leads Network and other stakeholders which have helped to shape recommendations for improvement. Together, these provide an overview of the current delivery context and effectiveness of Children's Services Planning across Scotland, and inform future national and local decision-making on Children's Services Planning.

The analysis of CSPs was structured around 15 Criteria which relate to the content, format and process of developing a Plan, outlined in Part 3 Statutory Guidance (Children's Services Planning). Table 1 shows a list of the Criteria and the number of CSPs that achieved, partly achieved, or did not achieve each Criterion based on the information provided in the Plans. Criteria highlighted in green indicate areas of strength, and those in amber or red require further development, across the Plans as a whole.

Table 1 - Summary of extent to which CSPs met the Statutory Guidance Criteria (N=30)

Statutory Review Criteria	Achieved	Partly Achieved	Not Achieved
1. Vision	29	0	1
2. National Performance Framework	16	11	3
3. Joint Strategic Needs Assessment	18	8	4
4. Include Analysis of Data	13	12	5
5. Manageable and Measurable Priorities	11	19	0
6a. Children's Services	22	7	1
6b. Related Services	20	6	4
7. Prevention & Early Intervention	25	5	0
8. GIRFEC	27	3	0
9. Children's Rights	28	1	1
10. Engagement & Ownership	14	16	0
11. Family Support	21	7	2
12. Resources	10	9	11
13. Monitoring Indicators	17	1	12
14. SMART	5	25	0
15. Links to Plans & Reports	30	0	0

The following areas of strength emerged from the analysis:

[1] COVID-19 legislation permitted delayed publication of Children's Services Plans for 2021-2023 rather than 2020-2023, where Children's Services Planning Partnerships wished to adapt these to address emerging needs in light of COVID-19.

- A **clear and shared vision** • Services offered with a **focus on prevention and early intervention**
- Incorporation of the **GIRFEC** practice approach
- Incorporation of **children's rights and UNCRC** • Presentation of **links to aligned national/local plans** • A **narrative on children's services** offered
- Setting out how services provide **whole family support**
- Presentation of **robust governance arrangements**.

The majority of Plans also addressed COVID-19, referencing the impact of the pandemic and lockdown restrictions on children, young people, families, and local communities, as well as describing innovative services and supports developed locally in response to emerging needs.

Areas for further development identified were:

- Presentation of sufficient **budget and resourcing information**
- Use of **data and evidence** to explain the rationale behind the choice of strategic priorities, and stronger reference to joint strategic needs assessment data
- **Measurable** and **time-related** Plans to meet the SMART Criterion
- **Engagement** with parents/carers/families, the wider community, and local workforce, including the Third Sector
- Reflection of the **National Performance Framework (NPF)**
- A third of Plans needed to include more information on the provision of **related services.**

The strengthened collective role of the Strategic Leads Network has enhanced the development of key policies and strategic activity, by highlighting experiential learning from Children's Services Planning Partnerships in the planning and delivery of services and support. Building on what children, young people and families have told us matters, and with improved strategic connectivity and an ethos of collaboration, the Network has contributed to the co-design of new tools and resources to support Children's Services Planning Partnerships in working collaboratively to improve outcomes for children, young people and families.

Together with findings from the analysis of Children's Services Plans, the learning from engagement has highlighted a number of areas where further action will help refine Scotland's approach to Children's Services Planning. Actions will be progressed in alignment with transformational change programmes and improvement activity over the next CSP cycle (2023-2026). They include:

- Supporting more cohesive strategic planning/reporting requirements
- Building capacity for improved analysis and use of data to evidence impact on outcomes
- Embedding truly collaborative decision-making with strengthened visibility of the Third Sector and Adult Services
- Developing sustainable joint strategic commissioning and procurement, based on wellbeing
- Ensuring realisation of children and young people's rights through UNCRC incorporation and service co-design with families
- Work to #KeepThePromise, embed GIRFEC, and make holistic whole family support available
- Establishing a National Care Service (NCS)
- Recovery and renewal from the COVID-19 Pandemic and tackling Child Poverty.

1. Introduction

This report is the second national report on Children's Services Planning, and provides an overview of key findings from the review of Children's Services Plans (CSPs) published for 30 areas of Scotland in 2020/21[2] (a list of external links to all CSPs can be found in Appendix A).

The report considers learning across Scotland based on the opportunities and challenges faced in improving outcomes for children, young people and families that were highlighted through a range of stakeholder engagement undertaken by the Scottish Government since the last review. This includes views and feedback from the COVID-19 Children & Families Collective Leadership Group, the Children's Services Planning Strategic Leads Network, governance and short-life working groups, Scottish Government policy teams, organisational stakeholders, and children, young people and families. The review of Plans and stakeholder engagement highlights areas of strength and potential areas for improvement activity. This follows a similar approach to the 2019 national report.

In line with legislative requirements to review Children's Services Plans under Part 3 of the Children and Young People (Scotland) Act 2014, the report presents information on the extent to which CSPs met statutory review criteria. This includes evidence-based strategic priorities, evidence of joint decision-making, and information which clearly articulate how Children's Services Planning Partnerships (CSPPs) are working collaboratively to improve outcomes for children, young people and families through provision of services, supports, and improvement action.

The report summarises key themes from the overall review, to inform and support policy development and decision-making at the national and local level, and builds on the findings from the previous review of CSPs, shared with stakeholders in 2019. The analysis of Children's Services Plans gives us valuable information on the ways in which Children's Services Planning contributes to improved outcomes for children, young people and families, however this does not provide the whole picture.

Methods

Analysis of CSPs was conducted by the Scottish Government Children and Families Analysis Team, working in conjunction with the Strategy Team in the Strategy, GIRFEC and the Promise Division. The analysis was structured around 15 Criteria based on requirements of Children's Services Planning Partnerships regarding the content, format, and process of developing a CSP to plan services and supports with an overall aim of improving outcomes for children, young people and families in each area of Scotland. These Criteria are explicitly outlined in Part 3 Statutory Guidance (Children's Services Planning), with the list of Criteria provided in Appendix B.

Examples of good practice in relation to key Criteria, identified in the Children's Services Plans, are highlighted in this report. This is an illustrative rather than exhaustive list, and other CSPs not mentioned may also have fully met the Criteria in question.

Structure of the report

Section 2 provides information on the policy and legislative background, along with recent developments relevant to the delivery context of Children's Services Planning. Sections 3 to 11 are structured around the review Criteria in Part 3 of the Statutory Guidance and present the analysis of

[2] For each geographical local authority area, with a Tayside Collaborative for Angus, Dundee, and Perth & Kinross.

the Plans, and, where relevant, additional information on policy development and stakeholder engagement. Criteria are not discussed in order, but grouped in broader categories as needed for the purposes of this report. Section 12 provides a summary of key points and reflections for next steps.

2. Background

Legislative Requirements

Part 3 of the Children and Young People (Scotland) Act 2014 seeks to improve outcomes for children, young people and families across Scotland through a number of duties over each three-year cycle. These require the local authority and health board to work collaboratively with public bodies, specified service providers, the Third Sector, and children, young people and families, to jointly plan and develop a Children's Services Plan for their local area. There are requirements to engage with stakeholders at different stages of the Plan's planning, development, delivery, review, and progress reporting.

Each CSPP must publish an annual report detailing the extent to which the aims of their Children's Services Plan have been achieved. This should demonstrate how wellbeing outcomes have been improved for *all* children, young people, and families, as well as for those with specific wellbeing needs (for example unaccompanied asylum seeking children; young people moving through the transition from children's and adult services; families affected by poverty; young people with care experience; young carers; children in conflict with the law; and those impacted by complex health needs or other socio-economic considerations).

Part 3 of the Children and Young People (Scotland) Act 2014 sets out the statutory aims for Children's Services Planning:

(a) that children's services in the area concerned are provided in the way which;

(i) best **safeguards, supports and promotes the wellbeing** of children in the area concerned, (ii) ensures that any **action to meet needs is taken at the earliest appropriate time** and that, where appropriate, action is taken to **prevent needs arising**,
(iii) is **most integrated from the point of view of recipients**, and
(iv) constitutes the **best use of available resources**

(b) that related services in the area concerned, are also provided in a way which, so far as is consistent with the objects and proper delivery of the service concerned, safeguards, supports and promotes the wellbeing of children in the area concerned.

"Taken together, these aims are about creating and maintaining a local environment which facilitates effective Getting it right for every child practice for individual children and young people. The Children's Services Plan itself is the description of how public bodies and their partners will work together to achieve this, providing services which are organised and equipped to deliver high quality, joined-up, trauma-informed and responsive, and, where possible, preventative support to children and families..." (p. 16 Pt 3 Statutory Guidance (2020)).

A Children's Services Plan should describe how services, support and improvement activity will be delivered in the local area in line with local and national priorities, and should consider provision of

both related and children's services (those provided directly to children and young people). Further detail can be found in Section 8.

'Related Services' are not provided directly to children, but have an impact on children and young people's wellbeing. These services would include consideration of streamlined support through the transition between children's and adult services, provision of adult services to address drug or alcohol use, mental health needs, or offending, and community-based services such as housing providers, libraries, welfare advisory services, and recreation facilities.

Context since the 2019 review of Children's Services Plans

The initial review of 2017-2020 Children's Services Plans was carried out in 2018 with a national report shared with key stakeholders, the Children's Services Planning Strategic Leads Network, and the Deputy First Minister in 2019. This provided summarised themes from analysis of individual Plans, alongside findings from a programme of national appreciative enquiry strategic engagement visits undertaken by Scottish Government officials with each Children's Services Planning Partnership.

The 2019 report concluded by identifying aspects of Children Services Planning on which to focus support and improvement in Scotland's evolving approach. Key themes were:

- The majority of CSPs reflected the views of children, young people and families; Better demonstration of how those views influenced the priorities, aims and actions of the local CSP was needed;
- The majority of Plans clearly presented governance and accountability mechanisms;
- The majority of CSPPs completed a joint strategic needs assessment (JSNA) to inform development of their Plan; but greater alignment between the identified needs and the CSP's stated priorities, actions and services was required;
- All Plans addressed the needs of looked after/care experienced children and young people, but only 3 referred to provision of support for families on the edges of care (Part 12);
- Disability/complex health needs were mentioned in most CSPs, but not often as a strategic priority;
- All Plans included reference to the Third Sector, but with variation in the extent to which Third Sector organisations were integrated in the development of the Plans' priorities and actions, use of data to identify needs, and in strategic planning and local delivery of services;
- Greater reference to the contribution of 'related services' to Children's Services Planning was required, including clearer links between children's and adult services through transitions, and in the support provided to parents/carers by adult services in relation to mental health needs, or addressing drug and alcohol use.

Following the 2019 review of CSPs, the Scottish Government carried out a formal public consultation to evaluate whether Part 3 of the Statutory Guidance should be amended to make improvements to this based on learning from its application in practice. Following analysis of the responses, the Scottish Government published a consultation response and carried out further stakeholder engagement to inform revisions to the Statutory Guidance. This was published in 2020.

Coronavirus

The COVID-19 pandemic which began in the UK in March 2020, has seen unprecedented impacts on the wellbeing of children, young people and families across Scotland. The collaborative role of Children's Services Planning Partnerships has been key to galvanising a collective local response across statutory and Third Sector organisations, to rapidly assess emerging local needs, adapt current service provision, and develop flexible, innovative support to address the needs of infants, children, young people and families, during and after lockdown restrictions.

As a result of the pandemic, in July 2020 the CSP Strategic Leads Network[3] was advised of flexibility in statutory submission timescales for publication of 2020-2023 Children's Services Plans, with an extension to 31 March 2021[4].

This recognised that CSPPs may wish to update their CSP to reflect current and emerging needs of children, young people and families in light of the pandemic. Those CSPPs not in a position to publish their Plan in April 2020, were asked to publish a statement which provided clarity on the interim Plan driving local joint working, and set out a timetable for finalising the new CSP.

It was acknowledged that:

- Plans may initially need to be published in draft, pending the conclusion of impacted internal governance processes;
- CSPPs may elect to set local priorities and outcomes focussed more immediately on resilience and pandemic recovery;
- Pandemic circumstances may impact longer-term planning. The process of annual review was highlighted as an opportunity to revise Children's Services Plans as needed, to adapt to the changing circumstances and needs of local children, young people and families;
- While the extent and nature of stakeholder engagement would inevitably have been impacted, CSPPs were expected to facilitate engagement with children, young people, families, and other stakeholders to the fullest extent possible.

Eleven Children's Services Plans were submitted to the Scottish Government by 31 March 2021, and the remaining 19 Plans were received by the end of October 2021.

Children's Services Planning Strategic Leads Network

A national conference - Improving Outcomes for Children and Young People - was held in June 2019 to share learning from the appreciative enquiry strategic engagement visits (see above). The conference provided CSPPs with an opportunity to share experiential learning, innovative ideas and emerging practice. The value of a continuing forum which facilitated Children's Services Planning Strategic Leads to meet collectively and contribute to improvements in Children's Services Planning was recognised.

[3] The CSP Strategic Leads Network is a national stakeholder forum including CSP Strategic Leads for each area of Scotland, national organisations and Scottish Government policy leads.

[4] In accordance with paragraph 10(2) of the *Coronavirus (Scotland) Act 2020 Act*, public bodies were required to comply with this duty "as soon as is reasonably practicable".

The Children's Services Planning Strategic Leads Network (the Network) was convened in October 2019, and is co-chaired by the Director for Children and Families, Scottish Government, and a representative on behalf of the CSP Strategic Leads. The Network's membership includes the Strategic Lead for each CSPP, Scottish Government policy teams with an interest in wellbeing of children, young people and families, and representatives from key public and Third Sector organisations.

Network Development (2021-2022)

An engagement exercise with the Network took place in December 2020 to consider opportunities for its development, with an aim of strengthening shared ownership and interaction of the Network, and identifying areas for improvement. A number of these were put in place over 2021-2022.

Engagement feedback informed revision of the Network's Terms of Reference and membership in March 2021 (found in Appendix D). This more clearly set out the Network's broad improvement intentions, and provided clarity on its role and strategic context at both a national and local level. Other improvements included adaptation of the Network's form and function, and reflecting expectations of Strategic Leads as the liaison point to/from their local CSP strategic governance forum and the Scottish Government, with a role in ensuring the wider views of each Children's Services Planning Partnership contributed to Network decision-making.

Strategic Leads emphasised the value of the Network in sighting CSPPs on priority national developments and workstreams, and welcomed opportunities for peer support as part of its agenda, with colleagues sharing emerging local practice and experiential learning. '*What Good Looks Like*' has become a regular feature of Network meetings, where CSPPs showcase how improvements have been made in the local approach to a particular aspect of Children's Services Planning.

These have included planning considerations (for example children and young people's participation in determining local strategic priorities and improvement actions), as well as a deeper-dive focus on improved collaborative approaches in areas of service delivery aimed at improving local outcomes in relation to a particular aspect of wellbeing (e.g. children and young people's mental health).

The Network initially met quarterly, with introduction of additional topic-specific engagement sessions in 2021 to facilitate more in-depth discussion and wider participation by other colleagues from CSPPs. From December 2020 to March 2022, these sessions have included:

- The COVID-19 Children & Families Collective Leadership Group Action Plan
- Establishment of the National Care Service (NCS)
- Development of the Children, Young People & Families Outcomes Framework
- Whole Family Wellbeing
- GIRFEC Policy and Practice Guidance refresh.

Collaborative working has also been strengthened between the CSP Strategic Leads Network and other stakeholder and governance fora, where CSPPs have a key role in piloting tests of change, influencing development of policy and practice, and implementing national approaches at a local level. CSP Strategic Leads have subsequently been included within membership of a number of aligned stakeholder groups (below) and the Network reports to the COVID-19 Children & Families Collective Leadership Group (CLG):

- GIRFEC Leads/Stakeholder Network
- Family Support Advisory Group (Commissioning and Framework Sub-Groups)
- UNCRC Implementation
- Alcohol and Drugs: Partnership Delivery Framework Implementation
- Workforce Resilience Subgroup
- National Child Protection Leadership Group.

As a result of the pandemic social-distancing restrictions, face-to-face meetings have been replaced by virtual meetings, with Network feedback supportive of hybrid working and a blended approach of faceto face and virtual meetings. This acknowledges travel implications for Strategic Leads from remote and rural areas, and reflects members' views that online engagement has increased Network participation, as well as facilitating ad hoc engagement. Opportunities for Network interaction have been enhanced through creation of a virtual space, which facilitates online discussion of topics relevant to Children's Services Planning, and provides an additional platform for provision of feedback on policy and practice developments and signposting to resources.

A Children's Services Planning Strategic Lead[5] began a year tenure as the CSP Strategic Leads Network Co-chair in December 2021, building further on an ethos of shared ownership and collaboration.

COVID-19 Children & Families Collective Leadership Group

The COVID-19 Children & Families Collective Leadership Group (CLG) was established by the Scottish Government in May 2020 with a remit to review data, intelligence, research and policy in order to identify and respond to immediate concerns for children, young people and families with vulnerabilities during the pandemic. The work of CLG has also focussed on broader cross-cutting issues relevant to wellbeing of children and young people, including mental health, child poverty, whole family support, and workforce development, underpinned by engagement with, and feedback from children, young people and families.

In January 2021, CLG developed a 3-month action plan focussed on urgent action across 10 priority themes. This included: Access to services, Child Protection Awareness, Workforce Resilience, Domestic Abuse, Respite Care, Early Years/Under Fives, Care Leavers, and Children's Hearings System. Updates on the action plan were shared with a number of key strategic forums, with recommendations made on intermediate and longer-term action required.

The CLG Action Plan was informed by and contributed to by a number of strategic forums.
This work strengthened connections between CLG and the Children's Services Planning Strategic Leads Network, which worked closely to obtain data and progress the action plan. The contribution of Children's Services Planning Partnerships was acknowledged as central to two CLG Action Plan workstreams: Access to Services and Workforce Resilience. Summarised details of these can be found in Appendix C.

Longer term actions for CLG relate to broader work to improve outcomes for children, young people and families with a focus on: recovery and renewal from the pandemic; developing a Children, Young People & Families Outcomes Framework, holistic whole family support and Keeping The Promise.

[5] From Fife Children's Services Planning Partnership.

2021 Review of Children's Services Plans

In line with legislative requirements, the Scottish Government, on behalf of Ministers, is required to review all Children's Services Plans in the year of their submission and provide individual feedback reports to each Children's Services Planning Partnership. Review of the 2020-2023 CSPs was undertaken with individual feedback reports provided to each CSPP in December 2021.

Analysis of CSPs considered the extent to which each CSPP has provided information to demonstrate it has met the statutory review Criteria for Children's Services Planning set out in Part 3 Guidance. Feedback was intended to supplement local self-evaluation activity and to contribute to a cycle of continuous improvement activity throughout each 3-year strategic planning period by identifying areas of strength and for development in how the CSPP has articulated the development and delivery of its Children's Services Plan.

Feedback was not a statement on individual organisational compliance with associated legislation, nor an assessment as to the quality standards of associated service delivery. These are determined through a combination of local quality assurance approaches, and scrutiny and inspection activity.

The Scottish Government is also required to produce an analytical evaluation report which provides an overview of the findings from review of all Children's Services Plans. This is the report for the 20202023 planning cycle.

3. Governance of Children's Services Planning

The vast majority of Plans included a dedicated section to discuss governance arrangements for their Children's Services Planning Partnership, outlining contributing partners and how local structures worked to provide oversight of service delivery and progress of the Plan. Only three Plans either did not reference partnership work, or needed to include more information on governance to make their Plan manageable and robust.

Most Plans highlighted the importance of multi-agency collaboration and reflected on the role of both single services and multi-agency support across the CSPP. Common membership of CSPPs included Local Authority and NHS Boards as the co-statutory lead partners, specified organisations such as Police Scotland, Scottish Children's Reporter Administration, Integration Joint Boards/Health and Social Care Partnership, along with Third Sector organisations, and partnership forums, such as Child Protection Committees, Alcohol and Drug Partnerships, etc.

Most Plans included a diagram showing overarching responsibility for development and delivery of the area's Children's Services Plan, as well as governance arrangements. Some diagrams also included the role of different groups involved in monitoring delivery of the Plan. These diagrams were useful and highlighted the collaborative approach of CSPPs. The more robust diagrams showed clear links between different groups, their role in delivery of the aims and priorities of the CSP, and how partners were involved in the development, delivery and evaluation of services.

Examples of best practice identified here included:

- Inclusion of a diagram to show the structure of the CSPP's governance arrangements and how these collectively contributed to delivery of the CSP
- Clearly identifying lead partner(s) responsible for each priority and outcome of the CSP
- Showing how the CSP drove wider partnership working to improve outcomes for children and families across both children's and adult services.

Good Practice Examples

North Ayrshire: The Plan includes a section dedicated to governance arrangements. The section lists all partners and includes two clear and useful diagrams, one illustrating the structure of the Children's Services Strategic Partnership and the other the structure of the Community Planning Partnership, making local governance arrangements for the CSP clear and transparent.

North Lanarkshire: The Plan includes a list of all partners and a dedicated section on governance. A diagram illustrates the local governance structure and the links between the North Lanarkshire Children's Services Partnership Board and other partners.

Renfrewshire: In a short dedicated section, the Plan lists all the partners involved in Children's Services Planning. An example of good practice is the inclusion of a table (in an appendix) which identifies which partners are responsible for the delivery of specific actions and further clarifies accountability for different aspects of the Plan.

The analysis of Children's Services Plans indicates that CSPPs have identified connections between the aims of their CSP and a number of other aligned or supporting planning requirements, such as local Corporate Parenting Plans or Child Poverty Action Plans. However the views of CSP Strategic Leads and other stakeholders make it clear that this current strategic planning/reporting landscape on improving outcomes for children, young people and families is complex, difficult to navigate, and has overlapping legislative requirements.

Feedback highlights that new national strategies and action plans with a focus on improving outcomes often result in the emergence of additional governance and stakeholder groups, and additional reporting requirements. This is experienced as disconnected with a risk of disjointed decision-making, duplication of resource, and increased burden on public bodies. The Promise Scotland has similarly highlighted the complex landscape of systems surrounding care experienced children, young people and families and emphasised the importance of capitalising on opportunities to reduce complexity and achieve a more cohesive approach.

4. Engagement and Ownership of Plan (Criterion 10)

A Children's Services Plan should convey a shared sense of ongoing engagement and ownership with children, young people, families, the local workforce and wider community, with each CSPP demonstrating how they have made full use of stakeholders' ideas and suggestions from engagement activity in the development, delivery and evaluation of their Plan.

CSPs which fully met this Criterion included evidence on engagement with service users (children, young people and families); service providers (including frontline workers); and communities.

Engagement with Children, Young People, Families and Workforce

CSPs that demonstrated strong engagement included examples of local activities with children, young people, their families, staff and the wider community to describe the CSPP's process of engagement. This included details of engagement events and tools used, who participated, and how (in-person, virtually, via online survey, etc.), and when and where engagement took place. Strong Plans also included key findings from engagement and linked them directly to specific strategic priorities and actions to demonstrate how local engagement activity had informed different aspects of the CSP.

All CSPs fully or partially satisfied this Criterion, with 14 CSPs fully meeting requirements set out in the Guidance. The remaining 16 Plans would have benefitted from adding further information to include more detail on one or more of the following:

- The type of engagement undertaken (type of event, organiser, tools used, participants, etc.)
- Engagement with parents/carers and families
- Engagement with the local workforce (Statutory and Third Sector children's/adults services)
- Engagement with the wider community
- Discussion of key findings from engagement activities
- Clarity on how key findings have contributed to the development of the CSP and informed its priorities and actions.

The tools most commonly used for engagement were surveys, consultations, focus groups, social media, apps, as well as participation opportunities. Participation opportunities included Youth Voices; Youth Councils; youth forums/other youth platforms; children and young people's advisory/planning groups; Champion Boards; and participation groups for specific groups of children and young people with particular needs, such as those with care experience or with a disability.
A few Plans captured the *lived experiences* of local children and families, incorporating these into the design of local children's services. This was reflected in CSPs through reference to *re-design*, *co-design,* and *co-production* of services with children, young people, families and providers working in partnership.

Less than a third of CSPPs referred to offered or planned *advocacy* support/services available to all children and young people, or for particular groups.

Among examples of good practice identified were:

- Dedicated section(s) in the Plan discussing engagement with children, young people, families, frontline workforce, Third Sector and other stakeholders
- Evidence of engagement with groups of children and families with specific needs, such as care experience, Gypsy/Travellers, those experiencing poverty
- Ensuring participation of children, young people, and families, as well as service providers in evaluating progress of the CSP
- Inclusion of quotes from engagement events, linked to chosen priorities and actions
- Active involvement of service users and service providers in identifying the strategic priorities for the CSPs.

Good Practice Examples

East Dunbartonshire: Children, young people, families, and other stakeholders were consulted for the development of this Plan, with young people and parents co-producing it. Examples of the engagement tools used included online questionnaires, experience of service questionnaires, and feedback from children, young people, families and professionals. The CSPP uses the National Standards for Community Engagement. It has moved towards digitalisation, using Teams and social media, extending content of web pages and resources, developing and sharing mental health care videos and audio files. Among the Plan's actions are to empower children, young people and their families to express their views regarding needs and services, to ensure there is regular consultation with looked after young people, and to establish Corporate Champions. Findings from consultation events with young people were used to identify emerging needs.

East Lothian: East Lothian's Children's Services Plan includes 2 sections on hearing voices of children and young people; and consulting on the Plan. This shows clearly how the results of local engagement with children, young people, families, and Third Sector partners were used to develop each of the strategic priorities. Building on feedback from children, young people and providers, and findings from the Youth Summit and Champion's Board, East Lothian's CSPP ran an online public consultation on the proposed priorities. The Plan includes key themes and the proportions of respondents who agreed with the specific wording of each priority. This layout of evidence demonstrates best practice in adopting a children's rights-based approach to the development of East Lothian's Plan, and robust engagement with the Third Sector.

Glasgow: Glasgow's Children's Services Plan provides details on engagement activities and their key findings. Development of Glasgow's CSP was based on an extensive consultation process which included children, young people, parents/carers, and the workforce. This used a variety of engagement formats, with a diverse set of organisations and agencies involved. An appendix in the Plan provides comprehensive information on their consultation approach, which included events with children and young people via schools, meetings with the Young People's Champions Board and Children's Services Advisory Group, one-to-one and group interviews with key stakeholders including Third Sector organisations, as well as webinars, a survey, and polls. Engagement findings are then clearly linked to key themes within Glasgow's Plan.

One of the CSP priorities focusses on promoting children and young people's involvement in the development and design of services. The CSP outlines improvement aims and high-level actions, such as the co-production of tools with children and young people to support their engagement, and the development of innovative engagement methods. Glasgow's CSPP have invested in a range of engagement tools, such as Viewpoint and Direct Workbag, which provides alternative ways of seeking children and young people's views and addresses preferences for use of online communication methods.

Orkney: Orkney's Children's Services Plan has engagement and empowerment of children and young people in the Plan's development at its centre. The Plan includes an information-rich and concise section discussing in detail the engagement events conducted, and information on key findings. Some engagement findings are incorporated into Orkney's Children's Services Plan, and the rest have been used to contribute to development of Orkney's Local Outcomes Improvement Plan.

Engagement with the Third Sector

Collaboration and engagement with Third Sector organisations is an essential part of the development and delivery of each area's Children's Services Plan.

Most CSPs referenced collaborating with the Third Sector. In detail, 13 CSPs provided robust information on this, while 10 CSPs needed to include additional information on how Third Sector organisations participated in development and delivery of children's services. In the remaining seven CSPs there was no mention of the Third Sector.

Those Plans that included information on the Third Sector, usually made reference to this as being a wider partner within the CSPP, or mentioned Third Sector organisations among service providers. They recognised the importance of joint working with universal services of health and education, as well as provision of targeted services, and pandemic-related services.

Good Practice Example

Glasgow: Glasgow's CSP demonstrates use of a range of stakeholder ideas and suggestions, including Third Sector organisations, gathered through extensive local engagement. Third Sector partners work as part of the CSPP, and are involved in service decision-making and improvement activity to address local commissioning processes to ensure that Third Sector organisations can reliably and consistently provide services. Among the improvement aims of Glasgow's CSP is that Third Sector and statutory agencies will continue to widen and strengthen collaborative working in order to support and enhance the experiences of parents/carers, and to promote participation in parental engagement programmes.

The CSP Strategic Leads Network has focussed on strengthening the contribution of the Third Sector within Children's Service Planning at a local and national level.

This was progressed in a number of ways over 2021/22:

- Children in Scotland's 'Supporting The Third Sector Project' Project Lead has presented on Third Sector issues at CSP Strategic Leads Network meetings, and is a standing Network member
- Two national Third Sector Interface (TSI) Forum colleagues joined the CSP Strategic Leads Network
- Presentations to raise awareness of opportunities for strengthened Third Sector participation within Children's Services Planning have been delivered at the national TSI Forum, and Children's Sector Strategic Forum (to elected representatives of national Third Sector organisations)
- Network engagement sessions are open to Third Sector colleagues
- Increased Third Sector contribution to the GIRFEC Policy and Practice Guidance refresh.

Supporting the Third Sector Project

'Supporting the Third Sector Project' (STTSP) is led by Children in Scotland, and the project aims to support strengthened participation of Third Sector partners in strategic Children's Services Planning

and delivery of GIRFEC practice. This includes sector capacity-building, promoting local and national connectivity with Third Sector Interfaces, and increased Third Sector participation in national strategic planning groups focussed on improving outcomes for children and families.
Project aims for 2022/23 are focussed on further enhancing the presence and influence of the Third Sector in a number of strategic planning arena. This includes: building strategic capacity of the Third Sector through training and development; additional support to TSI's focussed on improving their facilitation role with local forums such as CSPPs; developing mechanisms which ensure national policy development is influenced by the voices and experience of the Third Sector; and facilitating CSPPs to evolve local approach to Children's Services Planning in a way which fully integrates the wider Third Sector in planning, service delivery, and progress reporting.

The STTSP has engaged proactively with the Children's Services Planning Strategic Leads Network to codevelop a self-evaluation tool 'How Good is Our Third Sector Participation in Children's Services Planning?'. This is being piloted through early adopter CSPPs and aims to support them to evaluate the extent and quality of Third Sector participation locally. It does this by exploring different aspects of the Children's Services Planning cycle, and considers associated service delivery and improvement activity.

The tool provides a series of challenge questions which help the CSPP (with their local TSI and wider Third Sector partners) to identify areas of collaborative strength and areas for development, and is designed to be part of a wider suite of resources under development on whole family wellbeing. Use of the tool facilitates meaningful dialogue on opportunities for enhanced Third Sector participation in different elements of the three-year planning, delivery and reporting cycle locally, and generates a robust evidence-baseline from which CSPPs can target improvement activity. It is anticipated that experiential learning from the pilot will be collated as a summarised report, and offers an opportunity to better articulate and strengthen the role of the Third Sector in Children's Services Plans for 20232025.

5. Vision and Strategic Priorities (Criteria 1 and 5)

Vision (Criterion 1)

Each area's Children's Services Plan should set out a clear, ambitious and compelling vision, shared across CSPP partners.

All CSPs (except one) contained a clear vision, shared with local partners. CSPPs overall had similar visions which focussed on improving outcomes for children and young people. These mostly had a focus on keeping children and young people loved, safe and respected; enabling them to realise their full potential; offering the right support, in the right place, at the right time; ensuring opportunities and life chances; ensuring children and young people are included as valued contributors; and offering the best possible start in life for babies and families.

More than half the Plans referred to their guiding key values and principles, which built on ambitions of Getting it right for every child, Children's Rights, and Keeping The Promise.

Good Practice Example

Dumfries and Galloway: Dumfries and Galloway's Children's Services Plan includes an appendix which states its vision, going on to explain what a vision is, and who it is for. This also has a helpful section on what the vision (broken down into smaller segments) means for local children and young people; parents/carers; and for those who work in services for children. This is a good example of directly communicating the Plan's vision to different stakeholders in a user-friendly way.

Strategic Priorities (Criterion 5)

To fully meet Criterion 5, a Children's Services Plan should cover the following:

- Identify a manageable number of strategic priorities
- Include priorities linked to measurable indicators
- Ensure that the rationale for chosen priorities is explicit and clearly linked to the joint strategic needs assessment (JSNA).

All Children's Services Plans identified clear strategic priorities for the period of the Plan. 11 out of 30 Plans fully met this Criterion, while the remaining 19 would have benefitted from inclusion of further information on one or more of the above aspects.

CSPs identified an average of five priorities, ranging between three and nine priorities. Table 2 below presents a list of strategic priority themes by the number of Plans which included that priority, with the most commonly identified priorities being Child Protection, Mental Health and Wellbeing, Corporate Parenting/ Children and Young People with Care Experience, and Child Poverty.

The vast majority of CSPs identified a manageable number of priorities, with a clear governance structure to oversee progress described (see Section 3). 18 out of 30 Plans included measurable priorities, i.e. priorities linked to a set of measurable progress indicators, and 15 Plans set out priorities clearly linked to data and evidence which explained the rationale behind their choice.

Around half the CSPs needed to more clearly set out their rationale for their chosen strategic priorities. Even though some Plans identified evidence-based priorities, these did not clearly explain how priorities were linked to data and evidence from JSNA and engagement activity. A short section which briefly discussed the rationale for choosing each priority would have enhanced this element.

In a few Plans, strategic priorities were at a very high level, based on the overarching statutory aims of a Children's Services Plan, such as promoting, supporting and improving wellbeing, and shifting resource towards early intervention and prevention. Strategic priorities ideally should guide the specific outcomes and actions a CSP will focus on over a 3-year period in order to achieve its overarching aims. This could include a mix of specific aspects of wellbeing of children and young people (for example mental health, early years, or a focus on the needs of specific vulnerable groups), and/or improvement activity focussed on different processes or aspects of the approach to Children's Services Planning (such as collaborative data use, service improvement, commissioning, or rights and participation of children, young people and families).

Examples of good practice were identified in Plans which contained the following detail for this Criterion:

- Clear and specific priorities on one page, together with the CSP's vision (user-friendly)
- The governance arrangements in place for each priority
- The scope of each priority discussed in some detail
- Priorities broken down into single/multi-agency objectives with short/mid/long-term outcomes
- Inclusion of a table which linked priorities, aims, actions, outcomes, performance measures, leads and timescales
- A section on why these priorities matter to local children, young people and families • Rationale for each priority using local data and evidence.

Table 2 – Strategic Priorities by number of CSPs

Strategic Priority	Number of CSPs (N= 30)	Details on priority area
Child Protection / Safety	30	Health needs, children and young people being safe and free from harm, access to a safe place and someone they can talk to, community safety, feeling safe at school and online, safe care, reducing offending. This includes reduction of violence against women/ domestic abuse/ safe home environment (4 Plans), as well alcohol and drug use/ parental alcohol and drug use (5 Plans).
Mental Health & Wellbeing	28	Address gaps and reduce inequalities, equitable access to appropriate health provision and advice, improve mental health and wellbeing of children and young people, respond to needs, support and promote, whole community approach, increase range of alternative services.
Care Experience/ Corporate Parenting	25	Looked after children, care experienced children and young people, attainment, improve outcomes, deliver The Promise, nurturing relationships, permanent placements, early intervention and prevention, inclusion, safe and stable home environment, health needs.
Child Poverty	20	Financial support, reduce child poverty and impact of poverty on children, young people and families, reduce inequalities, gender equality, inequalities of health and educational outcomes linked to deprivation, stigma, improve life chances.
Children's Rights and Voice/Participation	17	UNCRC, children and young people's voice, respect and promote children and young people's rights, children and young people involved and included in the development and delivery of services, participation, listen and respond to views of children, young people and families, empowerment.
Physical Health	16	Improve timeous assessment of health needs of children and young people, improve health, healthy lifestyle, obesity, physically active, health inequalities and equitable access to appropriate health provision and advice.
Education	14	Educational attainment, improve achievement, inclusive education, reduce educational attainment gap, options and opportunities, equal opportunities, quality learning experiences, extend potential.
Disability/Complex/ Additional Support Needs	12	Support children and young people with a disability and/or complex needs and/or additional support needs, enable them to reach their potential, support them to overcome barriers to inclusion at home, school and communities, reduce inequalities in learning, improve attainment and achievement, improve outcomes.
Early Years	12	Support in early years of life (pre-school age group), best start, maternal health, speech and language, nurturing environment.
Family Support	12	Support parents and carers.

Other	8	Workforce support, partnership work, Youth Justice, employability.
GIRFEC	6	Almost all CSPPs incorporated GIRFEC in their CSPs, this category is just for those who clearly mentioned GIRFEC among their key priorities.

Good Practice Examples

Glasgow: Glasgow's CSPP identifies clear priorities for its Children's Services Plan, which are measurable and manageable. The CSP includes very useful tables for each priority, which link each priority to specific outcomes, improvement aims, and high-level actions. The priorities are clearly linked to local needs, identified through an extensive consultation with children and young people. The Plan discusses the consultation approach and its findings in detail showing shared ownership over its development.

Tayside: Tayside's Children's Services Plan includes clear priorities, which are measurable and manageable. They are clearly connected to the themes identified through a joint strategic needs assessment and consultation. Consultation activity included several engagement events with children, young people and families, which are described in the Plan.

Reference to COVID-19

Although it was not a requirement set out in the Guidance specifically, communication via the Children's Services Planning Strategic Leads Network encouraged inclusion of pandemic-related information within revised Children's Services Plans, where these had not been finalised pre-pandemic. All but three Plans mentioned COVID-19, referencing the impact of the pandemic and lockdowns on the wellbeing of children, young people, families and local communities. This included information on workforce resilience, service developments and adaptations, and impacts on service delivery. Key words often used in relation to the pandemic were *impact*, *adaptation*, *new supports*, *flexible*, *adjust*, *digital*, *innovative and creative*, and *recovery*.

Among the impacts of the pandemic identified in CSPs were:

- Increased poverty, child poverty, and food insecurity
- Impacts on emotional and mental health of children, young people and parents/carers
- Increased health and social inequalities
- Interruption of services (mainly due to school closures and physical distancing requirements) • Impact on learning and attainment, including digital exclusion
- Increased incidents of domestic abuse.

Among new supports and adaptations developed by CSPPs to tackle the impact of the pandemic were:

- COVID-19 Wellbeing Hubs
- Use of local/national pandemic data
- Establishment of taskforces
- In-school education for vulnerable children, at-home learning programmes, attainment support
- Food and medication deliveries, Food initiatives
- Wellbeing packs of activities for children and young people • Tackling digital exclusion through provision of devices, Wi-Fi, data • Bereavement support.

6. National Policy (Criteria 2, 8 and 15)

This section considers the extent to which Children's Services Plans reflected National Performance Framework Outcomes, articulates how CSPPs are working together to implement Getting it right for every child, and illustrates connections with aligned strategic plans and associated delivery.

National Performance Framework (NPF) (Criterion 2)

The Guidance set out that "it is expected that all actions, activity and initiatives are aligned with, and seek to deliver the ambitions contained in the NPF". Each CSP should therefore clearly link its priorities, objectives, aims and actions to the outcomes of the NPF.

16 of the 30 CSPs demonstrated strong links with the NPF, 11 CSPs were underpinned by the NPF but needed to make stronger and/or more explicit links between their strategic priorities and outcomes and the NPF Outcomes, while the remaining three CSPs did not mention the NPF at all.

A best practice approach to fully satisfy this Criterion would be to reference the relevant NPF Outcomes in reference to specific strategic priorities and outcomes and draw more explicit connections.

Good Practice Examples

Inverclyde: Inverclyde's Children's Services Plan provides a table for each area of strategic priority which clearly links the Plan's outcomes and actions to specific NPF Outcomes.

South Ayrshire: South Ayrshire's Children's Services Plan maps its priorities against the 11 NPF Outcomes in a very useful table, which is user-friendly and concise.

The Children, Young People & Families Outcomes Framework

A key recommendation of the 2019 national report on Children's Services Planning was to embed a more joined-up strategic narrative on improving outcomes for children and young people across government, with improved use of data to support this. The report also highlighted a need for greater clarity on national performance outcomes and indicators of wellbeing, with local areas indicating that development of a model which could be applied on a cross-sector basis would be helpful.

The 2019 and current review of Children's Services Plans identified significant variation in the indicators being used across Scotland to demonstrate improvements in the wellbeing of children, young people and families. While variation in reported data to take account of local needs and priorities remains important, consultation feedback[6] highlighted that clearer articulation of national outcomes, alongside development of a core wellbeing indicator set was important to enhance consistency of approach, and to support comparative benchmarking.

[6] Effectiveness of Part 3 Children's Services Planning Statutory Guidance - Consultation Analysis (September 2019)

Development of the Children, Young People and Families (CYPF) Outcomes Framework has aimed to address this, by providing an over-arching holistic approach to understanding wellbeing of children and young people in Scotland, rooted in GIRFEC and with children's rights at its core. Further information on the Outcomes Framework is provided in Appendix E.

Constructive engagement with partners on development of the framework took place in 2019, and included the Children's Services Planning Strategic Leads Network, COSLA, and a range of national stakeholder organisations and governance fora.

In March 2022, the COVID-19 Children & Families Collective Leadership Group and Directors Group for Improving Outcomes for Children endorsed recommendations to approve outputs from the current phase of development, and supported a phased implementation of the Outcomes Framework, starting with the Wellbeing Outcomes, Shared Aims, and Core Wellbeing Indicators being available for use from April 2022.

The CYPF Outcomes Framework is a first step in Scotland's data improvement journey, with further activity planned. This aims to build capacity in collaborative analysis and use of data, and to progress data development including more meaningful indicators where gaps are identified. Adopting a crosssector collaborative approach has enriched development of the Outcomes Framework so far, and ongoing engagement with stakeholders, including CSPPs, will take place to understand readiness for implementation, identify barriers and co-design supporting resources.

Getting it Right for Every Child (GIRFEC) (Criterion 8)

Children's Services Planning Partnerships have a collective responsibility to provide strategic oversight of local multi-agency GIRFEC practice which ensures a joined-up approach is in place to support children and families in their area. CSPs should set out local priorities and actions aimed at embedding GIRFEC practice and evaluating the quality and effectiveness of practice in improving outcomes for children, young people and families.

In September 2019, the Deputy First Minister, John Swinney, confirmed the Scottish Government's commitment to GIRFEC as Scotland's national approach to improving outcomes for children, young people and families, and this lies at the heart of policy development and service delivery. The Deputy First Minister also set out that named person and child's plan would be taken forward on a nonstatutory basis, with refreshed practical guidance developed to support professionals in using the GIRFEC approach. Planned work to refresh the GIRFEC approach was paused during 2020 due to the COVID-19 pandemic, and recommenced in early 2021.

This Criterion for the review of CSPs considered how Children's Services Planning Partnerships had embedded the GIRFEC practice approach within their Plan. Key words used to analyse the content of Plans included aspects of wellbeing across SHANARRI[7], My World Triangle, Child's Plan, Resilience Matrix, Named Person and the review explored reference to transitions to adult services, training the

[7] SHANARRI: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included. For more information on Wellbeing and GIRFEC see Getting it right for every child (GIRFEC) - gov.scot (www.gov.scot).

workforce, self-evaluation activity, trauma-informed practice, improvement activity (CYPIC) and nurturing approaches.

The majority of Plans (27 out of 30) included information which met this Criterion, while three CSPPs needed to include more information on how the GIRFEC practice approach was incorporated into development and delivery of their CSP. Most CSPPs were offering training and development opportunities to the local workforce (25 out of 30) and provided trauma-informed services and/or trauma-informed training for staff (22 out of 30). Many CSPs referenced wellbeing using SHANARRI (19 out of 30) and provided details on availability of Named Person through practitioners in Universal Services of Education and Health (Family Nurse Practitioners and Health Visitors were mentioned in half the CSPs), and use of the Lead Professional role.
Less than half the Plans (11 out of 30) referenced any completed or planned self-evaluation on elements of the GIRFEC approach. Fewer than five mentioned use of the Child's Plan, My World Triangle and Resilience Matrix, or made reference to nurturing approaches, or supporting young people through the transition to adult services. Only two Plans mentioned engagement with Children and Young People Improvement Collaborative (CYPIC) advisors and/or use of the Model for Improvement.

An example of good practice adopted within some Plans was the inclusion of diagrams/tables to show how strategic priorities of CSPs were aligned to GIRFEC principles, how actions and outcomes were aligned to aspects of wellbeing (SHANARRI) and how performance indicators were mapped against their contribution to SHANARRI. Best practice included a breakdown of the Children's Services Planning Partnership's vision to include specific references to how GIRFEC underpinned this, and recruitment of a GIRFEC implementation work-stream lead.

Even though most Plans met this Criterion, this aspect of Children's Services Planning would be improved by CSPPs providing more detail on how GIRFEC is incorporated through specific aspects of their CSP, and examples of how collaborative multi-agency GIRFEC practice is leading to improved outcomes and experiences for local children, young people and families.

Good Practice Examples

Aberdeenshire: Aberdeenshire's Children's Services Plan clearly set out that it was built upon the GIRFEC approach, and briefly provides some context on what the GIRFEC approach means. The Plan highlights a collaborative and joint approach by the CSPP with the GIRFEC Strategic Group responsible for development and governance of the Plan. A review of GIRFEC practice arrangements in 2019 concluded that there were strong foundations and commitments between partners to embed GIRFEC and work collaboratively, and made recommendations for further improvement activity, such as support for a programme of self-evaluation of practice by Local GIRFEC Groups.

GIRFEC-focussed activity set out in the Plan includes learning and development opportunities for the workforce and volunteers; multi-agency resources provided through Aberdeenshire's GIRFEC website; Named Person Service; a focus on responding to ACES; and use of the Lead Professional to coordinate support through a Child's Plan. A very useful table links the Plan's aims, actions, performance measures, leads and timescales, with aspects of wellbeing (SHANARRI) and relevant UNCRC articles.

Argyle and Bute: Argyle and Bute's Children's Services Plan is underpinned by the GIRFEC framework, and shows that all partners have adopted its shared language and overarching aims of promoting wellbeing. The first priority of the Plan focusses on the CSPP's collaborative leadership and communication, driven by the GIRFEC collective leadership approach. A dedicated section of the Plan maps services and actions against aspects of wellbeing across SHANARRI and highlights services informed by attachment-led and trauma-informed practice approaches. Use of the Named Person and Lead Professional roles has been embraced by partners, with a named midwife approach to coordinate the antenatal care plan for pregnant women. Argyle and Bute's workforce is offered training opportunities on ACEs and trauma-informed support, as well as learning about UNCRC.

Argyle and Bute CSPP mentions engagement with CYPIC and use of Quality improvement (QI), setting out a very ambitious plan of measuring and monitoring progress. The Performance, Quality Assurance (PQ&A) Group is responsible for monitoring and reviewing progress of the CSP and reporting on its progress using QI and the PDSA (Plan-Do-Study-Act) strategic planning cycle. The Plan also details how PQ&A are conducting shared self-evaluation of partnership service delivery, and will develop refreshed improvement priorities annually.

Scottish Borders: It is clear that the GIRFEC approach is incorporated throughout the Plan and its strategic priorities, adopting a multi-agency approach and a commitment to workforce planning and development. Among the Plan's strategic priorities there is a focus on developing traumainformed practice and Trusted Adult services for children, young people, and families.

West Dunbartonshire: An example of best practice of this Plan is the inclusion of tables which connect each strategic priority and related outcomes, actions, and mostly measurable indicators of progress to relevant SHANARRI aspects of wellbeing, as defined by the GIRFEC approach, and UNCRC articles.

Refreshed GIRFEC policy and practice guidance have been co-produced by working groups involving practitioners from adults and children's services in the public and Third Sector. Revised materials were consulted on with stakeholders to ensure these support confident and clear practical delivery of GIRFEC, underpinned by necessary, relevant and proportionate information-sharing.

Children's Services Planning Strategic Leads provided feedback to inform revision of the GIRFEC materials. An analysis report of consultation responses is expected in May 2022, at which point consideration will be given to any necessary changes to the materials ahead of final publication in summer 2022.

Opportunities for strengthened collaboration between the GIRFEC Stakeholder Group and CSP Strategic Leads Network will be explored over the coming year. This will include implementation of revised GIRFEC guidance following its publication, and learning from practice to inform future activity to overcome any barriers to putting GIRFEC into practice through implementation and improvement support.

Research on the experiences of children and families through the pandemic[8] has highlighted the importance of supporting continuity of professional relationships with children, young people, and parents/carers to provide the care and support needed. Effective safeguarding, support and promotion of children and young people's wellbeing means ensuring early and responsive support is in place before urgent action is needed, so that families get the help they need, when they need it. This is a central aim of GIRFEC and Children's Services Planning.

Links with Plans & Reports (Criterion 15)

This Criterion refers to whether Partnerships have illustrated links between the CSP and other statutory planning/reporting. GIRFEC and UNCRC are discussed in more detail elsewhere in this report.

Key plans and reports that were considered include local Child Poverty Action Plans, Children's Rights Reporting, Integrated Health and Social Care Plan, Local Outcomes Improvement Plan, Community Justice Outcomes Improvement Plan, and underpinning plans and strategies such as Child Protection Plans, Corporate Parenting/Promise Implementation Plans, the National Improvement Framework, Community Learning and Development, Early Learning and Childcare, Community Child Health Plans, GIRFEC Implementation, Locality Plans and other single service plans.

All Children's Services Plans referenced links with other national and local policies, plans, strategies and reports. Examples of good practice were seen in those Plans where the CSP not only mentioned, but clearly discussed the links between the aims and strategic priorities of the CSP and aligned plans, as well as the links with associated local delivery of children's services, related services and improvement activity. Another example of good practice was including diagrams or tables of relevant national and local strategic policy drivers, strategies and/or plans which were linked to specific priorities and actions of the Children's Services Plan.

All CSPs mentioned The Promise[9] and many were built on the foundations of the Independent Care Review (Voice, Care, People, Family, Scaffolding), making reference to its findings. A few CSPs included The Promise as a strategic priority or linked their strategic priorities to elements of Keeping The Promise. Two CSPs created a dedicated local Promise Team to implement and deliver The Promise locally, with the need for close connection with any local Corporate Parenting action plans highlighted.

[8] Coronavirus (COVID-19): children, young people and families - evidence summary - June 2021 - gov.scot (www.gov.scot)
[9] The Promise Scotland.

The majority of CSPs referred to the Local Outcome Improvement Plan (LOIP) and Local Child Poverty Action Plan. More than half of the Plans mentioned the local Corporate Parenting Strategy. Other plans commonly referenced in CSPs included Child Protection Plan, Health & Social Care Partnership, Violence Against Women Plans/Gendered-based Violence strategies, Alcohol and Drugs Partnership, Mental Health Strategy. A few CSPs also mentioned their Community Learning and Development Plan, local Housing Strategy, and Disability Strategy Group Plan. Other national and local plans and strategies were mentioned but are not discussed in detail in this report.

Good Practice Examples

Aberdeen: The Plan includes a dedicated section on the Partnership's contribution to the wider strategic and statutory agenda. The section discusses how the Partnership is aligned with the work and services of other multi-agency strategic partnerships which work alongside it in a collaborative way. The Plan does not just reference plans, but briefly explains how they are linked to the CSP and delivery of children's services.

Dumfries and Galloway: The Dumfries and Galloway CSP links each strategic priority with specific action plans. A useful diagram maps the Plan's priorities against the NPF, Dumfries and Galloway's LOIP outcomes, and with action contained in supporting plans. This represents a great example of careful linking delivery of the aims and intent of the CSP with other aligned local plans.

Stirling: Stirling's Plan reflects good practice through illustrating its links with Keeping The Promise. The Plan presents an appendix with a table setting out Stirling's 'I-statements'. These statements were provided by a group of care experienced young people who reflected on their own experiences, linked to the foundations of The Promise. The CSPP has shared ownership of the Stirling Promise Action Plan, and is planning to develop a 10-year strategy to implement the outcomes of the Independent Care Review locally within Stirling.

Feedback from the CSP Strategic Leads Network and other multi-agency forums highlighted the challenges faced by public services in navigating a complex strategic planning and reporting landscape. This echoes findings from the Independent Care Review[9], which described a "complex, incoherent and inconsistent landscape, with a vast array of structures, status, accountability and lines of responsibility in relation to Scotland's care system". Change Programme ONE[10] further highlights the difficulties faced in implementing siloed policy and legislation, with a need for strategic cohesion which takes account of overlapping areas of policy.

The CSP Strategic Leads Network has provided a national forum through which CSPPs collaborate and evolve Scotland's collective approach to improving outcomes for children and families. This highlights the important role of each area's Children's Services Plans in driving local community planning for children and families through a joined-up strategic approach across partners resulting in integrated delivery of services and support. The Network facilitates a collective forum from which CSPPs influence development of policy approaches and initiatives relevant to children's services planning, and through which Strategic Leads can inform and participate in improvement activity.

[9] Independent Care Review – The root and branch review of Scotland's care system.
[10] Change Programme ONE - The Promise

In addition to services for children and young people, it is essential that Children's Services Planning arrangements continue to develop in a way which better incorporates actions to address community and societal impacts such as child poverty, and the contribution of adult services to create a truly cohesive and coherent policy environment which better supports joined-up delivery of services, and joined-up experiences for children, young people and families.

7. Children's Rights (Criterion 9)

During the 2020-2023 Children's Services Planning cycle, the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill was passed on 16 March 2021. On 6 October 2021, The Supreme Court ruled that some of the Bill's provisions lay outside the competence of the Scottish Government. The Scottish Government remains committed to the incorporation of the United Nations Convention on the Rights of the Child[11] (UNCRC) to the maximum extent possible as soon as is practicable.

While The Supreme Court judgment means the UNCRC (Incorporation) (Scotland) Bill cannot receive Royal Assent in its current form, the majority of work on implementation of the UNCRC can proceed and is continuing at pace. The Scottish Government is working closely with public authorities, the Third Sector, and children, young people and families to implement the UNCRC with the intent of delivering a proactive culture of everyday accountability for children's rights across Scotland's public services. Children's Services Planning Partnerships and Children's Services Plan are key mechanisms through which to ensure the delivery of local services and supports is resulting in children and young people experiencing their rights as fully realised.

Analysis of Children's Services Plans found they all included aims to promote children's rights, and the vast majority of Plans (28 out of 30[12]) were well aligned to the UNCRC. 10 Children's Services Planning Partnerships have included children's rights as a strategic priority.

One of the main actions to promote children's rights included in CSPs focussed on ensuring that children and families were actively involved in the development and evaluation of the CSP, and in local service-design, with their feedback taken into consideration. Good practice identified for this Criterion included involvement of children and young people in local recruitment processes and in interviewing candidates for a range of jobs that directly impacted them (two Plans) as well as involvement of children and young people in organisational budgeting of council funds (two Plans). Another common theme in CSPs was actions to raise awareness around children's rights among children and young people themselves, within schools, and across the wider workforce.

An example of best practice seen in several CSPs was the inclusion of specific examples of how CSPPs planned to promote children's rights locally. These included:

- Becoming a UNICEF accredited Child Friendly City
- Creating a Children and Young People's Charter engagement on Children's Rights
- Development of UNCRC resources

[11] Children's rights - Human rights - gov.scot (www.gov.scot)

[12] One Plan needed to describe in more detail how the CSPP is using children's rights to inform development of their Plan, and another Plan did not mention children's rights at all.

- Providing local youth participation opportunities and developing participation networks for children and young people
- Increasing the number of Rights Respecting Schools
- Organising youth summits/talks
- Specific action to enhance the rights of certain groups (i.e. young carers, children and young people with disabilities)
- Using Child Rights and Wellbeing Impact Assessments (CRWIAs) to evaluate involvement of children and young people in the design and delivery of children's services
- Promoting Champions Boards, Youth Forums, Youth Chamber Debates.

Some CSPPs offered training on UNCRC and children's rights, including learning and development opportunities for specific partners, within schools, and to the wider workforce. Two CSPPs had recruited a dedicated children's rights officer.

A number of Plans included mention of specific UNCRC Articles. An example of best practice identified was provision of a table in CSPs which linked strategic priorities, actions and intended outcomes to relevant UNCRC articles either within the main body of the Plan itself, or in an appendix.

Good Practice Examples

East Lothian: East Lothian's Plan shows clearly how the results of engagement with children, young people, and families had been used to develop each of the strategic priorities. This layout presents the underpinning evidence and demonstrates how partners applied a children's rights approach to the development of the Children's Services Plan.

Falkirk: Falkirk's Plan clearly demonstrates how children's rights have been considered in each step of developing this CSP. Young people were asked to identify which of the UNCRC articles were most important to them, and this was then used as a basis for choosing the Plan's strategic priorities.

The review of Children's Services Plans has highlighted a range of innovative practice by CSPPs across Scotland and a commitment within CSPs which demonstrates how partners are contributing to the realisation of children's rights in a number of ways. Details on delivery of universal services of health and education shows how specific rights are being upheld for all children, with targeted/specialist services upholding rights for groups of children with specific needs, such as those with care experience, unaccompanied asylum seeking children, or children in conflict with the law.

The Children's Services Strategic Leads Network has a keen interest in UNCRC implementation, and continued opportunities for UNCRC development activity to be actively informed by CSPPs will be proactively explored.

8. Services Offered and Activities Planned (Criteria 6, 7 and 11)

Each Children's Services Plan should provide a narrative of the services offered locally to safeguard, support and promote wellbeing, including details of both children's services and related services. The review of CSPs considered the extent to which this information was included to clearly set out how

CSPPs have a collaborative and comprehensive local strategy for supporting families. This strategy is intended to describe the rationale for how and where family support is provided through a broad range of services and support that fulfils a continuum of need spanning prevention, early intervention and targeted/intensive support.

Part 3 of the Children and Young People Scotland Act 2014 (Section 7) defines Children's Services Planning duties as these relate to 'children's services', 'related services', 'other service providers'[13] and Scottish Ministers[14] in exercising their functions under the Prisons (Scotland) Act 1989 and through certain powers.

A **children's service** is: Any service in the local authority area provided wholly or mainly to, or for the benefit of, children.

A **related service** is**:** Any service in a local authority area which does not fall into the definition of a 'children's service' but still has a significant effect on the wellbeing of children and young people. Examples of this include community-based services such as welfare rights, libraries or sports centres, and services for adults which address parents/carers' needs in their own right, such as support for mental health, disability, drug and alcohol use, or involvement with the justice system.

Children's Services (Criterion 6)

Most Children's Services Plans (22 out of 30) met this Criterion and included a narrative on the types of children's services offered in the local area. Seven CSPs did not provide much detail on existing/new services, and one CSP did not include any information on children's services.

Although the majority of Plans made some reference to provision of children's services, most would benefit from a more detailed narrative on specific services planned to meet its strategic priorities, and by including examples of the different types of children's services available over the period of the CSP. A robust CSP would present a clear distinction between services and supports already in place, and what new services developments (if any) were planned for the next three years. Best practice would include clear information setting out availability of universal, and targeted/specialist services, as well as information on whether support is delivered on a multi-agency and/or single service basis, describing partners' individual and collective contribution to each strategic priority of the Children's Services Plan.

Across all Children's Service Plans for 2020-2023 the types of services mentioned included (list not exhaustive):

- Services to tackle the impact of **low income** on children and young people: free school meals, Community Kitchen, Best Start Grant and Best Start Foods, access to school holiday meals, access to uniforms, sanitary products, food and clothes banks.

[13] (a) the Chief Constable of the Police Service of Scotland, (b) the Scottish Fire and Rescue Service, (c) the Principal Reporter, (d) the National Convener of Children's Hearings Scotland, (e) the Scottish Court Service.

[14] Who have powers (following consultation and by order) to: a) specify services to be considered as included within or excluded from the definition of "children's service" or "related service" b) specify matters in relation inclusion or exclusion of services which fall within either of those definitions and c) add, remove or vary the list of those defined as an 'other service provider.'

- **Early Years:** healthy start vitamins and vouchers, early learning, pregnancy/maternity, early years expansion funding, childcare, breastfeeding support, developmental milestones, Bookbug, baby massage, infant mental health.
- **Learning and Education**: young apprenticeships, employability programmes, support to overcome barriers to learning and life-skills programmes for specific interest groups such as gypsies/travellers and refugees including English as an Additional Language, The PeterDeen Scholarship, Lifelong Learning, positive destinations, careers week, placement opportunities, internships.
- **Physical Health**: Community Child Health services, initiatives such as Eat, Play, Grow Well, The Childsmile dental programme, Grow Well Choices, sexual health advisory services, alcohol and drug education, smoking cessation, Active Schools, healthy weight programmes, support in teenage pregnancy, promotion of outdoor play, immunisation programmes, Duke of Edinburgh Award physical activities, sports programmes, allied health professionals.
- **Mental Health and Mental Wellbeing**: school counselling, educational psychology, support from Named Persons, perinatal and infant mental health support school nurses, digital therapeutic interventions, Child and Adolescent Mental Health Services (CAMHS), Healthier Minds, bereavement support, anxiety management, play programmes.
- **Targeted /Specialist support** with a focus on: Adverse Childhood Experiences (ACEs), child protection, disability, neglect, young carers, support for neurodiversity (ADHD and autism), post-school transitions for young people with Additional Support Needs, transition to adult health and social care services, Effective and Early Intervention/ Whole Systems Approach to Youth Justice, speech and language therapy, children's services social work, support for care experience (Looked After Children, throughcare and aftercare, continuing care, residential homes, fostering, kinship and adoption services), suicide prevention, domestic abuse, child sexual exploitation, anti-bullying, allied health professionals.
- **Engagement and Participation**: Youth forums, Young People's Advisory Panel, Connecting Voices, 'Pizza and Coke' sessions, Corporate Champions, Mini Champs and Champions Board for care experienced children and young people, Mind of My Own app (further examples in Children's Rights section).
- **Other** services: leisure and arts programmes, social spaces, volunteering, digital inclusion, advocacy, support for LGBTI young people, housing.

Related Services (Criterion 6)

Development of each area's CSP should also include information on local provision of related services. This includes both community-based supports which improve quality of life for children and families, and support provided to families by adult services to meet individual needs of parents/carers, and/or care experienced young people up to the age of 26. The Plan should also demonstrate how partners across the Children's Services Planning Partnership are working in a joined-up way to make sure young people have positive experiences in the transition between children's and adult services.

A key finding from both the 2019 and 2022 reviews of Children's Service Plans was that greater reference to the role of adult services should be made within Plans. From the 2022 review, 20 out of 30 Plans made some mention of related services, six Plans needed to add further information on this, and four Plans did not make any reference to related services at all.

As mentioned above, related services can be distinguished between adult services and communitybased services. Examples of related adult services mentioned in the 2020-2023 Plans included support for parental drug and alcohol use, services for young parents, adult/family learning, and adult protection. Examples of community-based related services included financial support and advice for families (to overcome poverty (including in-work poverty) and food insecurity), housing/homelessness initiatives, employment support, affordable transport, training opportunities, and digital literacy.

The CSPs which robustly met this Criterion included a short section on local provision of related services, both adult and community-based, over the period of the Plan. This demonstrated alignment with children's services, and the contribution of related services to relevant strategic priorities and/or outcomes of the Plan.

Some CSPs also mentioned training opportunities aimed at the wider workforce, such as traumainformed training; continuing professional development on child protection (e.g. identification and response to abuse, neglect and child sexual exploitation); and learning and development opportunities raising awareness around children's rights.

Good Practice Examples

Stirling: Stirling's CSP provides a great narrative on local provision of children's and related services, which covers:

- universal services for every child and young person (e.g. health visiting)
- enhanced services for children who need additional support (e.g. speech and language therapy)
- targeted/specialist services to address more complex needs impacting on wellbeing (e.g. CAMHS)
- compulsory intervention for (very few) children - and intensive support to overcome significant adversity (e.g. child protection services)
- services which could positively impact on outcomes for children and young people (e.g. services for families, and community-based supports, such as reduction of barriers to employment).

Stirling's CSP discusses the services offered over the period of the 2017-2020 Plan and new services and actions planned to achieve the priorities and outcomes for 2020-2023. It provides clear information on several services aimed at tackling the impact of low income on children and young people's participation and achievement, such as breakfast clubs and action to address period poverty.

The Plan sets out how the CSPP is working collaboratively to increase the capacity and confidence of the local workforce, such as provision of learning and development and resources by educational psychology, and developing trauma responsive practice, as well as training opportunities for young people. Initiatives, like Stirling's Champions Board, have been set up to facilitate children and young people's active participation in local decision-making. Finally, Stirling's Plan sets out planned improvements to service delivery, such as the development of a local framework of services for children and young people with disabilities.

Primary Prevention and Early Intervention Services (Criterion 7)

Among the overarching statutory aims of Children's Services Plans is a focus on early intervention and prevention.

Effective **primary prevention** is usually characterised by:

- Support and help directed to parents, carers and families, as well as directly to children • Support provided in the first few years of child's life (pre-birth to pre-school)
- Families accessing wider community supports to improve their quality of life.

Early intervention means:

- A workforce able to respond to the needs of families in a safe, effective, person-centred and trauma informed way, as soon as there are signs of difficulty
- Recognising wellbeing needs may emerge at any age, without warning, and that the speed/nature of response significantly impacts on the success of addressing those needs.

The majority of CSPs (25 out of 30) included information which met this Criterion. In the remaining five CSPs, providing more detail on how this was being achieved by the CSPP would have strengthened this element of the Plan's content.

The CSPPs which did this well described the local offer of services with a focus on prevention and early intervention. This included services for children and families in the early years and aimed at the best start in life, preventative approaches regarding alcohol and drug use, and pathways to positive mental health with a focus on prevention and early intervention, as well as timeous assessment in response to identified health needs of children and young people.

Some CSPPs had identified prevention and early intervention as one of their strategic priorities, which further emphasised the focus on this area, with examples of developing new services, improvement activity, and embedding use of the GIRFEC national practice model in both children's and adult services (early identification of need, assessment of wellbeing, Child's Plan, Team Around the Child and Family).

Many Plans did not make explicit links between services being offered over the period of the CSP and their role in prevention or early intervention, often with a lack of examples of the services fulfilling those aims. Most of the Plans that partially met this Criterion did not mention how services were focussed on prevention.

CSPPs could more fully meet this Criterion in future Plans by:

- Being more explicit on their preventative approach, presenting specific examples of how services are delivering preventative support/ actions
- Stating explicitly which services are aimed at early intervention, what support is provided and how its impact will be evaluated
- Discussing how the CSPP is shifting resource towards early intervention.

Good Practice Examples

Highland: Highland's CSPP has implemented the GIRFEC approach locally by using the THRIVE model to differentiate between children, young people and families who are:

- 'Getting By' (and benefit from prevention and general promotion of wellbeing)
- 'Getting Help' (mainly from support of universal services)
- 'Needing More Help' (from early intervention services and targeted/specialist supports).

Highland's Plan adopts a nested and layered preventative approach, spanning universal services (primary prevention) and health promotion, to working preventively as health needs, vulnerability and risks present (secondary prevention), and provision of sustained intervention and support (tertiary prevention) where health care risks and needs require intensive support, either temporarily or over longer periods of time.

Shetland: One of the Plan's strategic priorities appears to place strong emphasis on continuing to develop Shetland's primary prevention and early intervention services. This is aligned to work around preventing abuse, reducing poverty and inequality, enhancing child protection, developing a 'holistic Early and Effective Intervention approach' for the youth justice system, and early intervention around the care system.

West Lothian: Early intervention and prevention is a strategic theme that runs across all the strategic priorities and services offered through West Lothian's Plan. The Plan dedicates a one-page section on how multi-agency partnership working will ensure there is enough focus on preventing crises for children and young people, as well as offering support at the earliest opportunity. The Plan focusses on both early years support, and support needed during childhood and adolescence, providing many examples of the services offered locally to meet wellbeing needs.

West Lothian CSP refers to a shift in resources from managing crisis, to prevention and building resilience, and makes a commitment to investigate best practice in early intervention and preventative approaches to implement in West Lothian. The CSPP also undertook a thematic strategic needs assessment on Early Intervention and Prevention, to inform the future development of children's services locally.

Strategy for Supporting Families (Criterion 11)

Family support includes universal support for all families, support for families in need and on the edges of care, and families in need of intensive/specialist support where they face complex needs, high levels of risk, or crisis. This includes parental and parenting support, support for carers, and whole family wellbeing. It involves the provision of multi-agency holistic support wrapped round the needs of the whole family, in line with the GIRFEC approach which understands wellbeing of children and young people in the context of their network of family and care.

The COVID-19 Children & Families Collective Leadership Group (CLG) developed the "Holistic Family Support – Vision and Blueprint for Change" (the 'Vision') which sets out that families should be able to access preventative, needs-based support when they need it, for as long as they need it. The principles within this Vision were drawn out by the Family Support Advisory Group (FSAG) and informed a

"Routemap and National Principles of Holistic Whole Family Support" (the 'Principles'). The Children's Services Planning Strategic Leads Network have actively contributed to their development.
The FSAG and CLG established a clear principle that there should not be nationally imposed model(s) for delivering holistic whole family support, in recognition that local solutions will vary to meet differing local needs. However, the Principles set out the core elements of what 'good' should look like and these are further articulated through the "How Good Is Our Family Support?: A National SelfAssessment Toolkit," which is currently in development.

The review of Children's Services Plans identified a range of examples of universal, targeted and specialist services that aimed to provide support to families with different types of wellbeing needs. These included support for pregnant women and new parents, support for families with children experiencing behaviours consistent with ADHD, support for families with children with a disability or complex health needs, support for Gypsy/Traveller families, family learning opportunities, family therapy, family counselling, family money advice and financial support, encouraging healthy family lifestyle. An interesting approach set out in one Plan was to bridge the gap between school and home to create a child's family network and adopt a blended model of support.

Each CSPP should have a clearly described strategy for holistic family support which adopts a whole systems approach, and refers to the role of children's and related services, and how these are delivered in a joined-up way. Most CSPPs (20 out of 30) referred to a local family support strategy, or to planned services aimed at delivering whole family support within their Plan. Eight CSPs would have been strengthened through providing more details on the services provided or planned to ensure available support to the whole family, with specific examples of universal, targeted and specialist services available in their area. Two Plans did not mention a holistic whole family approach at all. Family support was a strategic priority for six CSPPs.

Good Practice Examples

Clackmannanshire: Clackmannanshire's Plan includes a dedicated section setting out the local approach to whole family support as one of its strategic priorities. This work-stream includes:

- Development of a wellbeing economy and community wealth-building focussing on opportunities presented to develop sustainable food and heating as part of the Alloa Transformation Zone
- Establishment of a Wellbeing Hub and Learning Estate development
- Alloa Transformation Zone linking Place developments with wellbeing opportunities for promoting health and learning. This includes public spaces such as footpaths and parks
- STRIVE (Safeguarding through Rapid Intervention) draws on the GIRFEC practice approach and takes a "whole systems" approach to delivering better outcomes, faster, for the most vulnerable people in Clackmannanshire. It does this by gathering and sharing information at an early stage to try and prevent the need for further intervention and supports existing systems already in place to respond to child and adult protection concerns in Clackmannanshire. The STRIVE team is a multi-agency team made up of police officers, social workers, and housing officers, as well as a part-time education officer and Third Sector partner organisation, Wellbeing Scotland.

Clackmannanshire's CSP also includes use of the Icelandic Prevention Model for alcohol and drug use; preparing young people for life, work and the future; and tackling poverty.

Falkirk: Falkirk's Plan clearly defines its family support pathway through a user-friendly diagram which includes:

- Primary drivers: GIRFEC – Building Resilient Families; Funding, Resources and Planning, Transitions; and Systems and Process
- Secondary drivers: Co-production of the pathway with families to design coordinated and accessible supports, based on local data, following the GIRFEC pathway with training for staff, and use of Child's Plan, coordinated funding, ensuring child to adult transitions, service to service collaboration, and central request for assistance process, etc.
- Specific change ideas: focus groups with families, JSNA Data, Tests of change for new coordinated approach in one locality, etc.

North Lanarkshire: Throughout the Plan there is mention of supporting families, as well as children and young people. Examples of family supports include parenting support and early years of parenting, support for families with children with a disability, financial and employment supports, food poverty and its link with neglect, breastfeeding support, infant mental health, and maintenance of family relationships, especially between siblings.

One of the Plan's priorities is to support families, including support for the early years of parenting, children supported at home and support for good mental health, emotional resilience and trauma recovery. The Plan aims to develop consistent family support approaches based on the 10 Family Support Principles identified in The Promise. A strategic priority on Care focusses not only on those who are experiencing care/care experienced, but also on their families, including brothers, sisters, parents and peers.

Whole Family Wellbeing Funding

The approach to holistic whole family support has continued to evolve as CSPPs focus on strengthening joined-up delivery of local services. As was the case in the 2019 review of CSPs, there is a continued need for stronger articulation of the role of related services across the 3-year planning cycle, and in the associated delivery of services and support to families.

The Scottish Government has committed to investing at least £500 million over the life of this Parliament for Whole Family Wellbeing Funding (WFWF). This is intended to:

- Enable the building of universal and holistic support services across communities in Scotland, helping to reduce the need for crisis intervention
- Give families access to the help they need, where and when they need it
- Ensure we are providing the right kind of support to families to enable them to thrive
- Facilitate the system change required to transform how family support is delivered by ensuring families can access seamless holistic support that wraps around individual needs
- Contribute to improving people's lives across a wide range of wellbeing areas, including: child and adolescent mental health, child poverty, alcohol/drugs use, and educational attainment.

£50 million of the WFWF will be deployed in 2022-23, with a focus on building capacity for a more significant investment from 2023-24 onwards. Distribution of this funding and wider implementation of the Whole Family Approach will have significant influence over the development of the next round of Children's Services Plans (2023-2026), with CSPPs as the local leadership mechanism for planning and delivery of services and supports to improve outcomes for children, young people and families in each area of Scotland.

The Children's Services Planning Strategic Leads Network have been working collaboratively with the Family Support Advisory Group in developing these proposals, and ensuring provision of holistic whole family support will be a continued priority focus within Children's Services Planning.

National Care Service

The Independent Review of Adult Social Care was led by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland, with its report on findings published in February 2021[15]. This recommended the establishment of a National Care Service (NCS) for Scotland to:

- ensure that care is person-centred and human rights based
- provide greater recognition and support for unpaid carers
- improve conditions for the workforce
- commission for public good, and
- ensure more effective approaches to scrutiny and improvement of social care services.

[15] Adult social care: independent review - gov.scot (www.gov.scot)

The National Care Service Bill was introduced to Parliament on 20 June 2022. The Bill sets out principles for the National Care Service (NCS) and places a duty on the Scottish Ministers to promote a care service designed to secure improvement in the wellbeing of the people of Scotland. The aim of the Bill is to ensure that everyone can consistently access community health, social care and social work services, regardless of where they live in Scotland. It provides for a National Care Service, accountable to Scottish Ministers, with services designed and delivered locally.
The Bill therefore provides for a power to transfer accountability for a range of services, including adult social care and social work services, children's social work and social care services and justice social work services, to the Scottish Ministers, subject to Parliamentary approval.

The Bill requires further public consultation to be held and the results to be laid before Parliament alongside any regulations prior to any potential transfer of children's services and justice social work services. This recognises that those areas were not specifically examined by the Independent Review of Adult Social Care.

The overall position is that a final decision on the inclusion of justice social work and children's social care and social work services in the NCS will not be taken until further detailed consideration and evidence gathering with key partners has been carried out. Instead, the NCS will be designed so that children's services and justice social work services can be included if that is considered appropriate in due course.

The implications of this change, regardless of whether Children's Services are transferred to the NCS or not, will have an impact on future Children's Services Planning/Plans. This will be a key consideration for CSPPs over the next planning and reporting cycle.

9. Collaborative Use of Resources (Criterion 12)

Criterion 12 of the Guidance considers how Children's Services Plans included information on their collective children's services budgets (and related services budget where this has an impact on child wellbeing), and how these were spent across different services and partners over the period of the Plan.

One third of CSPs (10 out of 30) provided sufficient information to meet this Criterion. Nine CSPs included some information on finance but not information on budgeting allocations, and the remaining 11 CSPs mentioned (almost) nothing about resources and/or budgets. This remains an area of challenge in relation to Children's Services Planning, with two thirds of the Plans not providing information set out in the Statutory Guidance for this Criterion.

Almost all CSPs (23 out of 30) referred to local offers of training and development opportunities for their workforce, with nine CSPs highlighting recruitment of new staff to increase capacity. Examples of this included recruitment of a Mental Health Officer, a dedicated GIRFEC lead, and a Children's Rights Officer. Only some CSPs provided details of their current children's services workforce across different key agencies.

Slightly more than half of the CSPs referred to their use of specific funds, mostly Pupil Equity Funding,

Care Experienced Children and Young People Fund, and Scottish Attainment Challenge Funding. Most Plans would have been enhanced through further detail of new services being planned, the re-design of existing services, and a shift in investment towards more preventative and early intervention services and supports. Only a few CSPs mentioned this, and with limited detail.

Eight CSPs mentioned commissioned services, plans to commission future services, or referred to their Commissioning Strategy/ Strategic Commissioning Plan, but with minimal details on this. A few CSPs highlighted increased uptake of participatory budgeting opportunities.

A robust Children's Services Plan would include information on the following:

- The children's services budget and how this was being spent across services, partners and users; information on available funds/investments and how they were used
- Information on development of new services and how these were being funded; how resources across the CSPP were being shifted towards prevention and early intervention services and supports, with a clear approach to disinvestment
- Information on commissioning of services
- Details of relevant children's and related services workforce, recruitment strategies and workforce training and development.

As mentioned above, few CSPPs provided information to fully meet this Criterion based on the above description, and this is a key area for development for the next cycle of CSPs and as part of annual reporting.

Good Practice Examples

Moray: A section in Moray's Plan is dedicated to the 2019/20 children and families budget and how this was being spent across universal and targeted services, across different service providers, and in relation to different age groups of children and young people. The Plan mentions an investment shift towards prevention and early intervention as an action which will be monitored through use of a specific measurable performance indicator. Moray's Plan also provides details of planned future investments and uptake of participatory budgeting opportunities to meet local needs. The Plan set out training opportunities to enhance skills and knowledge of the children's services workforce.

Outer Hebrides: The Plan briefly mentions how the 2019/20 children and families budget is spent across partners and services. The Plan references the recruitment of new workforce and describes the use of specific funds to provide support to children and young people. The CSPP offers training opportunities to ensure workforce development.

South Lanarkshire: South Lanarkshire's Plan includes an informative and clear section on finance, which reports on the 2019/20 children and families budget and how this was being spent across services and users, as well as specific commissioned services and prioritised investment areas with aligned funding across partners. The Plan discusses how the CSPP has utilised available funding streams, such as the Care Experienced Children and Young People Attainment Fund and the Infant Mental Health Fund, as well as referencing the contribution of Third Sector organisations and commissioned services. It also describes how the CSPP allocates funding and resources for redesigning of services, for early support services, and for commissioning new services. Finally, the CSP details planned training opportunities for the children's services workforce and wider partners.

The Children's Services Planning Strategic Leads Network have highlighted a number of barriers faced in moving towards collaborative use of resource across Children's Services Planning Partners. This includes:

- Joint commissioning and procurement processes which can be slow, inflexible and present challenges to innovation
- Allocation of national funding via specific partners does not facilitate truly collaborative crosssector solutions and use of resource by CSPPs
- Limitations in longer-term planning are faced due to receipt of short-term or temporary national funding streams, which creates uncertainty as to future sustainability
- A disconnect between children's service and adult service budgets.

A Commissioning and Procurement Subgroup of the Family Support Advisory Group is progressing work to explore these barriers, with an aim of co-developing toolkits which provide solutions, and better support development of joint commissioning strategies and processes to deliver whole family support in an integrated way. The Children's Services Planning Strategic Leads Network have been fully involved in these developments and will continue to be engaged in next steps.

Establishment of the NCS will provide further opportunities to consider local and national workforce planning and development as well as funding structures, to support better alignment between children's and adult services alongside any recommendations made by the CLG Workforce Development Subgroup.

10. Use of Data and Evidence (Criteria 3, 4 and 13)

This section of the report discusses the use of data and evidence[16] in the development and evaluation of Children's Services Plans.

Use of Data in Strategic Planning (Criteria 3 and 4)

Criterion 3 considers whether the CSPP have developed their Plan through a robust evidence-based joint strategic needs assessment (JSNA) of the population of children, young people and families in the local area. Criterion 4 refers to whether each CSP has included analysis of quantitative and qualitative evidence and data, relating to both service performance and child wellbeing.

An overview of key statistics regarding the population of children, young people and families was helpful in setting out the local context and needs, highlighting achievements from delivery of the 20172020 Children's Services Plan, and any new or changing needs which had emerged. A key aim of using data and evidence from the JSNA and other sources, is to identify emergent needs and areas for improvement, to inform the choice of specific strategic priorities and actions through a clearly evidenced rationale.

[16] A list of commonly used indicators and data sources in CSPs can be found in Appendix F.

18 out of 30 CSPs included a JSNA. Eight CSPs could have been improved through provision of additional information on the local needs of children and families, and four CSPs did not make any reference to an assessment at all.

The following were identified as examples of best practice in relation to Criterion 3:

- A section of the Plan which clearly presented a JSNA and described how this was conducted, together with data and evidence on the local area, population of children, young people and families, key demographics, and the current delivery context
- Quantitative and qualitative data from several sources, such as surveys, consultations, focus groups, engagement events
- A short summary of key findings from the JSNA
- Data and evidence on groups of children and young people with specific needs (for example Gypsy/Travellers, care experience, complex health needs or disability, young carers)
- Clear links between the data included, achievements/milestones of progress, identified areas for improvement activity, and to inform identification of the strategic priorities for the Plan
- Presentation of data and key findings in a user-friendly way – graphs and tables where appropriate, and supported comparisons between local and national averages, or changes in indicators of wellbeing over time, to show whether each area was showing improved outcomes for children and families, or suggested further improvement was required
- Explanations of data trends, indicators used, and data sources.

Focusing on **Criterion 4** on evidence and data, Part 3 of the Guidance asks Children's Services Planning Partnerships to include a section with data relating to service performance and child wellbeing, including evidence of progress being made against national and local objectives to improve outcomes for all children and young people. This also includes a summary review of the previous Children's Services Plan (2017-2020) and findings from self-evaluation, audit and inspection on service performance. The aim of drawing on collaborative use of data and evidence is to enable the CSPP to demonstrate improved outcomes and successes, alongside identifying areas where further action and/or development was needed.

More than half the CSPs did not provide enough information to fully or partially satisfy this Criterion, with only 13 CSPs meeting it in full. 12 CSPs needed to strengthen their use of data by providing additional detail, and five Plans did not provide robust data and evidence.

CSPs that met this Criterion well, had included a section with data on key areas of wellbeing, such as education, early years, health, additional support needs etc. and used this as a basis for understanding local needs and to review provision of services and supports to children and families over the period of the Plan.

An example of good practice was provision of clear information on what services were being offered over the period of the CSP to meet identified local needs, and their impact on outcomes using statistics, quotes from service providers and from children, young people and families on their lived experiences. Another example of best practice was discussion of each strategic priority with presentation of local data and evidence to show why this was important, and what it aimed to achieve. Some CSPs included a summarised review progress made in delivery of their 2017-2020 Plan which highlighted their achievements and areas identified for further improvement.

Robust Plans presented their data in a clear and user-friendly way, with specific timeframes, data sources, graphs and tables where appropriate, explanations of data trends and indicators used, and benchmarking comparisons across national and local performance and for the CSPP area over time. Another example of best practice, noted in three CSPs, was to link data and evidence with aspects of wellbeing (across SHANARRI) and with relevant children's rights.

Those Children's Services Plans that would have been strengthened through inclusion of additional information (12 out of 30) would have been improved by providing detail of the following:

- A summary review of the 2017-2020 Children's Services Plan (eight CSPs did not include this)
- Evidence of service performance (eight CSPs missed this information)
- Clearer links between local data and evidence, and the selection of strategic priorities (nine CSPs did not include this)
- More quantitative and qualitative data to identify emergent needs of children and families, and identify areas for improvement.

Good Practice Examples

East Ayrshire: The Plan includes a section on the successes of the 2017-2020 CSP presented with the use of data and evidence, including statistics and testimonials from young people, as well as active links to case study examples of improvement work that was undertaken through 2017-2020. The section is clear and user-friendly. Another section presents findings from engagement events and data in order to identify the main challenges which led to the development of the CSP.

Orkney: Orkney's CSP showed great use of data and evidence-based strategic priorities. The Plan used local data to explain the rationale for each priority and services to be delivered, highlighting the areas where Orkney has made good progress in improving outcomes, as well as the areas that needed further development. Data and evidence from engagement events and consultation with young people were included, linked to wellbeing across SHANARRI, and a set of measurable indicators is in place to monitor progress of priorities and actions. Data had been presented in a clear and user-friendly way and showed very clearly a direct link to the services and actions contained in the Plan.

Stirling: Stirling's CSP showed excellent use of data and evidence, which were discussed in several sections of the Plan. A multi-agency working group is responsible for the joint strategic needs assessment, to provide data which helps the CSPP prioritise action. Stirling's Plan included a section with key findings from the JSNA, a section evaluating progress made over the period of the 20172020 Plan (using outcome measures), and two sections which summarised findings from local engagement activity (focus groups, interviews, lived experiences) with children, young people, families, and professionals. It also presented data from local surveys, alongside data on children's wellbeing, and service performance information.

The Plan included statistics on Stirling's population and specific figures on outcomes for children in poverty, in need of protection, with care experience, affected by disabilities, and in need of support with mental health and mental wellbeing. Where there was no local data available, Stirling drew on national data to identify groups of children and young people with poorer outcomes and considered this within the local context. An online appendix has been attached providing further details on how the CSPP had gathered data and evidence through the JSNA. This detailed evaluation of service impacts and engagement with professionals, children and families showed how the evidence had informed the

development of Stirling's Plan. The appendix included a very clear table which showed outcome indicators from the 2017-2020 Plan, and highlighted where progress had been made, and where it had not. This concise and clear appendix made Stirling's Plan very robust through being explicit about its evidence base.

Use of Data in Monitoring Progress of Plans (Criterion 13)

Part 3 of the Guidance indicates that clear indicators of progress should be detailed to support the CSPP to monitor and evaluate the effectiveness of any action and service delivery contained within the Children's Services Plan.

Just over half the Plans fully met this Criterion (17 out of 30). One CSP had some measures of progress, but needed to build on this by including further detail, and 12 CSPs did not contain clear progress indicators or performance measures.

A robust CSP should include a set of measurable indicators which enables the CSPP to monitor the progress of each strategic priority and any aligned actions. This should also provide information on how the CSPP plans to monitor and evaluate the Plan overall, including data on the performance and impact of children's and adult services.

Among the tools used to monitor and evaluate services mentioned in the CSPs reviewed were:

- (Joint) Self-evaluation activity
- Quality Assurance Framework and internal audit
- Quality Improvement Methodology (QI) utilising support from the Children and Young People's Improvement Collaborative (CYPIC)
- External audit, scrutiny, and service/ thematic inspections
- Annual reporting/ Periodic performance monitoring
- Qualitative and Quantitative data and evidence, including feedback from children, young people and families and service providers, analysis of administrative data, surveys and consultations
- Logic models
- Scottish Government's Three Step Improvement Framework for Public Services.

18 out of 30 CSPs included a set of measurable indicators to monitor the progress of their strategic priorities. Best practice included:

- Tables breaking each strategic priority down into concrete aims, actions, with one or more measurable performance indicators
- Measurable indicators aligned with aspects of wellbeing across SHANARRI
- Baseline, current performance, and target percentage or intended change for each measurable indicator
- Inclusion of data source(s) for each indicator.

Good Practice Examples

Edinburgh: Edinburgh's Plan included a clear section on measuring success, describing ongoing collection of feedback from children, young people and their families, periodic reporting to the CSPP from delivery groups, and a set of population measures relating to the CSP's aims. This presented measurable indicators of progress for each of the 3 aims of Edinburgh's Plan, including the current baseline percentage. Nine indicators were used in total for the high level aims, which is a manageable set of indicators.

East Renfrewshire: East Renfrewshire's Plan included measurable indicators (31) to monitor different elements of the Plan's success and impact. These measures were listed under each of the Plan's priorities, with clear detail of how East Renfrewshire CSPP will also measure progress of these via analysis of local improvement and evaluation activity, as well as feedback from children, young people and their families. The Plan also included two dedicated sections providing information on local evaluation of implementation activity, and measuring success.

Fife: Fife's Plan included a list of measurable indicators, which were presented in a clear and robust way. Each indicator is attached to the current Fife performance, benchmark and improvement goal (all in percentages). This way of presenting the indicators reflects an area of best practice. The list included 8 indicators, which is a manageable number. The Plan described how other methods of evaluation will also be used to supplement this, such as the use of a quality improvement approach, feedback from children, young people, families and staff, the Scottish Government's Three Step Improvement Framework, and the 4DX Methodology.

11. SMART (Criterion 14)

Criterion 14 considers the format of CSPs and whether information is presented in a SMART way. To have fully satisfied this Criterion CSPPs should have met all SMART requirements:

Specific – be specific about priorities, actions, outcomes and which services are contributing
Measurable – include measurable priorities and a set of measurable indicators of progress
Achievable – have clear aims and robust governance arrangements
Relevant – include a narrative on services offered
Time-related – specify timescales for priorities and/or actions.

Five out of 30 CSPs fully satisfied this Criterion, while the remaining 25 only partially satisfied it as they needed to add further information.

CSPPs could fully meet this Criterion in future Plans by including:

- a one-page summary of the Plan at the start of the report
- an accessibility section with information on how different audiences can access the Plan and publishing this in different formats (website, videos, alternative languages etc.)
- a child/ family-friendly Plan or have a version of the Plan specifically aimed at children, young people and families
- information on timescales and leads for each strategic priority/high level action • measurable priorities and a set of measurable indicators used to monitor progress

- clear and short sections, with clear headings.

Plans with many acronyms are not particularly child-friendly. A few Plans included a table with acronyms and a glossary of terms used, both useful additions. A couple of Plans included a section dedicated to children and young people or addressed directly to them. Another example of best practice was the development of an accessible version of the CSP to ensure that children and young people are aware of the key priorities driving local services and understand what actions are planned to improve support and services.

The two SMART components that were mostly unmet by CSPPs were 'time-related' and 'measurable'. All CSPs that only partially satisfied this Criterion (25 out of 30) needed to provide information on timescales for their strategic priorities, while 12 out of 30 Plans were not measurable. Other problems encountered were very long Plans, Plans addressed only to technical audiences, and Plans which were not well-structured (very long sections and/ or unclear headings). There is need for the Plans to be concise, but at the same time, rich in information with a clear narrative around the development of the CSP and services offered. Including tables that link priorities, aims, actions, performance indicators, leads and timescales could help achieve that.

Good Practice Examples

Aberdeenshire: Even though Aberdeenshire published a long Plan, it is well-structured, with clear sections and headings. It includes a glossary of terms and a table with aims, actions, performance measures, leads, timescales, SHANARRI wellbeing aspects and UNCRC articles, bringing everything together. The Plan is *specific* as it has specific priorities and aims; *measurable* as it set measurable indicators to monitor the progress for each aim/action; *achievable* with a clear governance structure and leads for each priority; *relevant* with a great narrative around the services offered; and *time-related* as it provided timescales for each priority.

East Renfrewshire: At the start of this Plan is a very useful and user-friendly one-page summary, including vision, values, approach, wellbeing outcomes, priorities and success measures.

Midlothian: Midlothian's Plan is well-structured, with short sections and clear headings. It includes tables with actions, timescales, performance indicators, and leads. The Plan is *specific* as it has specific priorities, actions and outcomes; *measurable* as it set measurable indicators to monitor the progress for each high level action; *achievable* with a clear governance structure and leads for each priority; *relevant* with a narrative around the services offered; and *time-related* as it provided timescales for each high level action.

Orkney: The Plan is easy to read with a user-friendly format. An action plan presents clearly how the priorities are linked to aims, actions, measurable indicators, leads and timescales. The Plan is *specific* as it has very specific outcomes and links between priorities and actions; *measurable* as it set measurable indicators to monitor the progress for each high level action; *achievable* with a clear governance structure and leads for each high level action; *relevant* with a great narrative around the services offered and the impact of COVID-19 on children and young people; and *time-related* as it provides timescales for each high level action.

12. Summary & Reflections

This report has discussed review findings from the analysis of Scotland's 30 Children's Services Plans published in 2020/21 and provided an overview of policy developments relevant to Children's Services Planning and key themes from strategic engagement.

The aim of the report was to set out the extent to which CSPPs have met Criteria set by Part 3 of the Statutory Guidance and to identify areas of strength in Children's Services Planning, as well as areas where further support is needed.

What is going well?

Seven Criteria were fully satisfied by 21 or more CSPPs (highlighted in green in Table 1 in the Executive Summary):

- Include a **clear and shared vision** • Offer services with a **focus on prevention and early intervention**
- Incorporate the **GIRFEC** practice approach
- Incorporate **children's rights and UNCRC** • Present **links to aligned national/local plans** • Include **narrative on children's services** offered
- Set out a **comprehensive local strategy for whole family support** showing how and where services provide this.

Other areas of strength across CSPs included:

- Most CSPs presented **robust governance arrangements** and highlighted the importance of multi-agency collaboration, in line with the 2019 review of the 2017-2020 CSPs
- All CSPs identified **clear strategic priorities**. The vast majority of CSPs identified manageable priorities, with a clear governance structure to oversee delivery and progress described
- Most CSPs mentioned **COVID-19** and some Plans set out how services and supports were adapted or created to respond to the emerging needs of children and families as a result of impacts of the pandemic
- Most CSPs referred to local offers of **workforce training and development** opportunities.

What needs more support?

Five Criteria from Part 3 of the Guidance were not or only partially satisfied by 15 or more CSPPs (highlighted in red in Table 1 in the Executive Summary) and four Criteria were not or only partially satisfied by 10-14 Plans (highlighted in amber).

From the review of the 30 CSPs the following areas requiring further development emerged:

- Most Plans only partially satisfied the **SMART** Criterion. In particular, most Plans were not timerelated, and slightly less than half were not measurable.
- 12 out of 30 Plans did not include **measurable priorities** and only half the Plans set out priorities which were clearly linked to data and evidence which explained the **rationale** behind their choice.

- Two thirds of CSPs did not provide information for children's services **budget** and how it is spent across services and partners shifting investment to prevention and early intervention.
- 12 out of 30 Plans did not include a **joint strategic needs assessment**. More than half the CSPs needed to strengthen their use of data and evidence by providing additional detail. 12 out of 30 CSPs did not contain clear progress indicators or performance measures. Overall, CSPPs used data and evidence when writing their Plans, but it was not always clear how these data were used when developing the Plans and services, and identifying priorities and areas that require further improvement.
- Even though all CSPPs fully or partially satisfied the Criterion on **Engagement and Ownership**, 16 Plans would have benefitted from adding further information, especially around engagement with local workforce and the wider community. 17 CSPPs needed to include more information to better evidence how Third Sector organisations have participated in development and delivery of services and supports, in line with the 2019 review.
- 14 of the 30 CSPs needed to make stronger and/ or more explicit links between their strategic priorities and outcomes and the **NPF** Outcomes.
- Although the majority of Plans made some reference to provision of **children's services**, most would benefit from a more detailed narrative on specific services planned over the period of the Plan to meet strategic priorities and from including examples of the different types of universal, generally available, and targeted/ intensive children's services available. A third of the Plans could have included more information on **related services**, in line with the 2019 review.
- A third of the Plans needed to discuss their **family support** strategy in further detail.

Final Thoughts

Children's Services Planning Partnerships have published interesting, ambitious and well-thought out Children's Services Plans overall, with examples of good practice highlighted throughout this report to share examples of where particular Criteria were met well. This demonstrates the dedication and commitment across Scotland in working collaboratively to strengthen the approach and delivery of Children's Services Planning, with the ultimate aim of improving outcomes for every child, young person and family.

The findings of this review are intended to support CSPPs in developing their next Children's Services Plans. Together with the learning from policy developments and strategic engagement referred to throughout this report, findings will inform recommendations on priority improvement action related to Children's Services Planning and inform relevant transformational change programmes undertaken through the COVID-19 Children & Families Collective Leadership Group, Children's Services Planning Strategic Leads Network, and other stakeholder forums.

Appendix – A External Links to Children's Services Plans (2020-2023)

Table 1 – List of Children's Services Plans for each Children's Services Planning Partnership

Children's Services Planning Partnership Children's Services Plans	
CSPP Area	**Link to Children's Services Plan**
Aberdeen City	Aberdeen City Children's Services Plan 2020 - 2023
Aberdeenshire	Aberdeenshire Children's Services Plan 2020 - 2023
Argyll and Bute	Argyll & Bute Children's Services Plan 2020 - 2023
Clackmannanshire	Clackmannanshire Children's Services Plan 2021 - 2024
Dumfries & Galloway	Dumfries & Galloway Children's Services Plan 2020 - 2023
East Ayrshire	East Ayrshire Children's Services Plan 2020 - 2023
East Dunbartonshire	East Dunbartonshire Children's Services Plan 2020 - 2023
East Lothian	East Lothian Children's Services Plan 2020 - 2023
East Renfrewshire	East Renfrewshire Children's Services Plan 2020 - 2023
Edinburgh City	Edinburgh City Children's Services Plan 2020 - 2023
Falkirk	Falkirk Children's Services Plan 2020 - 2023
Fife	Fife Children's Services Plan 2021 - 2023
Glasgow City	Glasgow City Children's Services Plan 2020 - 2023
Highland	Highland Children's Services Plan 2020 - 2023
Inverclyde	Inverclyde Children's Services Plan 2020 - 2023
Midlothian	Mid Lothian Children's Services Plan 2020 - 2023
Moray	Moray Children's Services Plan 2020 - 2023
North Ayrshire	North Ayrshire Children's Services Plan 2020 - 2023
North Lanarkshire	North Lanarkshire Children's Services Plan 2021 - 2023
Orkney	Orkney Children's Services Plan 2021 - 2023
Renfrewshire	Renfrewshire Children's Services Plan 2021 - 2024
Scottish Borders	Scottish Borders Children's Services Plan 2021 - 2023
Shetland	Shetland Children's Services Plan 2021 - 2024
South Ayrshire	South Ayrshire Children's Services Plan 2020 - 2023
South Lanarkshire	South Lanarkshire Children's Services Plan 2021 - 2023
Stirling	Stirling Children's Services Plan 2020 - 2023
Tayside (Angus, Dundee and Perth & Kinross)	Tayside Children's Services Plan 2021 - 2023
West Dunbartonshire	West Dunbartonshire Children's Services Plan 2021 - 2023
Western Isles/Outer Hebrides	Western Isles Children's Services Plan 2020 - 2023

Appendix –

West Lothian	West Lothian Children's Services Plan 2021 - 2023

B Part 3 Statutory Guidance Review Criteria

Table 1 – Children's Services Plans: Part 3 Statutory Guidance Review Criteria

Does the Children's Services Plan….
1. Have a clear, ambitious compelling shared vision of what will be achieved by the end of the Plan?
2. Reflect relevant National Performance Framework Outcomes?
3. Incorporate a robust evidence-based joint strategic needs assessment of the current population of the children and young people in its area?
4. Include analysis of quantitative and qualitative evidence and data relating to both service performance and child wellbeing?
5. Identify a manageable number of measureable priorities clearly linked to the joint needs assessment to ensure that the rationale behind the priorities is explicit?
6. Cover local services which fall into the categories of both 'children's services' and 'related services' in its scope?
7. Recognise and describe services which can fulfil both 'primary prevention' and 'early intervention' across all aspects of wellbeing?
8. Describe how the Children's Services Planning Partnership is creating and maintaining effective Getting it right for every child practice for individual children, young people and their families?
9. Describe how the Children's Services Planning Partnership is using children's rights to inform the structural, procedural and outcome framework of the Plan?
10. Convey a shared sense of ongoing engagement and ownership with staff, children, young people, families and the wider community, evidencing that the Children's Services Planning Partnership has made full use of stakeholder's ideas and suggestions?

Appendix –

11. Set out a comprehensive strategy for supporting families through a broad range of preventative and early intervention approaches from universal services to targeted intensive support and describe the rationale for how and where the family support services are provided?
12. Describe what services are going to be developed in the future and specifying which areas will see disinvestment in order to facilitate the shift of resources towards preventative and early intervention options?
13. Set clear indicators for monitoring and evaluating the effectiveness of children's services in terms of their success in responding to and addressing children's wellbeing needs?
14. Present all the information in an easily accessible format which is SMART (Specific, Measurable, Achievable, Relevant and Time-related)?
15. Illustrate links (or incorporation) of other statutory plans and reports?

C COVID-19 Children & Families Collective Leadership Group (CLG) Action Plan

Table 1 – Summarised Extract of CLG Action Plan (2021)

Access to Services	Action was taken to seek assurance on availability of local and national services and supports for families during the pandemic, with provision of information from the 30 Children's Services Planning Partnerships (CSPPs) on effective partnership working, and available routes of access for children, young people and families to access support. Responses detailed an extensive range of supports being provided across CSPP partners. This included Named Persons as a key point of contact and universal services of health and education, as well as support from targeted/ specialist services, and Third Sector organisations. There were similarly extensive mechanisms being used to publicise and promote information to raise awareness of available services and support with children, families and the general public. Key messaging was provided for national helplines; with a snapshot regional directory of available services/ support developed and distributed to national helplines and Children's Services Planning Partnerships. A summary of collated good practice examples of pandemic practice shared learning more widely.

Appendix –

Workforce Resilience	Action focussed on gaining insight to understand issues impacting on national and local workforce resilience, to inform any need for rapid mitigation responses and maintenance of sufficient staffing capacity for ongoing provision of support to children and families. This included monitoring and development of national recruitment initiatives including the Scottish Social Services Council (SSSC) national recruitment portal and temporary social work register, and working with CSPPs to identify and promote mutual aid arrangements in each local authority area. Actions also contributed to workforce resilience and wellbeing by ensuring national wellbeing resources such as The Promise Scotland website and workforce specialist services were being accessed, with effective dissemination of information through professional networks, information bulletins, and digital platforms. Other initiatives developed locally, included coaching and mentoring schemes, peer support, and mental health first aid. This work informed establishment of the CLG's Workforce Planning and Resilience SubGroup. This has an objective of progressing an integrated whole system approach to workforce planning and professional development with a focus on cross-sector messaging, multi-disciplinary workforce supply and demand, and revised competency and skills frameworks for the workforce based on UNCRC, GIRFEC, and the Promise. The Subgroup will also focus on workforce wellbeing to address pandemic impacts and support longer-term resilience and recovery, building on learning from national and local initiatives.

Appendix D - Children's Services Planning Strategic Leads Network: Terms of Reference

Network Purpose

To improve wellbeing outcomes for *all* children, young people and families across Scotland[17]. The Network does this by promoting collaboration between and across Children's Services Planning Partnerships (CSPPs), Scottish Government and key stakeholders, with an aim of strengthening the development, delivery and accountability of Children's Services Planning arrangements.

The Network facilitates a supportive forum through which Network members:

- Connect to share knowledge, resources and reflect on learning
- Showcase and share good practice to support scale and spread
- Influence and inform national policy, legislation and priority action
- Identify need, and progress national/ local action to address policy priorities and respond to emergent needs of children, young people and families
- Embed approaches which support prevention and early intervention and in line with the statutory aims of Children's Services Planning
- Identify and contribute to improvement activity as this relates to Children's Services Planning, working collaboratively to find solutions
- Proactively contribute and provide constructive challenge to the development of national/ local strategic approaches to improve outcomes for children, young people and families
- Play a key role supporting post-pandemic recovery arrangements, highlighting relevant information which informs national/local action required to address the needs of children, young people and families in vulnerable situations.

Legislative/Policy Context

Children's Services Plans are key to the delivery of Getting it right for every child, at a strategic, operational, and practice level. Children's Services Planning is a joint statutory requirement of the local authority and health board, to work in partnership with public bodies, statutory and Third Sector organisations, children, young people, families and communities, to locally exercise the functions conferred by Part 3 (Children's Services Planning) of the Children and Young People (Scotland) Act 2014. These functions cover both 'Children's Services and 'Related Services' as set out in Part 3 Statutory Guidance.

Network Membership

A list of current Network members is included at Table 1 below. This includes:

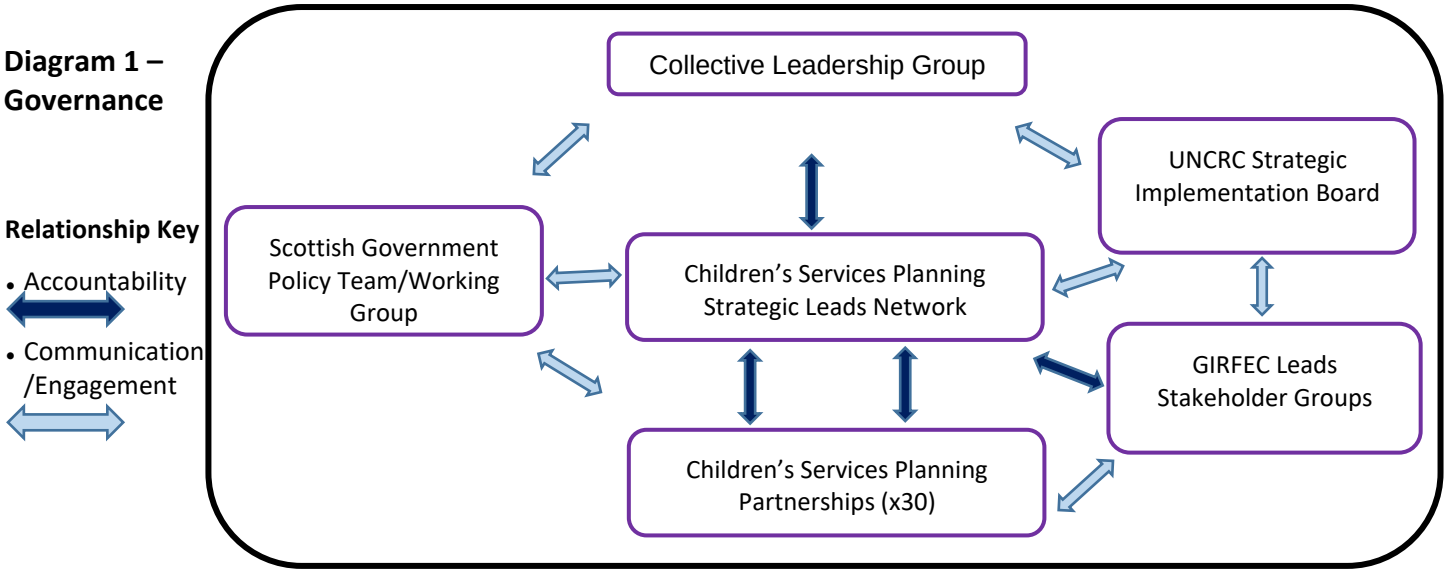
- Strategic Lead representation from each Children's Services Planning Partnership • Representatives on behalf of key sectors and/ or bodies

[17] Use of the term Children, Young People and Families includes unborn babies and support to families throughout pregnancy.

- Scottish Government policy leads.

Meaningful participation of children and young people is supported via local partnership youth participation networks and through the network of children/young people's forums engaged with national policy and strategic development work. Additional engagement and/ or consultation will be proactively considered by the Network. Additional local and national stakeholders may be invited to additional specific Network meetings or events where this widens engagement on a particular area of interest/ development.

Diagram 1 – Governance



Children's Services Planning legislation sets out statutory duties with direct accountability to **Scottish Government Ministers** mandated through a 3-year planning cycle and annual reporting. Updates from Network meetings will be shared, where appropriate, with the relevant Cabinet Secretary and Minister through portfolio meetings.

The Network may, where required, escalate issues for resolution or make recommendations to inform decision-making and consideration by the **Collective Leadership Group**. The Network is accountable for responding to requests from the Collective Leadership Group and Ministers in support of action required to improve outcomes for children, young people and their families.

Network members have individual and collective responsibility to progress implementation of UNCRC, GIRFEC and The Promise as fundamental aspects of Children's Services Planning. The Network will support and contribute to this through co-development of approaches and collaboration with **relevant governance, delivery, and stakeholder groups.**

Ultimate accountability is to **Scotland's children, young people and families**.

Chair

The Network is co-chaired by **Michael Chalmers**, Director for Children and Families, Scottish Government and **Carrie Lindsay**, Executive Director for Education & Children's Services, Fife Council (Strategic Lead for Fife CSPP).

Secretariat

Secretariat is provided by the Scottish Government Strategy Team at: C&F.StrategicEngagement@gov.scot and will:

- Prepare and provide the chair's brief
- Provide a point of contact and communication for Network members
- Organise/ facilitate Network meetings, and support engagement and connectivity
- Inform members of meeting arrangements and circulate agenda/ papers
- Capture Network minutes and issue these to members, highlighting follow-up action.

Role of Network Members

Network members should:

- Promote ongoing development of the Network through contributing to agendas, sharing good practice and learning and engagement with Network members
- Ensure regular attendance and proactive participation in the Network
- Have sufficient authority to deliver the aims and agreed Network tasks with local/ national partners and colleagues, to support implementation of required policy or resource commitments as these relate to Children's Services Planning
- Appoint an alternate attendee where unable to attend (alternate attendees for Strategic Leads will preferably be another agency/ Third Sector representative who is a member of the local strategic/ leadership group with responsibility for Children's Services Planning)
- Share Network minutes with relevant colleagues, and where a strategic lead, with membership of the local CSP strategic partnership
- Support agenda setting within their own partnership/ team/ organisation which ensures colleagues are cited on the strategic Network's activity and focus
- Coordinate responses and progress action on behalf of their partnership, organisation or policy area, as agreed by the Network, or requested by the Collective Leadership Group.

Meeting Frequency

- The Network will meet quarterly, with dates notified in advance.
- Meetings remain virtual at present, with a move to a blended approach of virtual and face-to face meetings when pandemic-related restrictions permit. Continued arrangements to accommodate virtual attendance will be made as far as possible when members are unable to attend in person.
- Additional topic-specific sessions will be and offered to support in-depth exploration of specific areas of policy and practice related to development/ delivery of aspects of Children's Services Plans as identified through Network engagement and national priorities.
- Virtual engagement platforms will further support Network interaction.

Table 1 – Summary of CSP Strategic Leads Network Membership

Children's Services Planning Partnerships	Other Organisations/ Professional Bodies	Scottish Government Policy Representation
Aberdeen City	COSLA	Children & Families Directorate
Aberdeenshire	The Promise Scotland	Strategy, GIRFEC & the Promise Division
Argyll and Bute	Care Inspectorate	Learning Directorate
Clackmannanshire	Public Health Scotland (PHS)	Office of the Chief Social Work Advisor (OCSWA)
Dumfries & Galloway	**Third Sector Representation**	Family Unit
East Ayrshire	CELCIS	Midwifery & Nursing
East Dunbartonshire	Children in Scotland	Promise Implementation
East Lothian	National TSI Network	Care, Protection & Justice
East Renfrewshire		Improving Health & Wellbeing
Edinburgh City		Mental Health & Social Care
Falkirk		Early Learning & Childcare
Fife		Employability
Glasgow City		Population Health
Highland		Poverty Division, Housing & Social Justice
Inverclyde		Children & Young People's Collaborative (CYPIC)
Midlothian		Children's Rights/ UNCRC Implementation
Moray		Adverse Childhood Experiences & Resilience
North Ayrshire		GIRFEC
North Lanarkshire		Public Service Reform
Orkney		Children & Families Analysis

Renfrewshire		Social Justice Delivery Unit
Scottish Borders		
Shetland		
South Ayrshire		
South Lanarkshire		
Stirling		
Tayside (Angus, Dundee and Perth & Kinross)		
West Dunbartonshire		
Western Isles/Outer Hebrides		
West Lothian		

Appendix E – Children, Young People and Families Outcomes Framework

Development of the Children, Young People and Families (CYPF) Outcomes Framework

Following a temporary pause due to the COVID-19 pandemic, work on the CYPF Outcomes Framework recommenced in early 2021, with further stakeholder engagement and a co-development approach adopted with establishment of a Steering Group and Working Group in June 2021.

Membership includes statutory services and Third Sector participants, policy leads for public service reform and the National Performance Framework, representation from The Promise Scotland, COSLA, Improvement Service Scotland, and the Care Inspectorate, with 4 Children's Services Planning Partnerships contributing to this work (Moray, Glasgow, Dumfries & Galloway, and Tayside).

The Steering Group are responsible for providing updates and making recommendations to the COVID19 Children & Families Collective Leadership Group, with a focus on ensuring the framework's overall approach is developed in tandem with related work on outcomes, aligned frameworks and underpinning data/indicators. The Working Group had a remit of establishing a Core Wellbeing Indicator Set.

Wellbeing Outcomes and Shared Aims

Through GIRFEC, Scotland's national approach to improving outcomes for children and young people, a definition of wellbeing (SHANARRI) is well-embedded in policy, legislation and practice. Pre and postCOVID-19 stakeholder engagement established broad support for aligning the Wellbeing Outcomes with this definition, and drawing on the 'My World Triangle.' This understands babies, children, and young people's wellbeing is influenced by individual growth and development, networks of family and/or care, and the impact of local community and wider society.

Findings from a range of direct engagement with children, young people and families were analysed, with 'what matters' forming the basis for the CYPF Outcomes Framework. This sets out 8 overarching Wellbeing Outcomes (Diagram 1) underpinned by a set of Shared Aims (Diagram 2), which reflect in

more detail what everyone in Scotland needs to work towards in order to achieve improved wellbeing for children, young people and families.

Engagement activity via the CSP Strategic Leads Network informed development of the Children Young People & Families Outcomes Framework, with some Children's Services Planning Partnerships facilitating direct engagement with local children, young people and families on the wellbeing outcomes and shared aims.

Core Wellbeing Indicator Set

The CYPF Outcomes Framework Working Group developed a **Core Wellbeing Indicator Set** (Diagram 3) through an in-depth collaborative process. The purpose of the Core Wellbeing Indicator Set is to provide a high level holistic overview of wellbeing of children, young people and families in Scotland, which highlights whether desired long term outcomes are being achieved, and helps to identify where improvements are required.

The Core Wellbeing Indicator Set consists of 21 indicators which cover key aspects of wellbeing, based on 'what matters' to children, young people and families (Diagram 4), and is holistic, reflecting all eight Wellbeing Outcomes and the three sides of the My World Triangle.

The Core Wellbeing Indicator Set is designed to be used at a local level within annual reporting on Children's Services Plans. This aims to facilitate more consistency in reporting across Scotland, but acknowledges that annual reports will continue to include additional locally-determined data which demonstrates progress of the Children's Services Plan, such as detailed indicators on specific aspects of wellbeing and other progress measures evidencing the impact of local service delivery and improvement activity.

At a national level the Core Wellbeing Indicator Set will be used as part of a developing approach to national reporting on wellbeing. Analysis will identify where there are significant differences in outcomes for particular groups of children and young people. As well as identifying trends, areas of success and concern related to the wellbeing of Scotland's children, young people and families population as a whole, reporting on the indicators will show us how well Scotland is closing any 'wellbeing gaps'. Alongside the views and experiences of children, young people and families, this will inform national and local priority setting and influence any adaptations to planning and delivery of support.

Next steps include:

- **Revision of Shared Aims/ Outcomes descriptors** based on stakeholder feedback
- **Co-design/ development of material** to illustrate practical application and support use of the CYPF Outcomes Framework in different contexts (policy, organisational, sector-specific, CSPs)
- Ongoing **engagement with stakeholders to understand readiness** for implementation, identifying barriers and providing support

- **Development of the detailed reporting approach**, collaborating with stakeholders
- **Data development -** mapping areas of current indicator development with identified data leads, and establish a wellbeing data network or working group to coordinate action to fill gaps, including additional demographic breakdowns of data
- **Mapping current datasets and indicators** and ensuring clear connections between the CYPF Outcomes Framework, underpinning policy/delivery frameworks, and deep dive data
- **Building further on identified cross-sector strategic connections:** Single Promise Implementation Plan, COVID-19 Recovery Strategy, Child Poverty Delivery Plan, Wellbeing budgeting/economy.

Diagram 1 - Wellbeing Outcomes for Children, Young People and Families

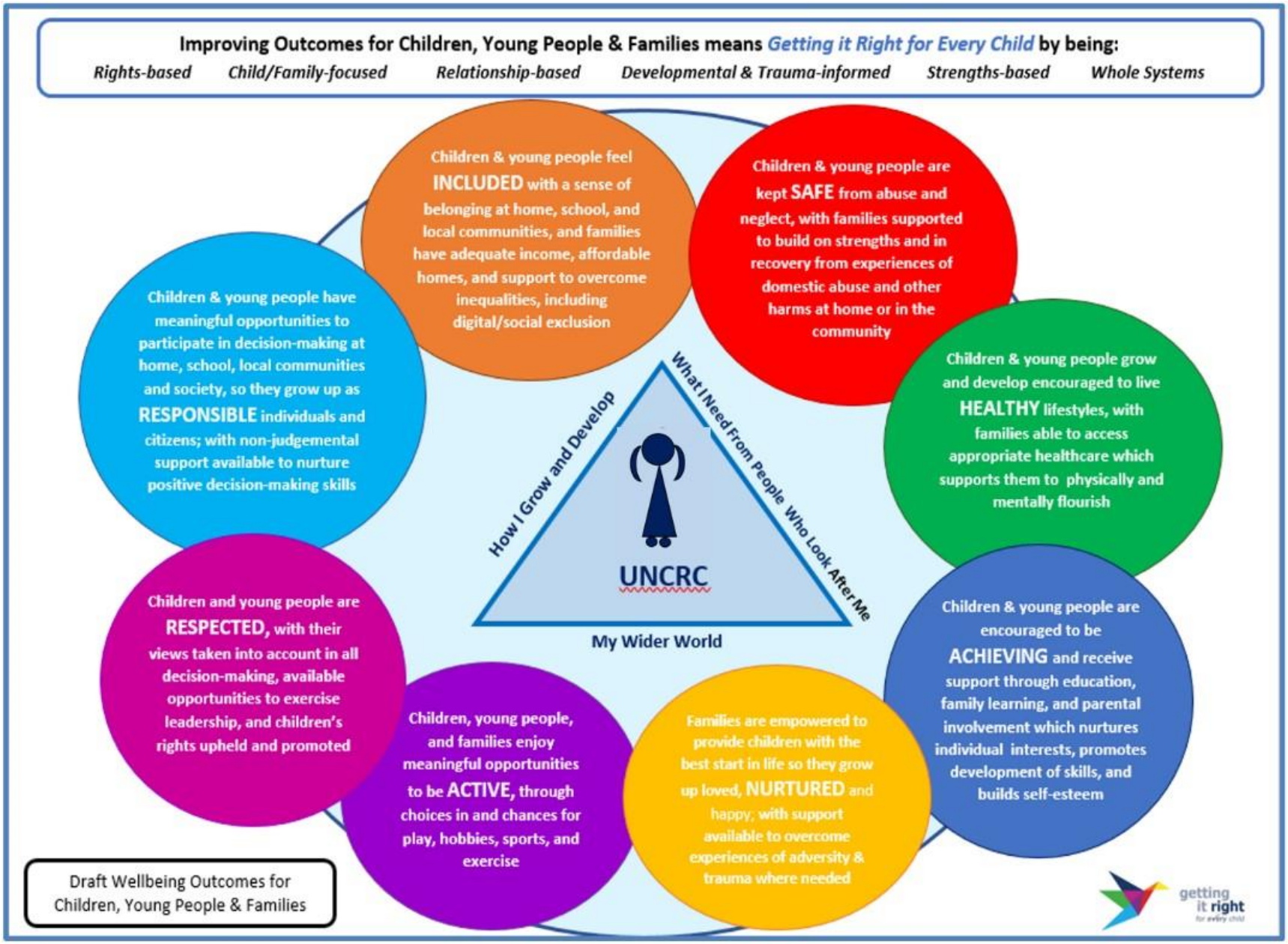

Improving Outcomes for Children, Young People & Families means Getting it Right for Every Child by being:
Rights-based
Child/Family-focused
Relationship-based
Developmental & Trauma-informed
Strengths-based
Whole Systems
Children & young people feel INCLUDED with a sense of belonging at home, school, and local communities, and families have adequate income, affordable homes, and support to overcome inequalities, including digital/social exclusion
Children & young people are kept SAFE from abuse and neglect, with families supported to build on strengths and in recovery from experiences of domestic abuse and other harms at home or in the community
Children & young people have meaningful opportunities to participate in decision-making at home, school, local communities and society, so they grow up as RESPONSIBLE individuals and citizens; with non-judgemental support available to nurture positive decision-making skills
Children & young people grow and develop encouraged to live HEALTHY lifestyles, with families able to access appropriate healthcare which supports them to physically and mentally flourish
How I Grow and Develop
What I Need From People Who Look After Me
UNCRC
My Wider World
Children and young people are RESPECTED, with their views taken into account in all decision-making, available opportunities to exercise leadership, and children's rights upheld and promoted
Children & young people are encouraged to be ACHIEVING and receive support through education, family learning, and parental involvement which nurtures individual interests, promotes development of skills, and builds self-esteem
Children, young people, and families enjoy meaningful opportunities to be ACTIVE, through choices in and chances for play, hobbies, sports, and exercise
Families are empowered to provide children with the best start in life so they grow up loved, NURTURED and happy, with support available to overcome experiences of adversity & trauma where needed
Draft Wellbeing Outcomes for Children, Young People & Families
getting it right for every child

Diagram 2 – Outcomes Framework Shared Aims

How I Grow and Develop
We are encouraged/supported to express our beliefs and identity and all forms of bullying, discrimination and harassment are tackled.
We are resilient, with positive mental health and wellbeing and have access to early help.
We have the best possible physical health and live healthy and active lifestyles with no barriers to accessing care or support.
We have opportunities to develop leadership and are empowered to participate meaningfully in all decisions that affect us.
We recognise our responsibilities to others and positively contribute at home, in school and to our local, national and global communities.
We are encouraged to develop individual interests and have opportunities for indoors and outdoors play, exercise, sport, recreation and culture.
We are equipped to successfully navigate key times of transition, with co-ordinated support available to overcome any barriers including into young adulthood.
We have engaging and inclusive learning opportunities which build self-esteem, knowledge, and life-skills.
Our rights are upheld and the UNCRC is fully implemented.

What I Need From People Who Look After Me
We have trusting relationships with caring and nonjudgemental adults who listen to, value and encourage us, and provide our families with the right help at the right time through GIRFEC.
We grow up in loving families and homes that nurture us and keep us safe.
We have access to early support to recover from experiences of trauma and neglect.
We have the best possible physical health and live healthy and active lifestyles with no barriers to accessing care or support.
Where living with our family is not possible we stay in a loving home for as long as we need and are supported to maintain safe, loving relationships.
Where we cannot live with our family we stay together with our brothers and sisters where safe to do so.
Universally available support helps families flourish so children grow and develop healthily from pre-birth throughout childhood.
We have access to information, and advocacy and childcentred legal advice and representation.
We receive early support to prevent and reduce conflict with the law, through a rights-based approach to youth justice.
Family support feels and is experienced as integrated by children, young people, families and the workforce, through joined up help that is non-judgemental and there when needed, for as long as it is needed.

My Wider World
Our home, school, online and local communities are safe and welcoming spaces, where we can connect with friends, families and communities.
Our families have locally available, affordable, quality early learning and child care, and wraparound care.
Our families live in affordable, secure and stable high quality homes which meet our needs.
Our families live in thriving communities supported by local resources, digital access, social innovation and access to sustainable, reliable transport and green space.
We live in neighbourhoods which are free from crime and antisocial behaviour and other harms.
Our families have a good standard of income, and the root causes of inequality are tackled so we grow up free from experiences of poverty.
Our families have access to lifelong training and learning and employment opportunities with fair pay.
Our communities are sustainable, and we have opportunities to make our voices heard and take action on climate change, climate justice and caring for the environment.
We are supported through pathways into sustainable positive destinations, and employment opportunities for young people with fair pay.

We have positive relationships with the people we live with and opportunities to spend time with people we care about.
We participate fully in co-designing services which meet the needs of our families.

Diagram 3 - Core Wellbeing Indicator Set

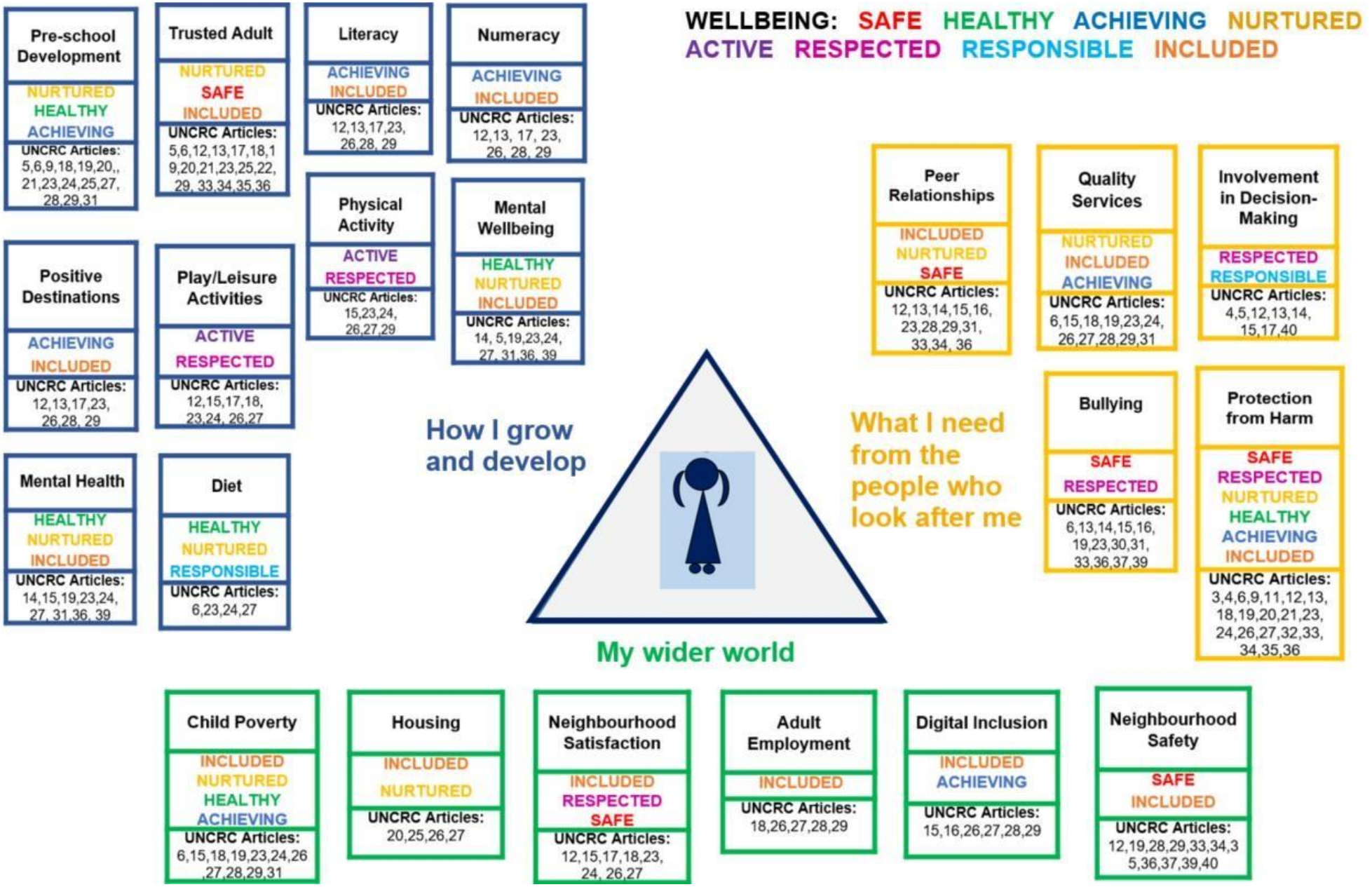


Diagram 4 - Prioritised Topics of Wellbeing

Topic of Wellbeing	Core Wellbeing Indicator	Topic of Wellbeing	Core Wellbeing Indicator	Topic of Wellbeing	Core Wellbeing Indicator
Positive destinations of school leavers	% school leavers in positive destinations at 9-month follow-up	**Neighbourhood satisfaction**	% P5-S6 children who agree their local area is a good place to live	**Mental health/mental wellbeing**	Mean score on Stirling wellbeing scale (P5-S1 children) & Warwick Edi Mental Wellbeing Score (S2-S6 children) (WEMWBS)
% Children in working households	Proportion of children under 16 living in households with at least one person age 16-64 where all individuals aged 16+ are in employment	**Bullying**	% P5-S3 children who say they were bullied in the last year	**Being listened to and involved in decisionmaking**	& P5-S6 children who agree adults are good at taking what they say into account
Digital inclusion	% P7-S6 children with access to the internet at home/on phone/another device	**Protection from harm**	Number of children subject to Interagency Referral Discussions	**Diet**	% P5-S6 children who eat both fruit and vegetables every day
Peer relationships	% P5-S4 children who agree that their friends treat them well	**Housing security**	Number of children in temp accommodation at 31 March	**Pre-school development**	% children with a concern at their 27-30 month review (as a % of children reviewed)
Neighbourhood safety	% P5-S6 children who say they feel safe when out in their local area *always* or *most of the time*	**Literacy**	% of P1, P4 & P7 children achieving expected CfE literacy levels (reading, writing, listening & talking)	**Relationships**	% P5-S5 children who say they *always* have an adult in their life they can trust and talk to about any problems
Play/participation in leisure activities	% S1-S3 children participating in positive leisure activities (at least one from list options)	**Numeracy**	% of P1, P4 & P7 children achieving expected CfE levels in numeracy	**Child poverty**	Relative child poverty rate (after housing costs)
Physical activity yesterday	% P5-S6 children that had at least 1 hour of exercise the day before the survey	**Mental health/mental wellbeing**	% S2-S6 children with *slightly raised*, *high* or *very high* Strength & Difficulties score	**Easy access to good quality, responsive support**	% settings providing funded ELC achieving Care Inspectorate grades of *good or better* across all 4 quality themes

Appendix F – Indicators and Data Sources

Table 1 – Most commonly used indicators[18] in Children's Services Plans

Most commonly used indicators
• **Percentage of eligible children identified as having 1 or more concerns at the 27-30 months review** (ISD Child Health 27-30 Month Review Statistics Scotland) • **Number of exclusively breastfed babies at 6-8 weeks** (ISD Infant Feeding Statistics Scotland) • **Rates of referrals to CAMHS** (ISD Child and Adolescent Mental Health Services in Scotland) • **Percentage of referrals to CAMHS started treatment within 18 months** (ISD Child and Adolescent Mental Health Services in Scotland) • **Number of looked after children age 0-17** (Children's Social Work Statistics Scotland) • **Number of looked after children by type of accommodation** (Children's Social Work Statistics Scotland) • **Percentage of looked after children school leavers who enter a positive destination** (Local Government Benchmarking Framework) • **Attendance rate of primary/secondary school for looked after children** (Local Government Benchmarking Framework) • **Number of children referred to the Children's Reporter for offences** (SCRA Official Statistics) • **Number of children in receipt of free school meals** (School Healthy Living Survey statistics) • **Percentage of children in households with an income below 60% of the median** (Child poverty statistics) • **Percentage of young people secured positive post-school destinations in employment, training, volunteering, or further/higher education** (SDS) • **Number of school exclusions** (Local Government Benchmarking Framework) • **Percentage of children with a healthy weight at P1** (ISD, Body Mass Index of P1 Children in Scotland) • **Percentage of children aged 2-15 at risk of being obese** (Scottish Health Survey) • **Percentage of P1/P7 children with obvious decay in their permanent teeth** (Scottish Health Survey)

Table 2 – List of Data Sources used in Children's Services Plans

Data sources used in the CSPs

[18] This list is not comprehensive of all indicators included in CSPs.

• ISD Scotland • Local Government Benchmarking Framework • NRS • SALSUS • Realigning Children's Services – Local Wellbeing Survey • Children's Social Work Statistics Scotland • Homelessness in Scotland • SCRA Official Statistics • School Healthy Living Statistics • Child Poverty Statistics • Fuel Poverty and Extreme Fuel Poverty Estimates	• Skills Development Scotland (SDS) • Curriculum for Excellence – OECD review • School Level Summary Statistics School Exclusion Statistics • Scottish Health Survey Child and Adolescent Health and • Wellbeing: Evidence Review • Pupil Census Summary Statistics for Attainment and Initial Leaver Destinations ScotPHO Domestic Abuse Statistics

Glossary of Commonly Used Terms

Term	Definition	Detail
ASN	Additional Support Needs	Children or young people that require additional support over and above that received by children of the same age to meet their educational outcomes.
CAMHS	Child and Adolescent Mental Health Services	A specialist service delivered by multi-disciplinary teams for children and young people.
CELCIS	Centre of Excellence for Looked After Children in Scotland	Scottish Educational Institute based in University of Strathclyde that supports public organisations to drive service change to support children and young people.
CiS	Children in Scotland	Children in Scotland is an organisation which supports a network of people working with children, alongside children and young people themselves to offer a broad, balanced and independent voice.
CLD	Community Learning and Development	Community based learning and personal development opportunities available to all ages.
CLG	Collective Leadership Group	The COVID-19 Children and Families Collective Leadership Group (CLG) brings together national and local government and a broad range of other partners to identify and respond to immediate concerns for children, young people and families with vulnerabilities during the pandemic. The Group now also provides longer term support for the recovery phase, with a focus on strategic change.
COSLA	Convention of Scottish Local Authorities	COSLA is a councillor led, cross party organisation that provides advocacy for and represents the interests of Scottish Local Authorities at a national level.
CPP	Community Planning Partnership	The name given to all the services that come together to take part in community planning. There are 32 across Scotland, one for each council area.
CSP	Children's Services Plan	Each CSPP is required to produce a 3 Year Children's Services Plan outlining the collective actions the CSPP will undertake to improve outcomes for children and young people.
CSPP	Children's Services Planning Partnership	The collective of services and organisations working in partnership to improve children, young people and families wellbeing through delivery of services and support set out in each area's CSP.
CYPF	Children, Young People and Families	An abbreviation of children, young people and families.
CYPIC	Children and Young Peoples Improvement Collaborative	A Scottish Government led Improvement collaborative with a focus on supporting the development of Improvement work across Scotland.
FSAG	Family Support Advisory Group	A multi-agency governance group with responsibility for overseeing development work relating to the Whole Family Support Approach.

GIRFEC	Getting it Right For Every Child	GIRFEC is Scotland's national approach to supporting children, young people and their families.
JSNA	Joint Strategic Needs Assessment	A strategic needs assessment is required as part of the development of a Children's Services Plan.
LOIP	Local Outcome Improvement Plan	A Statutory Plan aligned to the Community Engagement Act 2015 requiring all Community Planning Partnerships to produce a 10 year LOIP.
NCS	National Care Service	The National Care Service Bill was published on 20 June 2022.
Term	**Definition**	**Detail**
NHS	National Health Service	Publically Funded Health Services in the United Kingdom.
NPF	National Performance Framework	The National Performance Framework identifies National Outcomes for Scotland and a framework for monitoring progress.
NRS	National Records Scotland	Scottish Government Department responsible for record keeping and demographic analysis (such as the CENSUS).
OCSWA	Office of the Chief Social Work Advisor	Scottish Government Department responsible for governance of Social Work.
PHS	Public Health Scotland	The national public health body for Scotland.
QI	Quality Improvement	General term associated with Quality Improvement Methodology.
SCRA	Scottish Children's Reporter Association	SCRA is a national body that focusses on supporting children most at risk. It facilitates the work of Children's Reporter and providing support for children and young people through the Children's Hearing System.
STTP	Supporting the Third Sector Project	A project funded by Scottish Government and managed through Children in Scotland with the role of improving the involvement of the Third Sector in Children's Services Planning.
TSI	Third Sector Interface	TSIs provide a single point of access of support and advice for the Third Sector within local areas.
UNCRC	United Nations Convention on the Rights of the Child	A list of 40 articles identified by the UN on the rights of the child.
WFWF	Whole Family Wellbeing Fund	In line with the Programme for Government 2021, a fund to enable a transformational shift in the way family support is delivered from crisis intervention to early intervention.

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East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 5.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15th SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/05**
CONTACT OFFICER:	**DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233**
SUBJECT TITLE:	**PUBLIC, SERVICE USER & CARER (PSUC) 'Equal, Expert and Valued' Evaluation Report**

1.0 PURPOSE

1.1 The report describes the processes, actions and update in response to the Coalition of Carers 'Equal, Expert and Valued' evaluation report April 2022, (**Appendix 1)**. The response has been written, following a consultation (in the form of a questionnaire), with the members of the Public, Service User & Carer Representatives Support Group (PSUC), (**Appendix 2**). The response identifies key recommendations which are included within the final report (**Appendix 3),** to the Integration Joint Board (IJB).

2.0 RECOMMENDATIONS

It is recommended that the HSCP Board:

2.1 Note the Coalition of Carers report, which predominantly indicates that the IJB's Public, Service User and Carer Representative Group is operating well, and is 'established' in terms of expectations for good practice;

2.2 Note the response to the Coalition of Carers Report devised by the Public, Service User and Carer Representative, and,

2.3 Approve the improvement recommendations that have been identified, for action as set out in paragraph 3.8.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3 BACKGROUND/MAIN ISSUES

3.1 The Coalition of Carers publish an annual report with recommendations, which focuses on carer involvement on IJBs and aims to enhance Carer representation (**Appendix 1).**

3.2 The information for the report is gathered through interviewing carer reps and promoting an Equal Expert and Valued self-assessment questionnaire to carer representatives and carer support organisations, who complete and return to the Coalition of Carers.

3.3 The Coalition of Carers categorise IJB's into four levels of progress; these are: not yet established / partly established / established and exemplary

3.4 East Dunbartonshire HSCP currently sits in the established category on all outcomes achievable.

3.5 The East Dunbartonshire Public, Service User and Carer Representative has undertaken a review of the Equal Expert and Valued report, which included a questionnaire (with a 50% response) and aligned their findings in line with the with Equal Expert and Valued key themes; **(Appendix 2)**

3.6 The East Dunbartonshire Public, Service User and Carer Representatives has produced a response to the Coalition of Carers report which recommends future actions, **(Appendix 3)**

3.7 The East Dunbartonshire Public, Service User and Carer Representatives has carried out a review of the Equal Expert and Valued report. Subsequent actions identified are to;

- Undertake a training needs analysis with the member of the PSUC group and develop a training provision that meets and enhances their needs;
- Update the current mentoring policy in the PSUC Induction Pack;
- Undertake a scoping exercise for suitable Carer awareness guidance and training, implementing this for all (public officers) members of the IJB, SMT, SPG and LPGs and staff as appropriate;
- Ascertain the Carers experience and knowledge to ensure an appropriate skills mix on HSCP planning and development groups;
- Aim to recruit new 'members' from 'hard to reach' groups by promoting the PSUC at Youth Carer orgs, BME groups and parents of children with Additional Support Needs (ASN) at the new Campus and further engage with the local carers org to build a pipeline of future Carer members;
- A Carers engagement 'evaluation' form to be adopted, and;
- Liaise with the Organisational Development Officer to provide existing and new IJB members a copy of the PSUC volunteer policy and induction pack

4 IMPLICATIONS

The implications for the Board are as undernoted.

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

1. Empowering People

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

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

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5 MANAGEMENT OF RISK

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

5.1 None.

6 IMPACT

6.1 **STATUTORY DUTY** – None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

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

7 POLICY CHECKLIST

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

8 APPENDICES

8.1 **Appendix 1:** Equal, Expert and Valued Report 2022
8.2 **Appendix 2:** Findings and Analysis
8.3 **Appendix 3:** Response to Coalition of Carers Report

April 2022

coalition of carers in scotland

from recognition to rights

Equal, expert and valued

Six years on

Enhancing carer representation on Integration Joint Boards

Fourth report from the Carer Collaborative of IJB Carer Representatives

Contents

Introduction and summary

The Carers Collaborative is a project that supports, evaluates and improves carer representation on Integration Joint Boards (IJBs).

This is the Collaborative's fourth scoping report.

This report is published during the on-going Covid-19 pandemic. It is recognised that the impact of Covid-19 has brought significant and unprecedented pressures within health and social care, and for unpaid carers. Despite this, there have been a number of high-profile developments in health and social care during 2020/21, building on previous developments noted in the 2019 Equal, Expert and Valued report.

Following two reviews of Health and Social Care Integration (by Audit Scotland and the Ministerial Strategic Group for Health and Community Care) during 2018/19, in 2020/21 the Independent Review of Adult Social Care was conducted. The Review report and recommendations, published in February 2021, have led to a range of recent developments, including the proposal for, and consultation on, the formation of a National Care Service for Scotland.

This report focuses on carer involvement on IJBs, reflecting on progress against report recommendations from 2019.

In summary

- Recruiting and retaining new carers who are willing to undertake representative roles remains a challenge for IJBs.
- Whilst there have been improvements in areas providing out of pocket expenses, and to an extent, replacement care costs, many areas still do not have (or do no share), written expenses policies with Carer Reps. The template expenses policy produced by the Carer Collaborative seeks to help with the development and consistency of expenses policies.
- Involvement in agenda-setting and decision-making has improved in some areas, but Carer Reps are still excluded in many others, particularly during emergency governance measures implemented in response to Covid-19.

The report then reviews evidence of effective involvement, using the 'Equal and Expert' best practice standards,[1] and concludes with an updated set of straightforward recommendations.

1 http://www.carersnet.org/policy-legislation/best-practice-standards-for-carer-engagement/

The Carers Collaborative recommendations

Recommendation	Progress	Next steps – 2022+
1. Include Carers' Reps in decision making 1.1 Carer Reps are involved in IJB strategic groups. 1.2 Carer Reps are seen as 'equal & expert' partners.	Carers are better represented within IJB structures, with more opportunities to get involved in a range of locality and strategic groups. Emergency measures implemented by IJBs during Covid-19 have impacted on carer involvement in decision-making. The Independent Review of Adult Social Care recommends Carer Reps are full partners on the IJB.	Continue to support carer involvement in key governance and decision-making processes, particularly as IJBs return from emergency measures implemented in response to Covid-19. Processes to support implementation of the recommendations from the Review of Adult Social Care should be developed by IJBs.
2. Increase awareness and profile of carers and Carer Reps 2.1 Provide formal Carer Awareness training to IJB strategic partners 2.2 Undertake 'carer proofing' of policies and strategies.	Most areas note a high level of carers awareness and understanding of the importance of carer involvement within the IJB and other strategic groups. However, more still needs to be done to increase awareness and understanding of carer issues.	Carer Awareness training for IJB strategic partners should be prioritised to ensure Carer Reps experiences and expertise is seen as equally valuable. Prioritise and involve carers to 'carer proof' policies, linking these with Equality Impact Assessments. The Carer Collaborative Briefing Paper on Carers and Equality Impact Assessments can help.[2]
3. Build capacity in Carer networks 3.1 Prioritise the development of succession planning processes 3.2 Develop systematic recruitment and induction processes. 3.3 Expand the pool of carers reps to support sustainable representation 3.4 Increase the diversity of carers reps to ensure representativeness.	Recruitment and retention remain a concern, particularly in relation to succession planning and the representation of carers on the broad range of IJB/HSCP strategy groups. Carer Reps are increasingly invited to become involved in strategic groups and meetings, however responsibility often lies with one or two Carer Reps.	Succession planning processes for Carer Rep roles must developed as a matter of priority. IJBs should ensure sufficient time and resources for: • Exit interviews and handovers from existing Reps. • Structured induction and training for new Reps to build confidence and capacity to engage. Capacity across carer networks should be proactively built to: • Identify carers who wish to become involved and provide them with training and support to participate. • Increase in the number of carer reps in each area so that one or two reps don't have to attend multiple planning groups. • Support increased diversity of carer reps, ensuring those who face barriers to engagement are supported to be involved.

Continued...

2 https://carersnet.org/wp-content/uploads/2021/10/Carers-and-EQIA.pdf

The Carers Collaborative recommendations:

Recommendation	Progress	Next steps – 2022+
4. Value and resource Carer Reps 4.1 Ensure Carer Representatives have a clear remit 4.2 Train and support Carer Representatives 4.3 Provide the expenses and resources necessary to perform the role	The provision of role descriptions and mentoring support / training for Carer Reps shows a slight improvement. Most IJBs now provide expenses for IJB and other strategic meetings, however, reimbursement of other costs such as printing, replacement care and preparation time is still mixed. The number of written expenses policies remains low and where these are available they are not being shared consistently with Carer Reps.	Use or adapt the Carer Collaborative role description[3] to provide mutual clarity on roles, remits and expectations. Continue to develop structured training and mentoring opportunities for Carer Reps. Use or adapt the Carer Collaborative template expenses policy[4] to develop and implement an expenses process that acknowledges and meets the full costs of carer contributions to IJBs and other strategic groups. Proactively share expenses policies with Carer Reps. Explore the provision of remuneration for carer reps to acknowledge their time and expertise.
5. Make meetings better 5.1 Continue supporting Carer Reps to contribute to agendas 5.2 Continue to improve the accessibility of meetings, minutes and papers 5.3 Allow time in meetings for discussion and questions	IJB meetings have become more accessible, with more opportunities for carers to contribute and an increased focus on using jargon-free language. Access to agenda-setting varies across the country with many areas feeling the agenda still 'belongs' to IJB officers. Over the last two years meetings have mostly been held online (which has had benefits and challenges). Almost half of IJBs now either livestream or have publicly available recordings of their meetings.	Continue to issue papers sufficiently in advance to allow Carer Reps to read, consult and prepare. Provide more consistent access to agenda-setting, whether through Strategic Planning Groups, pre-IJB meetings or structured contact with Chairs and officials. Ensure Carer Rep involvement is meaningful and is having an impact (e.g. in decision-making) and allow time in meetings for discussion and questions. Ensure online meetings are accessible, for example with the provision of IT equipment and digital training.

3 https://carersnet.org/wp-content/uploads/2021/10/Carer-Rep-Role-Description.pdf

4 https://carersnet.org/wp-content/uploads/2021/10/Carer-Expenses-Policy.pdf

Background

The Carers Collaborative

The Carers Collaborative is a project that supports, evaluates and improves carer representation on Integration Joint Boards (IJBs). The Collaborative has gathered evidence and facilitated events since March 2016, involving 55 Carer Reps from 30 authority areas.

Three 'Equal, Expert and Valued' reports have been published to date, in 2017,[5] 2018[6] and 2019.[7] They identified good practice and set out recommendations to support and improve carer involvement on IJBs. During 2019/20 research was undertaken to produce the fourth Equal, Expert and Valued report, which was due to be released in April 2020. However, due to the emergence of Covid-19 publication was postponed. Where appropriate, this fourth update report therefore includes data covering the years 2019/20 and 2020/21.

It is recognised that 2020 and 2021 were exceptional years, with health and social care services and unpaid carers, being impacted by unprecedented pressures and challenges due to the Covid-19 pandemic. Specific mentions are made within this report where it is felt the pandemic has impacted significantly on the data presented.

Aim

This fourth Equal, Expert and Valued report is published four years into implementation of the Carers (Scotland) Act 2016 and six years into the Public Bodies (Joint Working) (Scotland) Act 2014. It aims to:

- Build on the constructive insights and recommendations offered in our previous reports
- Provide ideas and signpost to resources for improving carers' involvement on IJBs
- Help Integration Authorities benchmark their practice
- Support the proposals outlined by the Ministerial Strategic Group for Health and Community Care in their Review of Progress with Integration for Health and Social Care Final Report[8] and the recommendations outlined in the Independent Review of Adult Social Care Report[9]
- Support continued practice improvement.

5 https://carersnet.org/wp-content/uploads/2021/10/Equal-Expert-and-Valued-2017.pdf

6 https://carersnet.org/wp-content/uploads/2021/10/Equal-Expert-and-Valued-2018.pdf

7 https://carersnet.org/wp-content/uploads/2021/10/Equal-Expert-and-Valued-2019.pdf

8 https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/

9 https://www.gov.scot/publications/independent-review-adult-social-care-scotland/

Methodology

The Carers Collaborative normally meets four times each year. However, to keep pace with the impacts of Covid-19 on IJBs and unpaid carers, during 2020/21 the Collaborative met more frequently, with six meetings taking place between May 2020 and January 2021. The normal schedule of quarterly meetings was reintroduced during 2021/22, with four meetings taking place from May 2021 to January 2022.

These meetings provide a forum for Carer Representatives to receive mutual support, share their experiences as carer reps, develop best practice tools and scope current practice. This forum has proved particularly vital to assess the impact of the Covid-19 pandemic. Alongside this, the Carers Collaborative has regular inputs from external stakeholders, and Carer Reps were also asked to provide expert views for the Independent Review of Adult Social Care. During 2020/21 this has included meetings with:

- Equality and Human Rights Commission
- Scottish Government Integration and Policy Support Team and Carer Policy Team
- Derek Feeley, Chair of the Independent Review of Adult Social Care

In 2021, 15 Carer Representatives (and other IJB members) completed self-assessments against the 'Equal and Expert' best practice standards, with a comprehensive scoping exercise also being conducted by an independent researcher. Broadly consistent with previous years, the scoping exercise reviewed every Integration Authority's most recent annual performance report and minutes for references to carers, carer outcomes, carer involvement and the Carers Act.

Achievement of National Health and Wellbeing Outcome Six was assessed for each area via annual performance reports and data from the 2019/20 Health and Care Experience Survey . In this fourth update report, Integration Authority Annual Accounts (2020/21) were also included in the scoping exercise, to assess allocation of resources for carer support, including funding for the Carers (Scotland) Act 2016.

What we mean by 'Carer Representative'

The report typically uses the words 'Carer Reps' or 'Representatives' to refer to Carer Representatives. These are usually unpaid carers (or former carers). Every effort should be made to recruit and, importantly, retain Carer Representatives on IJBs. As our 2019 report noted, and as we expand upon in this updated report, this is becoming harder as demands of the role grow and while many IJBs do not have structured induction, support and succession plans in place.

10 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/

11 https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2020/introduction/

The Policy Context for carer involvement

The requirement for carer representation in planning and commissioning public services is set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which requires Integration Authorities to include a Carer Representative on their IJB.[12] The Carers (Scotland) Act 2016[13] extended the expectation of carer engagement to other areas of Health and Social Care. Furthermore, Scottish Government guidance on Health and Social Care commissioning states that services should be:

> "Planned and led locally in a way which is engaged with the community (including those who look after service users and those who are involved in the provision of health and social care)."[14]

More recently in 2021, the Independent Review of Adult Social Care made recommendations about the involvement of, and support for, unpaid carers on IJBs and within health and social care decision-making processes, noting that:

> "Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service...Integration Joint Boards and locality planners need to do a better job of building the user voice into their considerations. People with lived experience must be partners in the commissioning process and integral to decision-making and prioritisation, monitoring progress and making improvements...Every member of the Integration Joint Board should have a vote. Membership should include but not be limited to representation of the workforce, people who use services, carers, providers, professionals, localities and local communities. Careful thought will need to be given to the workable size of Integration Joint Board and appropriate support will need to be provided to enable participants to fulfil their responsibilities." [15]

Since 2016, the Carers Collaborative have used the 'Equal and Expert' best practice standards[16] to assess the effectiveness of carer representation in health and social care integration. Our previous reports highlighted good practice from some areas of the country. This year's report follows this theme and notes that, whilst approaches to carer involvement seem to be improving, they remain inconsistent across the country, in what the Scottish Government's Health and Sport Committee described in 2017 as a 'piecemeal' approach.[17]

This report offers positive and practical insights to help improve standards and consistency. It begins with a reflection on the changing policy context for integration and involvement. A review of progress against previous years' recommendations is then presented, before examining updated evidence for the three Equal and Expert standards:

The three Equal and Expert standards

1. Carer engagement is fully resourced
2. Carers on strategic planning groups represent the views of local carers
3. The involvement of carers on strategic planning groups is meaningful and effective

12 Public Bodies (Joint Working) (Scotland) Act 2014

13 http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016

14 Scottish Government (2015) Strategic Commissioning Plans Guidance

15 https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/

16 https://www.carersnet.org/carers-collaborative/

17 Are they involving us? Integration Authorities' engagement with stakeholders Scottish Parliament Health and Sport Committee Published 12 September 2017 SP Paper 188.

The changing context

In 2018/19, two reviews of Health and Social Integration took place, one carried out by Audit Scotland and one by the Ministerial Strategic Group for Health and Community Care. Both noted the importance of involvement and collaboration for effective health and social care integration and made recommendations or proposals for improvement.

During 2019, Integration Authorities undertook a self-assessment to assess progress towards integration and in 2021 IJBs conducted formal reviews of their Integration Schemes.

Building on these developments, in early 2021 the Independent Review of Adult Social Care made a series of recommendations about the involvement of carers in health and social care design and decision-making.

The Ministerial Strategic Group for Health and Community Care

As detailed in its final report on Integration[18] in 2019, the Ministerial Strategic Group for Health and Community Care proposed a number of steps to ensure the 'meaningful and sustained engagement' of carers and Carer Reps on IJBs:

> 6. (iii) We will support carers and representatives of people using services better to enable their full involvement in integration. Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.

18 https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/

Assessment of progress towards integration localities

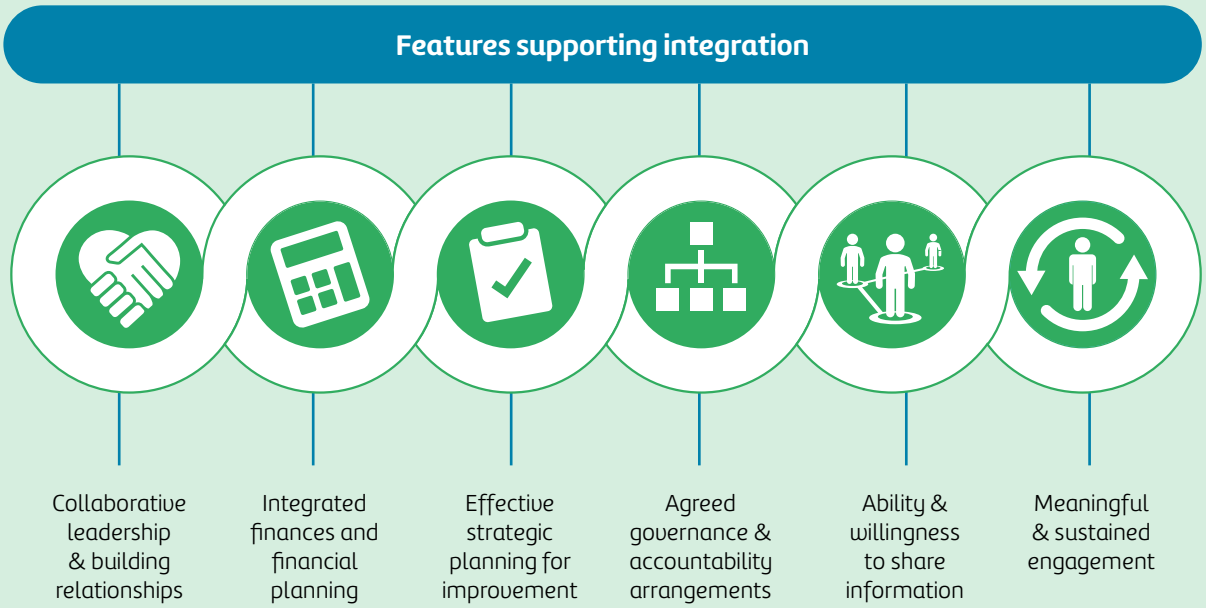
During 2019 a new self-assessment process for Integration Authorities was introduced to evaluate progress against the six key features that Audit Scotland define as central to the success of integration (see Figure 1 below). The results of this first self-assessment process were released in June 2019.

Progress towards Key feature six: Meaningful and sustained engagement is key to the involvement of carers as equal and expert partners.

Integration Authorities assessment results of progress towards Key Feature Six were discussed at Carer Collaborative meetings in 2019 and 2021, where Carer Reps conducted a comparator assessment based on their experiences of being IJB Carer Representatives and further updated this in 2021 (see Appendix for this comparator information). In summer 2021, IJBs began conducting formal reviews of their Integration Schemes many of which have now been published.

Features central to the success of integration

Six areas must be addressed if integration is to make a meaningful difference to the people of Scotland



Source: Audit Scotland

Independent Review of Adult Social Care

More recently in early 2021, the Independent Review of Adult Social Care made a series of recommendations about the contribution and involvement of carers within health and social care redesign and decision-making noting that:

> ...we need to support and enable unpaid carers to continue to be a cornerstone of social care support. The contribution they make is invaluable. Their commitment and compassion is humbling. We need to provide them with a stronger voice and with the networks, support and respite they need to continue in their vital role...it is vital that we amplify the voice of lived experience at every level in our redesign. We have a duty to co-produce our new system with the people who it is designed to support, both individually and collectively.

Significantly the Review further considered the role of Carer Representatives on IJBs, recommending that:

> Carers must be represented as full partners on the Integration Joint Boards...They already have a non-voting seat around the Integration Joint Board table, but they should be full partners...Every member of the Integration Joint Board should have a vote.

Progress with previous *Equal, Expert and Valued* themes

In the sections that follow, we review progress against some of the core themes and recommendations from the previous Equal, Expert and Valued reports in more depth.

New themes have also been added, to reflect succession planning challenges; the need to ensure sustainability and equity of carer representation on IJBs; and recovery from Covid-19. Feedback from Carer Reps on progress this year is noted under each of these recommendations

Carer Rep recruitment and retention

Recruiting and retaining new carers who are willing to undertake representative roles continues to be a challenge for IJBs. At the time of writing we are aware of four IJB areas without Carer Reps, and a further three which are in the process of recruitment. More encouragingly, five areas recruited new Carer Reps to the IJB in 2021 and early 2022. Some IJBs work with or delegate their local carers centres to carry out recruitment and selection and Carers Centres and established carer involvement groups continue to be the most productive source of potential applicants.

IJBs can encourage members of existing fora to become IJB Carer Reps by promoting the importance of the role, giving clear information about mutual expectations and commitments, resourcing induction and involvement, including providing training, expenses and resources necessary for carrying out the role.

Equal, Expert and Valued and our template role description[19] can help. The Scottish Government, the Improvement Service and NHS Education for Scotland have also produced national induction materials[20] which can be used to support local approaches.

Carer Rep feedback:

Five areas are using the Carer Collaborative template role description to support recruitment. Clear role descriptions, full induction and mentoring are essential to helping new Reps not only be recruited but supported to undertake the role (see below).

19 https://carersnet.org/wp-content/uploads/2021/10/Carer-Rep-Role-Description.pdf

20 https://learn.nes.nhs.scot/17538/board-development/induction

Succession planning

There are differences between areas as to the number of terms (typically three years) Carer Reps can stay in office, and succession planning is crucial to support positive exits, continuity and renewal of carer representation. However, whist some areas are now considering how best to plan for succession, many do not have succession plans or handover processes in place. As a result, as noted in the 2019 Report, some Carer Reps have been asked to stay on in the role beyond their initial tenure or to continue for a second, or even third, term.

"My planned summer 2022 exit [was] delayed for 12 months to ease succession and also...to help remobilisation."

"I am now seven months into my third three-year term."

"We struggle to recruit to the group which makes succession planning difficult, although we have very recently recruited some new members."

"I was voted in for a second term and have asked the Chair to note we need to work on succession planning for my exit."

Carer Rep feedback:

Carer Reps note that succession planning remains a significant challenge (and has been exacerbated by Covid-19), with the time commitment required to be involved a challenge for many carers.

Most areas do not have a structured succession planning process in place. This puts unsustainable pressure on existing Carer Reps, some of whom have been in their role for several years.

"I am close to the end of my second 3-year term, and should not be continuing beyond April 2022, but I cannot see a successor being in place by that time. Succession planning is being actively considered, but nobody is champing at the bit to take over from me, and I do not wish to put people off who might like to be involved by throwing them in at the deep end. I rather suspect I shall have to negotiate an extra year in order to affect the handover."

At the time of writing six Carer Reps have, or are about to, step down, resulting in the loss of extensive Carer Rep experience and succession challenges in some areas. IJBs should have a formal succession planning process, identifying when tenures end and allowing sufficient time to recruit and train replacements. Of course, existing Carer Reps can, and in a few areas do, assist these processes.

Supporting Carer Reps

Carer Reps bring significant personal and professional experience, but IJBs can help new or prospective Reps by providing structured induction and ongoing training. Newly appointed Reps report benefitting from shadowing and handover with existing Carer Reps and from having facilitated introductions to their fellow board members.

Carer Rep feedback:

There is an improvement in the provision of induction and mentoring support and in some areas existing Carer Reps have been involved in providing this support. However, the picture remains mixed across the country with other areas still in the process of developing structured induction and mentoring support.

Sustainability and equity

Building on the points above, the scale and scope of the Carer Rep role is significant and has expanded in many areas due to increased awareness of the importance of involving carers. However, most areas have only one or two Carer Reps who attend a broad range of strategic groups, sub-groups, locality groups and so on. To ensure the sustainability of Carer Rep engagement it is crucial to have a pool of carers who can support engagement across the broad range of groups and meetings. Moreover, the time commitment required, and the timing of meetings create barriers to engagement for carers who have full-time commitments (working; studying), reducing opportunities to get involved and creating inequity of access for some carers.

'I thought the commitment would be 6 to 8 days a year, but it is far more than that. I am not able to commit that much time as I work full time and have an active caring role'.

Carer Rep feedback:

Many Carer Reps report that their role has turned into a full-time job, due there only being one or two Reps to fulfil multiple roles on the IJB, Strategic Planning Group (SPG) and locality or working groups. Whilst opportunities for increased involvement across a range of groups are hugely welcomed, work must be undertaken to expand and diversify the pool of carers to ensure unsustainable pressure is not put on one or two Reps

"When I first took on the role as IJB rep we were only ever allowed to go the IJB board meetings. But we pushed to be able to attend more meetings and this, along with a change in leadership...led to us being invited to almost every meeting that involved decisions around support for carers. The downside is that the HSCP have made no efforts to widen the pool of carers who attend these additional meetings and groups, and it all falls on the carer reps. It is definitely not sustainable long term, and I am concerned that new carer reps will end up dropping out...overwhelmed by what is expected of them."

"I am currently involved in 22 groups. Eight of these are long-term groups and the rest are short-term working groups."

Good practice spotlights:

As with previous years, we seek and share examples to encourage good practice

Increasing carer representation in West Lothian

Following completion of the Equal, Expert and Valued self-assessment for this report, **West Lothian** HSCP CEO, IJB and SPG Chairs met with the Carer Rep to discuss the responses. This has led to an agreement to introduce new ways to improve carer representation, including identifying and removing barriers to support more carers to become involved.

Training for Carer Reps

The Coalition of Carers in Scotland and Carers Scotland were funded by the Health and Social Care Alliance to develop and facilitate training for carers in 5 HSCP areas. The project was delayed due to Covid-19 with the training subsequently adapted for delivery online from January to August 2021. The training has increased the number of carer representatives across the five areas and has also increased the confidence and ability of the participants to contribute meaningfully to meetings and to influence local developments.

Resourcing carer involvement in Fife

In **Fife**, the Change and Improvement Manager for unpaid carers has consulted with members of the Carers Strategy Group to ensure that funding for carers is effectively spent. In 2019 Fife Voluntary Action was commissioned to create and support a carers representative group to increase the voice and views from carers to aid policy and strategy development and provide the IJB member with a constituency of views for improved participation. Access to the Carers Scotland Digital Resource for carers in Fife was purchased.

In late 2020 a Participation and Engagement Team was created to support greater involvement of carers and others in shaping policy and influencing strategic direction, including leading the engagement activities for the refresh of the carers strategies. Fife Carers Centre is well resourced and has a very strong relationship with carers. The Carers Strategy Group has recently begun meeting again (online) after a considerable hiatus over the pandemic period. A Carer Support Worker has been appointed to work with carers in each locality.

Expenses policies and renumeration

Previous Equal, Expert and Valued reports highlighted that most Carer Reps were required to subsidise the public duties they carry out on behalf of Integration Authorities because expenses and replacement care were not being covered. It is a basic point of principle and good practice that people should not be financially worse off for undertaking voluntary public duties, and people should not be excluded by the need to subsidise their role. This was affirmed by the Cabinet Secretary for Health and Sport in 2017:

> 'We expect the integration authorities to ensure that those who participate in the process can do so without detriment.'[21]

and by the Scottish Human Rights Commission in their 2021 report on paid participation:

> 'Create a clear policy for paid participation, detailing all stages and necessary documentation, that can be shared with participants and partner organisations. This policy should be available in a range of formats that respond to any accessibility needs. The policy should detail all relevant processes and the documentation required to produce a robust audit trail.'

The Coalition of Carers in Scotland also made a series of suggestions for renumeration of Carer Reps in their submission to the National Care Service consultation.[22]

Written expenses policies are essential for processes to work effectively and equitably, and the table below shows that there has been a slight improvement in IJB practice over the last year.

	2020/21 (15 Carer Rep/ IJB returns)	**2019/20** (16 Carer Rep/ IJB returns)	**2018/19** (20 Carer Rep/ IJB returns)	**2017/18** (17 Carer Rep/ IJB returns)
Does your IJB have a written expenses policy?	Yes: **7**	Yes: **6**	Yes: **6**	Yes: **5**
	No: **1**	No: **5**	No: **5**	No: **9**
	I'm not aware of it: **6**	I'm not aware of it: **5**	I'm not aware of it: **7**	I'm not aware of it: **3**
Have you been given a copy?	Yes: **7***	Yes: **5**	Yes: **5**	Yes: **4**
	No: **5**	No: **11**	No: **14**	No: **13**
Is replacement care included?	Yes: **6**	Yes: **4**	Yes: **5**	Yes: **5**
	No: **5**	No: **1**	No: **3**	No: **3**
	Don't know / no policy: **2**	Don't know / no policy: **6**	Don't know: **2**	Don't know: **5**
	N/A to me: **2**	N/A to me: **5**	N/A to me: **3**	N/A to me: **1**
Are expenses only for IJB meetings, or for other meetings and preparation?	All meetings: **7**	All meetings: **10**	All meetings: **7**	All meetings: **12**
	Only IJB: **3**	Only IJB: **1**	Only IJB: **3**	Only IJB: **0**
	None: **0**	None: **0**	None: **2**	None: **3**
	Don't know/ no policy: **1**	Don't know / no policy: **5**	Don't know: **3**	Don't know: **2**

*Two further areas noted that they were aware of the policy but had not seen it for several years

21 Are they involving us? Integration Authorities' engagement with stakeholders Scottish Parliament Health and Sport Committee Published 12 September 2017 SP Paper 188

22 https://carersnet.org/wp-content/uploads/2021/11/National-Care-Service-Response.pdf

However, from 15 self-assessment returns received, only seven IJBs have a visible expenses policy and five Carer Reps have never received a copy. Moreover, three Carer Reps note that they use their existing care package or SDS budget to enable them to undertake their role, which means they have less resource to enable them to have a break from caring. The Carers Collaborative has produced a template expenses policy[23] which IJBs can adapt and use, with four IJBs already having made use of this.

Agenda setting

The ability of Carer Representatives to contribute agenda items still varies depending between areas, and whilst this showed an improvement in the 2019 report, over the last two years this has declined. It is recognised that this may relate in part to the emergency governance measures put in place to respond to Covid-19, however as the Independent Review of Adult Social Care affirms, 'carers must be represented as full partners on the IJB' and more therefore needs to be done to ensure joint ownership when setting agendas.

Carer Rep feedback:

In some areas Carer Reps report that IJB discussions and decision-making are not 'back to normal' following the implementation emergency governance measures during Covid-19.

Recovery from Covid-19

It is recognised that 2020/21 was an exceptional year, with health and social care services and unpaid carers, being impacted by unprecedented pressures and challenges due to the Covid-19 pandemic. These included the closure of many health and social care services; the initial suspension of IJB and associated meetings; the introduction of emergency governance measures; the transfer to online support from carers centres; access to PPE; flexibility in the use of SDS; and the vaccination programme, to name but a few.

To ensure a fair and sustainable recovery from Covid-19, and to realise the ambitions for system change set out in the Independent Review of Adult Social Care, the involvement of carers as equal and expert partners on IJBs and associated strategic groups is critical. Resourcing and supporting carers, who have been and continue to be under additional strain due to Covid-19, is therefore paramount in the coming year.

Carer Rep feedback:

As we have moved through the pandemic, Carer Reps have had on-going concerns about the resumption of services, including respite and day care; the flexibility of SDS; and the pressures faced by unpaid carers. However, several Reps note that there has been an increased appreciation of the role carers and the voluntary sector play in their area, and many also feel information sharing by the HSCP has been done well.

23 https://carersnet.org/wp-content/uploads/2021/10/Carer-Expenses-Policy.pdf

Equal and Expert: Overview of evidence

This section presents an overview of the 'Equal and Expert' carer engagement standards and shows the extent to which they were evident in self-assessments received from 15 Carer Representatives or their IJB colleagues. Eight indicators show improvements since the third update Report in early 2019, however a further three show a decline over the last year. One new indicator was included in the 2020 and 2021 self-assessment (under Standard One).

Key:

Several good examples – overall, practice is good

Some good examples exist, but experience is mixed

Limited examples – some local good practice may exist but overall practice is poor

Standard One: Carer engagement is fully resourced

Outcomes:

1. Carer Representatives will feel confident in undertaking the responsibilities of their role and be able to express clearly and fully the views of other carers.
2. The strategic groups will benefit from the views of carers being regularly and directly represented and will produce work which addresses the needs and meets the aspirations of carers more fully.

Evidence of implementation Carers in representative roles will:		2020/21
1. Receive training and a full induction	Self-assessment feedback shows structured or semi-structured induction to board roles and operations was provided by 9 out of 15 areas. In some areas, induction consists largely of introductions to senior HSCP staff. Ongoing training commonly takes the form of development sessions or seminars, with some areas noting they contribute to the development of the training programme or can request training on specific topics. 2 out of 15 Carer Reps report receiving no induction or training.	Met: **9** Partially Met: **4** Not Met: **2** **Improvement on 2019**
2. Be supplied with the information they require timeously	Electronic mailings and posting papers online are now commonplace, however two areas noted that they can request papers in whatever format they find most accessible (e.g. paper copy). 11 out of 15 Carer Reps report receiving papers at least a week before meetings, with two noting this process had greatly improved in their area. One area mentioned Reps also have a support meeting with Partnership staff and voluntary sector partners before the IJB to discuss papers. However lengthy papers (300+ pages) remain an issue which affects the time available to review and consult with carers.	Met: **11** Partially Met: **1** Not Met: **3** **Similar to 2019**
3. Be mentored	Seven areas noted mentoring opportunities in their areas, which is a marked improvement compared to 2019. Of these one existing Carer Rep has provided mentoring support to new 'lay members' on the IJB; others are provided support from senior officers or from Carers Centres. Three others noted that mentoring would be available, but they would need to request this as there is no structured mentoring process in place.	Met: **7** Partially Met: **5** Not Met: **3** **Improvement on 2019**
4. Be able to obtain the views of other carers via a strong network of carers	Most Carer Reps have good access to carer networks, forums and reference groups. However, six areas noted that Covid-19 had meant meetings for many of these groups were paused, with most only having recently resumed. Carers Centres and carer strategy or partnership groups are mentioned by most areas as playing a key role in connecting with a network of carers to ensure information is shared and views and input on areas for discussion is sought. One area mentioned having dedicated Partnership engagement workers to support involvement. Three areas noted that more needs to be done to proactively increase both the number and diversity of carers involved in IJB sub-groups.	Met: **13** Partially Met: **2** Not Met: **0** **Improvement on 2019**

Evidence of implementation Carers in representative roles will:		2020/21
5. Have the full costs of their work in and for the strategic groups met – this includes the costs of any substitutionary care that is required	Despite only seven of the IJBs in our research having a written expenses policy, most Reps report that all travel, IT / printing costs are covered in their area. Six areas provide replacement care, with a further three Reps unsure as they do not need this. Three Carer Reps noted that they would use their existing care packages or SDS Option One to provide replacement care. Whilst there is an overall improvement in the provision of expenses to cover full costs, in three areas this was not the case, and it appears more still needs to be done to ensure consistency of approach across all IJB areas. The Collaborative carer expenses policy template and recommendations in the 'Paid Participation' report from the Scottish Human Rights Council can help.	Met: **7** Partially met: **6** Not met: **2** N/A: **1** **Similar to 2019**
6. Be supported to leave their role through succession planning processes, including exit interviews.	This new indicator for this year's report aims to review the succession challenges being experienced and noted in the 2019 report. Only three areas report that succession planning was being undertaken, one of whom notes this is being progressed in a joint project between the HSCP, Carers Centre, Coalition of Carers and Carers Scotland. Challenges in recruitment of new carers to the role means that many existing Reps are now into their second or even third term of office. Meanwhile, despite the welcome appointment of new Carer Reps in three areas, the Carer Reps who vacated these roles were not offered exit interviews. Six areas report no succession planning takes place in their area. Overall feedback indicates this is an area which requires focussed attention and development.	Met: **3** Partially Met: **6** Not Met: **6** N/A: **6** **New indicator in 2019**

24 https://carersnet.org/wp-content/uploads/2021/10/Carer-Expenses-Policy.pdf

25 https://www.scottishhumanrights.com/media/2251/paid-participation-report-vfinal.pdf

Standard Two: Carers on strategic planning groups represent the views of local carers

Outcomes:

1. Carers on strategic groups will be:
   (a) representative of the various communities of carers
   (b) able to express in informed ways the views of a range of carers.
2. The other partners on the strategic groups will know with confidence that they are learning of the views of a range of carers.
3. The work produced by the strategic groups will fully take into account the views of carers.

Evidence of implementation Carers in representative roles will:		2020/21
1. Carer organisations will be properly resourced to establish and support a strong carer network, which offers a variety of ways for carers to get involved	Eight areas report that their carers centres provide support to establish and support carers networks as well as a range of ways to enable carers to get involved. Two areas report developments underway to strengthen this in their area, with a further two noting that whilst support is resourced improvements could be made. Two areas mentioned funding, tendering and procurement as a challenge.	Met: 9 Partially Met: 4 Not Met: 2 **Decline on 2019**
2. The number and carers involved in exchanging views through the network will grow	Nine areas report that numbers have increased, albeit slowly with carer networks. Initiatives to increase involvement include engaging with carers via Carers Centres and other carer networks; HSCPs encouraging carers to get involved via recruitment videos and messages on social media; support from the HSCP and Carers Centre to set up carer involvement groups; the use of creative online approaches to support involvement. However, many areas report that Covid-19 has interrupted or adversely impacted participation, noting the increased pressures on unpaid carers as result of the pandemic.	Met: **9** Partially Met: **5** Not Met: **0** Unsure: **1** **Similar to 2019**
3. The diversity of carers involved in the network will be broad	Increasing the diversity of carers is an active and on-going area of development in most areas. Six areas note that proactive attempts to increase representation of the diversity of caring roles are underway, via Carer Centres and other carer forums or networks. One area noted that engagement with the local third sector interface aims to increase engagement with those from BAME communities. However, nine areas report that whilst networks are open to all carers, more needs to be done to engage with currently underrepresented groups.	Met: **6** Partially Met: **9** Not Met: **0** **Similar to 2019**

Evidence of implementation Carers in representative roles will:		2020/21
4. There will be a continual emergence of new carers willing to undertake representative roles	Five areas report that proactive work is underway to encourage the emergence of new carers to undertake representative roles. Examples include the establishment of carer forums or groups; carer surveys; meetings with HSCP officers on specific carer issues; recruitment campaign with the Carers Centre and TSI. However, again many areas notes that Covid-19 has adversely impacted progress, for example previously planned engagement projects were paused; and many carers are unable to take on additional responsibilities due to the loss of services / increased caring responsibilities. Three areas mentioned the need to ensure additional support and training were available to carers to enable them to undertake what are challenging and time-consuming representative roles.	Met: **5** Partially Met: **8** Not Met: **1** **Improvement on 2019**
5. The information provided through and by the supported network will be of a high quality	Almost all areas reported that the sharing of local and national information working well, with examples of increased collaboration / information sharing between the IJB and third sector; high quality information being shared by Carers Centres and carer networks/ forums; the use of social media platforms to share information with carers more widely. However, four areas felt that there was a need to increase consistency and alignment of information which is shared.	Met: **11** Partially Met: **4** Not Met: **0** **Similar to 2019**

Standard Three: The involvement of carers on strategic planning groups is meaningful and effective

Outcomes:

1. Carers will be treated as equal and expert partners in strategic groups.
2. The views of Carer Representatives will be evident in the strategic decisions taken and the plans that are developed.
3. Carers will be treated as equal and expert partners in the provision of care.

Evidence of implementation Carers in representative roles will:

1. Carers will be placed on the right strategic planning groups including at the top level of governance structures	Involvement in appropriate strategic planning groups has remained stable since the 2019 report. Carer Reps report representation on a broad range of strategic groups, including locality planning groups; strategic commissioning groups; carer strategy groups; issue-specific steering groups; as well as the Strategic Planning Group. However, it was noted that challenges with recruitment mean representation can often fall to one or two Carer Reps, putting unsustainable pressure on existing Reps. In four areas challenges were noted, with Carer Reps having to ask to be involved in some groups (rather than being proactively included), and a further two Carer Reps noted a reduction in opportunities, or even discouragement of their involvement, in some strategic groups, governance or decision-making processes.	Met: **10** Partially met: **6** Not met: **0** **Similar to 2019**
2. Other partners in strategic groups will have had Carer Awareness training so that the perspectives brought by carers are understood and accepted as the statements of people who are "equal and expert" partners	Most areas note a high level of carers awareness and understanding of the importance of carer involvement within the IJB and other strategic groups. However, on-going formal carer awareness training was only mentioned by five areas, with two of these having paused due to Covid-19. Four areas were unsure if carer awareness training had happened, and one area noted that no training was available. Three Carer Reps felt that they were not always seen as equal and expert partners.	Met: **6** Partially met: **2** Not met: **8** **Decline from 2019**
3. Meetings will be open and inclusive, allowing time for discussion and contributions from all members of the group. Language will be accessible and jargon will be avoided	There has been an improvement since 2019 in Carer Reps feeling meetings are more open and inclusive. Some examples include, Carer Rep input as a standing item on the SPG agenda; discussions about language, equalities and human rights; the development of Co-production Charter; meetings being open to the public / media.; improvements because of the use of 'hands-up' function in MS Teams. Seven areas noted there are still challenges with the use of jargon, however proactive attempts are being made to address this, for example Carer Reps asking for clarification or pre-IJB support meetings to discuss papers. However, one area noted that the use of jargon had led to the loss of Carer Reps. One area felt Carer Reps still had to push to get their voices heard, as their opinions were not actively sought.	Met: **10** Partially met: **5** Not met: **1** **Improvement on 2019**

Standard Three (continued)

Evidence of implementation Carers in representative roles will:		
4. Sufficient time will be given for preparation. Papers will be sent out in advance in a timely fashion and Carer Representatives will have the opportunity to clarify any information in advance	As noted in the 2019 report, electronic publication and circulation have made a difference to the timely receipt of papers. Four areas note that support is also available to discuss the papers, if needed. However, three areas note that at times papers are sent later than planned, and in further four areas papers are sent less than seven days before the meeting. This affects the time available to: seek clarity on any information contained in the papers; discuss the papers with other carers; and prepare/submit questions/comments. This is an on-going challenge, particularly due to the length and complexity of IJB papers, and it affects Carer Reps capacity to engage more widely to gather carer views.	Met: **9** Partially met: **3** Not met: **4** **Decline from 2019**
5. The agenda will be jointly owned with all group members having the opportunity to place items on it or raise issues of concern	There has been a decline since 2019 in progress towards this indicator. In five areas Carer Reps note that they feel they are, or would be, able to put items on the IJB agenda. This can involve a request to include a specific point of discussion or asking for items to be included in AOCB. However, in most other areas experience is mixed, with some mentioning other mechanisms being more effective, such as placing items on the SPG agenda, making comments on specific papers, or using the rolling IJB Workplan as a way to make suggestions. In five areas there is no ability to put items on the agenda, with one area commenting that there is no feeling of joint ownership.	Met: **9** Partially met: **4** Not met: **3** **Improvement on 2019**
6. All plans and policies produced by strategic groups will be 'carer proofed' so that the impact on carers is explicitly stated to ensure that carers' needs and aspirations have been fully considered	Progress towards this indicator has improved since 2019. Six areas note that plans and policies are discussed with cares to gather views and assess their impact – encouragingly two of these areas mention this is done as part of formal Equality Impact Assessments. However, in other areas experience is mixed, with five areas noting this is either done informally at the moment or that not all plans are assessed for carer impact. Three areas note that carer-proofing is not consistently or systematically prioritised.	Met: **5** Partially met: **5** Not met: **6** **Decline from 2019**
7. Through their network carers will be supplied with information about the opportunities for participation in strategic planning groups	Carer networks are being actively used to identify and promote opportunities for participation – primarily through Carers Centres and carer networks/forums. In one area the HSCP use social media to advertise opportunities and in another work is underway to increase diversity of involvement. One further area notes a collaboration between the Carers Centre and local authority to develop of capacity building approaches to support carers to become involved. However three areas note that recruitment remains a significant challenge.	Met: **9** Partially met: **4** Not met: **3** **Similar to 2019**

Evidence of implementation Carers in representative roles will:		
8. The outcomes of carer engagement will be evaluated	Five areas note that they have an evaluation process in place to measure the outcomes of carer involvement, with a further two mentioning that this happens informally in their area. It is noted however, that where the outcomes of carer engagement are evaluated, this tends to relate to the impact of carer involvement in policy development and consultation, rather than IJB board membership. Six areas note that evaluation either does not happen (3) or that they are unsure if any process is in place (3).	Met: **2** Partially met: **5** Not met: **6** Unsure: **3** **Decline on 2019**
9. Carer Reps will be fully involved in the annual IJB self-assessment process which review progress of H&SC integration	This is new indicator for this year's report and aims to explore carer involvement in the recently introduced IJB self-assessment process to measure progress towards H&SC integration. The majority of Carer Reps noted that they were fully involved in the self-assessment process. However, in four areas Carer Reps reported that they had not been involved at all, noting that only voting members of the IJB took part in the process.	Met: **10** Partially met: **1** Not met: **4** No response: **1** **New indicator**

Summary of scoping results and good practice spotlights

Alongside the Carer Rep/IJB self-assessment each year, the Carers Collaborative undertakes desk-based research to assess the visibility of carers in IJBs plans and processes.

References to carers (and Carer Representatives) in meeting minutes are used as simple indicators of the extent to which carers and carers' outcomes are identified and prioritised by Integration Authorities. This year, the scoping exercise continued to review references to carers in Annual Reports and was broadened to include scoping of Annual Accounts.

Meeting minutes were available for all 31 areas (in 14 areas IJB meetings are now also livestreamed and/or online recordings are publicly available). Encouragingly, during both 2019/20 and 2020/21, there was a significant increase in the number of references to carers in IJB minutes. In 2019/20 this was mainly due to work underway to support implementation of the Carers (Scotland) Act. In 2020/21, discussions related to a broader range of issues, most prominently around the Independent Review of Adult Social Care and the impact of Covid-19, but also Carers Strategies (which many areas are updating); updates on progress with implementation of the Carers Act; Carer Investment Plans; strategic commissioning plans; carer support and short breaks.

Annual Reports were available for 30 areas (although two of these were for 2019/20). There was a slight reduction in the number of references to carers in the annual reports for 2020/21. Most annual reports report progress towards National Health and Wellbeing Outcome Six[26] (this information is also available for all HSCP areas on Public Health Scotland's website).[27] Most areas compare local achievement against the Scottish average reported in the biennial Health and Social Care Experience survey.

This survey was updated in 2019/20[28] and shows the Scottish average of 'carers who feel supported to continue caring' at 34%, down from the previous national average of 37% in the 2017/18 survey (and from 40% in the 2015/16 survey). In 2020/21, 18 areas achieved above the national average, with the remaining 13 areas achieving 34% or less. However, performance (as compared to the previous year) only improved in five areas, five areas remained the same and performance dropped in the remaining 21 areas.

We continue to believe that comparison with a low – and ever reducing – national benchmark is not a useful measure of success.

26 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2020/introduction/

27 https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2020/detailed-experience-ratings-results/

28 Health and care experience survey 2017 to 2018: national results https://www.gov.scot/publications/health-care-experience-survey-2017-18-national-results/pages/1/

Annual Accounts 2018/19 were included the scoping for this year's Report to assess reporting on spend of funding allocated to support implementation of the Carers Act. The Carers (Scotland) Act 2016 Statutory Guidance[29] states that:

> 5.1.44. The performance management framework for integration authorities under the Public Bodies (Joint Working) (Scotland) Act 2014 requires integration authorities to publish certain financial information on an annual basis. The detail of this is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014108. Regulation 4(1), read with regulation 4(2)(d) of those regulations requires an integration authority to publish, in an Annual Financial Statement, the total amount and proportion of funds which have been spent in each reporting year on 'social care services provided in pursuance of integration functions to support unpaid carers in relation to needs arising from their caring role'.

Annual Accounts were available for 30 Integration Authorities (four of these were unaudited versions). Perhaps unsurprisingly (as Carers Act funding is not ringfenced) there were only four areas which detailed any figures for the Carers Act funding in their accounts. All four of these areas mention Carers Act figures in the 'usable reserves' notes to the accounts. No other areas detailed Carers Act monies in any of their figures, however 13 areas did make mention of the Carers Act, or support for unpaid carers more generally, in their introductory or contextual commentary.

Year	Meeting minutes available	IJB minutes referencing carers (total references to carers)	Annual Reports (AR) available	AR refs to carers	Annual accounts available	Carer support/Carers Act monies detailed in figures	Carers support/Carers Act mentioned in accounts commentary
2020/21	31	**30 IJBs** 570 references to carers	30	**1468** Average per area: 50	30	4	13
2019/20	29	**27 IJBs** 366 references to carers	31	**1754** Average per area: 57	30	3	21
2018/19	29	**20 IJBs** 79 references to carers	31	**1648** Average per area: 53	-	-	-
2017/18	31	**30 IJBs** 89 references to carers	31	n/a	-	-	-
2016/17	28	**17 IJBs** 29 references to carers	n/a	n/a	-	-	-

29 https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/

Good practice spotlights:

As with previous years, we seek and share examples to encourage good practice

Training and support for carers

East Dunbartonshire have established a Public Service Users and Carers (PSUC) group. Carer Reps are part of this group which provides a range of support and training for carers. This includes regular awareness sessions, and carers can request training on specific topics when they need more information to help them contribute to discussions in meetings. The PSUC group also have a full expenses policy in place which includes all travel and carer expenses, including replacement care.

Mentoring support to extend engagement

In **Edinburgh** the existing Carer Rep has mentored four new carer representatives who have joined the IJB as lay members. Lay members have pre-meetings together prior to IJB, and the carers representatives also have pan-Lothian carer rep meetings to share perspectives across the four IJBs that are involved with NHS Lothian. In **Falkirk** mentoring is provided initially by the IJB Senior Service Manager and Carer Reps also have access to support from the Carers Centre.

Strengthening carer involvement networks

Carer Centres and other local carer forums play a key role in ensuring carers can engage and contribute their views to local policy and practice developments. In **Midlothian**, VOCAL Midlothian organise and facilitate meetings of Carers Action Midlothian (CAM). This group explores how to involve more carers, including ideas to involve and include carers from a wide range of caring circumstances. In **South Lanarkshire** the numbers of carers being supported by Lanarkshire Carers service has grown due to the pandemic. Carers are supported by the Carers Centre and Carers Connected Group to ensure they can exchange their views through the network. **East Renfrewshire** has setup a Carers Collective with support of the HSCP Carers Lead and the local Carers Centre in order to hear from carers directly. **Scottish Borders** has four carer reps on the Carers Workstream. These reps are elected by members of Carers First to represent the wider views of carers and to identify issues and raise concerns.

Proactively supporting recruitment

Recruitment of carer representatives has been identified as a significant challenge within this, and previous years' reports. It is therefore encouraging to highlight good practice now taking place to proactively address recruitment and succession. **East Dunbartonshire** HSCP has produced recruitment videos and posts messages on social media encouraging local people to contribute to shaping local services. There is an ongoing recruitment process in place, with the HSCP working alongside the local carers centre, the TSI, local authority and other third sector partners. **Falkirk** aim to recommence their carer engagement project (which was paused due to Covid-19). This project is a collaboration between the Coalition of Carers, Carers Scotland, Falkirk Carers Centre and HSCP Carers Lead, and aims to support the recruitment, training and on-going support of carer representatives. In **Fife** training is being carried out by Fife Voluntary Action, and a new recruiter is aiming to form a constituency of carers. An induction pack has also been prepared with input from the existing Carer Rep to prepare for their upcoming end of tenure.

Building diversity

Engaging with a diverse range of carers is key to ensuring equality and representativeness of carer views. **North Lanarkshire** Carers Together have increased their engagement with those from BAME communities and have found their online engagement has helped reach more diverse audiences. **West Dunbartonshire** have actively engaged with those who have different caring roles, for example caring for people with Alzheimer's; long term conditions; as well as young carers. **West Lothian** report that diversity is growing with concerted efforts being made by the Carer Centre and the IJB Carer Rep. to ensure this is the case. **Edinburgh** are engaging with carers from black and minority ethnic communities via local Edinburgh Voluntary Organisations Council (EVOC) forums; **East Renfrewshire** are actively expanding the Carers Collective group so all types of carers are equally represented; and **Falkirk** Carers Centre is creating carer sub-groups for specific carer roles, e.g. parent carers, carers for those with dementia.

Carer involvement in strategic groups

In **North Lanarkshire** carer representatives are members of a range of strategic groups including the IJB; Performance Finance and Audit Committee; Carers Strategy Implementation Group; Integrated Care Fund Steering Group; Community Capacity Building Subgroup. The local authority has recently established 12 locality planning groups (LPG's) in each locality focusing on the needs of the two major care groups (Frail, Elderly and Long-Term Conditions and Addictions, Learning Disability and Mental Health). North Lanarkshire Carers Together and CL&D have developed a programme of training to equip carers to participate at this level.

Carer proofing policies

In **Shetland** the IJB Carer Rep leads on carer proofing new policies and strategies which has led to amendments being made based on Carer Rep feedback. In **Clackmannanshire & Stirling** this has been discussed at the IJB and carers are included in Equality Impact Assessments and in **Scottish Borders** the Carers Centre leads on carer proofing. In **East Dunbartonshire** all strategic plans are shared with the SPG for comments and the lead officer for new strategic plans attends the Public Service Users and Carers group to allow discussion about the plan and to gather views from the group. In **Midlothian** new policies within the council/partnership require to be assessed against an Inequalities Impact Assessment (IIA), checking if there are any issues which impact detrimentally against a particular group of people. Carer representatives at strategic groups can comment and feedback on papers and proposals before approval.

Making a difference

The Carers Collaborative follows the Equal and Expert standards in its own work. In 2019/20 and 2020/21, Carer Reps reviewed the collective contribution our work has made and the individual impact of their involvement in local IJBs.

Over the period 2019 – 2021 key areas of work included:

- Developing a template expenses policy (shared with Scottish Government)
- Reviewing Carer Involvement in IJB self-assessment process (shared with Scottish Government)
- Meeting with Minister for Public Health, Sport and Wellbeing
- Meetings with Scottish Government Carer Policy Team and Integration & policy Support Team
- Developing a Briefing Paper on Carers & Equality Impact Assessments (endorsed by COSLA and shared with Scottish Government)
- Producing Equal, Expert & Valued Year Four Report.

Carer Reps also considered what they valued from their involvement with the Collaborative. Key areas of feedback showed Reps felt that having the opportunity to meet and discuss different experiences, practice and perspectives from around the country was extremely beneficial to building their knowledge and supporting their work on their IJBs.

"Knowing good/bad practice elsewhere helps get the balance to 'praise' for what we have that is good, but information to try to influence the 'bad'!"

"The intelligence we gain at meetings means we have more authority and are more able to ask the right questions and challenge more effectively."

Carer Reps also felt that being members of the Carers Collaborative has helped strengthen their collective voice to better influence both local and national policy and practice.

"Individually our voices can be quiet but together we are strong. We use our collective voice to influence policy and practice locally and nationally, for example with IJBs, Scottish Government and COSLA."

"On our own we have very little chance of being equal. Being a member of the Collaborative restores some of the power imbalance."

"We now have a seat at the table in other decision-making forums. We have also met with key decision-makers to influence important legislative and policy developments, such as the Independent Review of Adult Social Care and the NCS consultation."

Alongside this the Collaborative gives Carer Reps the opportunity to keep abreast of regional and national policy and practice developments. During 2019 meetings involved the Minister for Public Health, Sport and Wellbeing and the Self-Directed Support Team at Scottish Government. During 2020/21 it included meetings with Derek Feeley, Chair of the Independent Review of Adult Social Care, Carer Policy Team and Integration and Policy Support Team at Scottish Government and the Equality & Human Rights Commission.

"Keeping up to date with regional and national policies. The speakers/ presentations are always very informative."

"Information is power and we need as much power as we can get."

When Carer Reps were asked what they value about being involved in their IJB, overwhelming feedback focussed on the ability to ensure carers rights and needs were considered within decision-making. Some areas also noted that carer involvement had improved in their area.

"The opportunity to ensure carers are thought about and dealt with properly in decision-making."

"Actually making a difference to carers on two occasions [through the] reversal of decisions impacting on specific carer groups."

"There has been an improvement in carer involvement over the last year – a shift in culture and an increased recognition of carers as partners."

However, as the following feedback shows, more needs to be done in some areas to ensure Carer Reps are seen as equal and expert partners on IJBs. More support is required to ensure carers can carry out their role, that their views are heard and that they have influence over discussions and decision-making. Recruitment, succession and properly resourcing and embedding involvement were again raised as key challenges.

"I am an Unpaid Carer Rep. Actually, I'm an unpaid, Unpaid Carer Rep. No, in fact, I'm an unpaid, Unpaid Carer Rep, with no voting rights."

Although carer involvement has improved, much of this is because Carer Reps have pushed for this to happen and have built relationships with key people. However, carer involvement processes haven't been embedded and when existing Carer Reps finish their term of office these gains could be lost.

"We are being invited to join different groups in our area – and nationally. But recruitment and succession challenges, and the lack of dedicated resources to support carer involvement, mean this is putting unsustainable pressure on Carer Reps. Carer involvement has to be more than a tick box – it must be properly resourced and meaningful."

We therefore conclude this report by revisiting our recommendations for continuing improvements in Carer Representation.

Recommendations to improve Carer Representation

This section updates the recommendations from our previous reports and identifies next steps for improving carer representation.

Recommendation	Progress	Next steps – 2022+
1. Include Carers' Reps in decision making 1.1 Carer Reps are involved in IJB strategic groups. 1.2 Carer Reps are seen as 'equal & expert' partners.	Carers are better represented within IJB structures, with more opportunities to get involved in a range of locality and strategic groups. Emergency measures implemented by IJBs during Covid-19 have impacted on carer involvement in decision-making. The Independent Review of Adult Social Care recommends Carer Reps are full partners on the IJB.	Continue to support carer involvement in key governance and decision-making processes, particularly as IJBs return from emergency measures implemented in response to Covid-19. Processes to support implementation of the recommendations from the Review of Adult Social Care should be developed by IJBs.
2. Increase awareness and profile of carers and Carer Reps 2.1 Provide formal Carer Awareness training to IJB strategic partners 2.2 Undertake 'carer proofing' of policies and strategies.	Most areas note a high level of carers awareness and understanding of the importance of carer involvement within the IJB and other strategic groups. However, more still needs to be done to increase awareness and understanding of carer issues.	Carer Awareness training for IJB strategic partners should be prioritised to ensure Carer Reps experiences and expertise is seen as equally valuable. Prioritise and involve carers to 'carer proof' policies, linking these with Equality Impact Assessments. The Carer Collaborative Briefing Paper on Carers and Equality Impact Assessments can help.[30]
3. Build capacity in Carer networks 3.1 Prioritise the development of succession planning processes 3.2 Develop systematic recruitment and induction processes. 3.3 Expand the pool of carers reps to support sustainable representation 3.4 Increase the diversity of carers reps to ensure representativeness.	Recruitment and retention remain a concern, particularly in relation to succession planning and the representation of carers on the broad range of IJB/HSCP strategy groups. Carer Reps are increasingly invited to become involved in strategic groups and meetings, however responsibility often lies with one or two Carer Reps.	Succession planning processes for Carer Rep roles must developed as a matter of priority. IJBs should ensure sufficient time and resources for: • Exit interviews and handovers from existing Reps. • Structured induction and training for new Reps to build confidence and capacity to engage. Capacity across carer networks should be proactively built to: • Identify carers who wish to become involved and provide them with training and support to participate.

30 https://carersnet.org/wp-content/uploads/2021/10/Carers-and-EQIA.pdf

Recommendation	Progress	Next steps – 2022+
		• Increase in the number of carer reps in each area so that one or two reps don't have to attend multiple planning groups. • Support increased diversity of carer reps, ensuring those who face barriers to engagement are supported to be involved.
4. Value and resource Carer Reps 4.1 Ensure Carer Representatives have a clear remit 4.2 Train and support Carer Representatives 4.3 Provide the expenses and resources necessary to perform the role	The provision of role descriptions and mentoring support / training for Carer Reps shows a slight improvement. Most IJBs now provide expenses for IJB and other strategic meetings, however, reimbursement of other costs such as printing, replacement care and preparation time is still mixed. The number of written expenses policies remains low and where these are available they are not being shared consistently with Carer Reps.	Use or adapt the Carer Collaborative role description[31] to provide mutual clarity on roles, remits and expectations. Continue to develop structured training and mentoring opportunities for Carer Reps. Use or adapt the Carer Collaborative template expenses policy[32] to develop and implement an expenses process that acknowledges and meets the full costs of carer contributions to IJBs and other strategic groups. Proactively share expenses policies with Carer Reps. Explore the provision of remuneration for carer reps to acknowledge their time and expertise.
5. Make meetings better 5.1 Continue supporting Carer Reps to contribute to agendas 5.2 Continue to improve the accessibility of meetings, minutes and papers 5.3 Allow time in meetings for discussion and questions	IJB meetings have become more accessible, with more opportunities for carers to contribute and an increased focus on using jargon-free language. Access to agenda-setting varies across the country with many areas feeling the agenda still 'belongs' to IJB officers. Over the last two years meetings have mostly been held online (which has had benefits and challenges). Almost half of IJBs now either livestream or have publicly available recordings of their meetings.	Continue to issue papers sufficiently in advance to allow Carer Reps to read, consult and prepare. Provide more consistent access to agenda-setting, whether through Strategic Planning Groups, pre-IJB meetings or structured contact with Chairs and officials. Ensure Carer Rep involvement is meaningful and is having an impact (e.g. in decision-making) and allow time in meetings for discussion and questions. Ensure online meetings are accessible, for example with the provision of IT equipment and digital training.

31 https://carersnet.org/wp-content/uploads/2021/10/Carer-Rep-Role-Description.pdf

32 https://carersnet.org/wp-content/uploads/2021/10/Carer-Expenses-Policy.pdf

Appendix

Integration Authorities assessment of progress towards Key feature 6

(as reported to the Integration Leadership Group, June 2019)

Proposal	Not yet established	Partly established	Established	Exemplary
Effective approaches for community engagement and participation must be put in place for integration.		**8 IAs:** Argyll & Bute, Dumfries & Galloway, Edinburgh City, Fife, Orkney, Perth & Kinross, Scottish Borders, Shetland.	**18 IAs:** Aberdeen City, Aberdeenshire, Clackmannanshire and Stirling, Dundee, East Dunbartonshire, East Lothian, East Renfrewshire, Falkirk, Glasgow City, Highland, Inverclyde, Midlothian, Moray, North Lanarkshire, Renfrewshire, West Dunbartonshire, West Lothian, Western Isles.	**5 IAs:** Angus, East Ayrshire, North Ayrshire, South Ayrshire, South Lanarkshire.
Improved understanding of effective working relationships with carers and people using services and local communities is required.		**10 IAs:** Argyll & Bute, Dumfries & Galloway, Edinburgh City, Fife, Orkney, Perth & Kinross, Renfrewshire, Shetland, West Dunbartonshire, Western Isles.	**18 IAs:** Aberdeen City, Aberdeenshire, Angus, Clackmannanshire and Stirling, Dundee, East Dunbartonshire, East Lothian, East Renfrewshire, Falkirk, Glasgow City, Highland, Inverclyde, Midlothian, Moray, North Lanarkshire, Scottish Borders, South Lanarkshire, West Lothian.	**3 IAs:** East Ayrshire, North Ayrshire, South Ayrshire.
We will support carers and representatives of people using services better to enable their full involvement with integration.		**14 IAs:** Aberdeenshire, Argyll & Bute, Clackmannanshire and Stirling, Dumfries & Galloway, East Lothian, Edinburgh City, Falkirk, Glasgow City, Highland, Moray, Perth & Kinross, Scottish Borders, Shetland, Western Isles.	**14 IAs:** Angus, Dundee, East Dunbartonshire, East Renfrewshire, Fife, Inverclyde, Midlothian, North Lanarkshire, Orkney, Renfrewshire, South Ayrshire, South Lanarkshire, West Dunbartonshire, West Lothian.	**3 IAs:** Aberdeen City, East Ayrshire, North Ayrshire.

Carer Rep comparator assessment of progress towards Key feature 6

(completed by Carer Reps from 20 IA areas in 2019)

Proposal	Not yet established	Partly established	Established	Exemplary
Effective approaches for community engagement and participation must be put in place for integration.		**12 IAs:** Argyll & Bute; Clacks & Stirling; Edinburgh; Falkirk; Fife; North Lanarkshire; Perth & Kinross; Renfrewshire; Shetland; South Ayrshire; West Lothian; West Dunbartonshire.	**5 IAs:** Dundee; East Dunbartonshire; East Lothian; East Renfrewshire: Scottish Borders.	**3 IAs:** Angus; D&G; North Ayrshire.
Improved understanding of effective working relationships with carers and people using services and local communities is required.	**1 IA:** Argyll & Bute	**12 IAs:** Clacks & Stirling; Edinburgh; East Lothian; East Renfrewshire; Falkirk; Fife; North Lanarkshire; Perth & Kinross; Renfrewshire; Shetland; South Ayrshire; West Lothian.	**6 IAs:** Angus; D&G; Dundee; East Dunbartonshire; Scottish Borders; West Dunbartonshire	**1 IA:** North Ayrshire.
We will support carers and representatives of people using services better to enable their full involvement with integration.		**15 IAs:** Angus; Argyll & Bute; Clacks & Stirling; East Lothian; Edinburgh; Falkirk; Fife; North Lanarkshire; Perth & Kinross; Renfrewshire; Scottish Borders; Shetland; South Ayrshire; West Dunbartonshire; West Lothian.	**5 IAs:** D&G; Dundee; East Dunbartonshire; East Renfrewshire; North Ayrshire.	

Update on Proposal 6 – January 2021

The Carers Collaborative met on the 12 January 2021 and provided an update on progress in relation to Proposal 6 from March 2020 to the present time.

Carer representatives from 17 local authority areas were present.

Q1 Effective approaches for community engagement and participation

This has improved – 31%

This has stayed the same – 54%

This has declined – 15%

Q2 Improved understanding of effective working relationships

This has improved – 35%

This has stayed the same – 53%

This has declined – 12%

Q3 We will support carers and representatives of people using services better

This has improved – 43%

This has stayed the same – 50%

This has declined – 6%

coalition
of carers in scotland
from recognition to rights

Thanks and acknowledgments

This report was produced by the Coalition of Carers in Scotland, authored by Jen Curran of The Lasting Difference.

We would like to thank the Carer Representatives involved in Integration Joint Boards across Scotland, without whose input and involvement over the last six years this report would not have been possible.

The work of the Carer Collaborative is funded and supported by the Scottish Government.

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Agenda Item Number: 5b Appendix 2

Findings and Analysis

<table>
<tr><th colspan="2">STANDARD ONE: Carer engagement is fully resourced</th></tr>
<tr><td colspan="2">Outcomes
1. Carer Representatives will feel confident in undertaking the responsibilities of their role and be able to express clearly and fully the views of other carers.

2. The strategic groups will benefit from the views of carers being regularly and directly represented and will produce work which address the needs and meets the aspirations of carers more fully.</td></tr>
<tr><td colspan="2">Evidence of implementation Carers in representative roles will:</td></tr>
<tr><td>1. Receive training and a full induction.</td><td>East Dunbartonshire HSCP provide a 1-1 induction to all prospective new PSUC members (with a HSCP officer) and a full induction pack which includes, a;

• Volunteering Policy
• Expenses Policy
• Terms of Reference (TOR)
• Communication strategy
• Code of Conduct
• Glossary of Terms
• Aide Memoire
• Training Record
• Preparation and Notes Checklist
• HSCP Mapping (key personnel and roles)
• Confidentiality agreement, and;
• Mentoring Policy

The PSUC group meets a minimum of 6 times per year, with each agenda providing a presentation on HSCP business or service update and/or meet and greet from a Senior Management Team (SMT) member.

In the past two years members have received presentations, workshops and training updates on:

• HSCP Finance
• Social Work Planning</td></tr>
</table>

	• Service provision • Pharmacy and Prescribing statistics • GP Clusters and Localities • The Strategic Plan (2022-25) • (ED) Acute (hospital) Statistics • The GP Contract • The Carers Act • Primary Care Mental Health Team (PCMHT) update • The Naloxone service, • Scottish Government / COSLA – Planning With People Policy • Adults With Incapacity (AWI) and Power of Attorney (POA) • Independent Review of Adult Social Care (Feeley review) • The Improving Cancer Journey (ICJ) Programme • Social Support for Older People Options Appraisal • Clinical Governance, and; • Equalities updates Feedback from members is that these sessions should continue. The HSCP also provide a training seminar prior to each IJB meeting provided by the Organisational Development (OD) officer. The Carers feedback stated that they are happy with the content of the induction pack, however some felt it a bit too 'officious' but do understand the reasoning for this to have policies in place. We have also improved the new member inductions by inviting a Carer/Service User to be present and to give their input and perspectives on the group and to be supportive. The HSCP also began a mentoring (buddy system) programme, with a policy in place. Due to the pandemic this was put on hiatus, but will be fully operational, once

	all safety measures are open (Autumn/Winter 2022). The HSCP will also provide a 'map' of the SMT and how they link in with the various Board and Planning groups and will be included in the 'Induction Pack'. The PSUC 'Induction Pack' has been shared through the Organisational Development (OD) officer, to all SMT members (2020); the pack will also be made available to IJB members through the OD officer.
2. Be supplied with the information they require timeously.	The HSCP strive to provide agendas for the PSUC group 10-14 days prior to a meeting and 7-10 days for the IJB, SPG and LPG meetings. Feedback from members on the IJB said that Board 'papers' received can be sometimes 250-300 pages, a previous recommendation of providing a tablet, with a user account could be considered in the future. The members did state that at the IJB and SPG meetings they can ask for clarification on agenda items.
3. Be mentored.	As touched upon previously, the members wish for the HSCP mentoring programme to be re-instated. Carer members especially find this beneficial and it will be restored this year (Autumn/Winter 2022).
4. Be able to obtain the views of other carers via a strong network of carers.	The HSCP have an informal agreement with the local Carers support organisation, namely Carers Link to promote the membership of the PSUC group amongst its membership, groups and forums. Some of the Carer representatives are associated with the Carers Working Group and the Carers Forum an East Dunbartonshire wide (West and East) community of interest and also attend the 'Coalition of Carers' forums.

	The members who responded also felt that those with specific lived experiences, such as Learning Disability, Mental Health etc. should be more involved in these types of roles.
5. Have the full costs of their work in and for the strategic groups met – this includes the costs of any substitutionary care that is required.	East Dunbartonshire HSCP has a full expenses policy and this is included in the induction pack. The HSCP cover all out of pocket expenses, this includes: • All travel to and from meetings (petrol, bus and rail costs) • Substitutionary care costs. (£15ph) • Printing/ink costs where applicable. • Any out of pocket expenses, such as lunch, dinner if on PSUC business.

Agenda Item Number: 5c Appendix 3

Introduction

The East Dunbartonshire Health and Social Care Partnership (HSCP) values the involvement and contribution of *Carers and Service Users and welcomes the involvement and participation of the Public, Service User and Carer (PSUC) representatives group and their views. The HSCP has developed robust mechanisms to allow Carers and Service Users to express their needs and preferences and to participate in plans, proposals and decisions on local Health and Social Care services.

The HSCP's aim of delivering professional management and leadership also extends to promoting a healthy and safe volunteering environment. The HSCP recognises that volunteers should be supported and empowered to have the skills and knowledge they need to carry out their role.

The HSCP is committed to providing a learning culture, where volunteers are encouraged to learn and progress and that, they are:

- given the right information, guidance, training and support they require to carry out their tasks
- confident and competent in their volunteering role, and;
- provided with the opportunity to continuously develop.

The Coalition began gathering this data, facilitating a Carer's forum and organising events in 2016, to assess Carer involvement and participation within IJB's. Carer Representatives from twenty nine HSCP/Local Authority (LA) areas are involved. To date the Coalition have produced four "Equal, Expert, and Valued" reports (2017, 2018, 2019, and 2022), outlining ideas aiming to improve and increase Carer involvement on IJBs and to identify best practise.

In April 2022 the Coalition of Carers (The Coalition) published their fourth 'Equal, Expert and Valued' report. The report benchmarks Carer involvement on IJB's nationally, focussing on Carer involvement and reflects on progress against report standards and outcomes.

The standards are:

1. Carer engagement is fully resourced
2. Carers on strategic planning groups represent the views of local carers
3. The involvement of carers on strategic planning groups is meaningful and effective

East Dunbartonshire HSCP score as 'Established' in each category of evaluation. The four categories are;

Not yet established	Partly established	Established	Exemplary

The Coalition facilitates a national forum for Carer Representatives that allows Carers to share their experiences as Carer reps, to scope current practice and to develop best practice tools. In December 2021, Carer Representatives (and other IJB members nationally) completed a self-assessment against the 'Equal Expert and Valued' best practice standards, with a comprehensive scoping exercise also being conducted by an independent researcher. The scoping exercise reviewed every Integration Authority's most recent annual report and minutes for references to Carers, Carer outcomes, Carer involvement and the Carers Act.

Since 2016 East Dunbartonshire HSCP has assisted in the process, providing our Carer representatives with the required information to complete the self-assessment form. Additionally, Carer Reps evaluate their own level of participation in the self-assessment procedure.

Background and Policy

The requirement for Carer (and Service User) representation in the planning and commissioning of public services is set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which requires Integration Authorities to include a Carer Representative on their IJB. The Carers (Scotland) Act 2016 extended the expectation of Carer engagement to other areas of Health and Social Care. Furthermore, Scottish Government guidance on Health and Social Care commissioning states that services should be:

"Planned and led locally in a way which is engaged with the community (including those who look after service users and those who are involved in the provision of health and social care)"

Further the HSCP is cognisant that other policy drivers that apply are:

- National Health Service Reform (Scotland) Act 2004
- The Equality Act 2010
- Christie Report, 2011
- The Patient Rights (Scotland) Act 2011
- The Public Bodies (Joint Working) (Scotland) Act, 2014
- Community Empowerment (Scotland) Act 2015, and;
- The Carers (Scotland) Act 2016

- Health and Social Care Integration (2018/19) (by Audit Scotland and by the Ministerial Strategic Group for Health and Community Care)

The Public, Service User and Carer (PSUC) representatives group has capacity for eight Carers and eight Service Users and we are in the process of revising this to extend the group's reach. This approach facilitates both residents and communities, through the PSUC group, a range of options for becoming involved and participating in shaping and influencing the design and delivery of local Health and Social Care services.

Following the Pandemic, there has been a reduction in the number of 'active' Carer representative members in the group. Prior to March 2020, the Carer reps played a significant role in the four HSCP delivery groups (East Dunbartonshire Health and Social Care Partnership (HSCP) Integrated Joint Board (IJB), the Strategic Planning Group (SPG) and both Locality Planning Groups (LPG's).

Since April 2020, our active Carer members have had to reduce the amount of their own voluntary time they devote to the group, in part because of increased caring responsibilities, lockdowns and members who must isolate. Throughout this time, the HSCP staff has been diligent in supporting the members and also promoting a variety of activities to grow the membership.

Aims and Objectives

Over the course of three weeks, between June and July 2022, East Dunbartonshire HSCP undertook a review to increasing our knowledge base and identify the breadth and depth of the PSUC group's policies, involvement and capacity. The aim of this review was to enhance Carer and (Service User) experience and representation, while being cognisant of the Coalition's 'Equal, Expert and Valued' assessment and standards seeking to improve Carer (and Service User) experiences and knowledge.

Aims:

- To understand the involvement activity, knowledge base, the equalities gap and / or the opportunities for Carers and Service Users (PSUC group) in East Dunbartonshire
- To understand the training needs of Carers and Service Users and improve access to training
- To identify any barriers that may exist in fulfilling their role as a Carer / Service User rep, and;
- To identify clear recommendations to take forward to the HSCP's Integration Joint Board (IJB).

Objectives:

- to update the East Dunbartonshire HSCP IJB on East Dunbartonshire PSUC capacity building, development and action planning
- to scope best practice in Carer (and Service User) participation across Scotland, and;
- to carry out a desktop analysis of the Public, Service User and Carer (PSUC group) membership database / to map current representation from Public, Service Users, Carers, Patients and their involvement and participation with the HSCP in East Dunbartonshire.

Methodology

To implement this review a quantitative and a qualitative approach was applied, in the format of a questionnaire with a range of open questions that PSUC members could use to feedback their views anonymously. The survey contained questions relating to:

- Working effectively and how we can enhance members participation and involvement within the HSCP
- Training, access and capacity building, and;
- Equalities information

The questionnaire was distributed to the 16 members of the PSUC group at the beginning of July 2022, with a timeframe of 3 weeks to complete. The survey was completed by 8 group members (50%). At the same time a desk-top review across the PSUC group‘s previous activity was undertaken. The review also drew on the evidence collected from the ‘Equal, Expert and Valued’ evaluation exercise and their recommendations.

Conclusion and Recommendations

The questionnaire, desk-top investigation and the resultant feedback provides a much needed baseline of Carer participation and involvement within the HSCP. While the survey and desk-top investigation cannot claim to be representative of the views of all Carers in East Dunbartonshire, a number of strengths exist regarding the services and facilities provided by the HSCP to the PSUC representatives group. The PSUC members also feel they are well supported practically in terms of training, development and peer support.

Prior to and during the Pandemic a rich volunteer culture exists in East Dunbartonshire and is an essential backbone to Carer and Service User participation and involvement. The HSCP has to both re-double its efforts to engage with carers whilst looking at other representative groups to join the PSUC group. Moreover, the strength of partnership working between the Carer, Service User reps and the HSCP enriches the current make-up of the various Board and Planning groups that operate in East Dunbartonshire.

However, there is always room for improvement, particularly in the way the HSCP supports the involvement and participation of its Carers and Service User representatives. The comments elicited does point out the necessity to review the tasks performed by volunteers and to re-implement the mentoring programme. Additionally, it could be advantageous to look into and implement Carer awareness training for public officials and staff.

This in turn may help to reduce any inequalities that Carers face and in light of this a number of recommendations can be suggested to take forward to support Carers and additionally Service Users in their roles supporting East Dunbartonshire HSCP/PSUC group and additionally will assist in responding to the next 'Equal, Expert and Valued' self-assessment.

1. Undertake a training needs analysis with the member of the PSUC group and develop a training provision that meets and enhances their needs
2. Update the current mentoring policy in the PSUC Induction Pack
3. Undertake a scoping exercise for suitable Carer awareness guidance and training, implementing this for all (public officers) members of the IJB, SMT, SPG and LPGs and staff as appropriate
4. Ascertain the Carers experience and knowledge to ensure an appropriate skills mix on HSCP planning and development groups
5. Aim to recruit new 'members' from 'hard to reach' groups by promoting the PSUC at Youth Carer orgs, BME groups and parents of children with Additional Support Needs (ASN) at the new Campus and further engage with the local carers org to build a pipeline of future Carer members.
6. A Carers engagement 'evaluation' form to be adopted, and;
7. Liaise with the Organisational Development Officer to provide existing and new IJB members a copy of the PSUC volunteer policy and induction pack

Evaluation

This report will be revisited in 12 months. Invitations will be sent to all Carer members of the PSUC group to attend a repeat development and evaluation session, revisiting the recommendations and good practice demonstrated. The recommendations will be documented for future reference and shared if appropriate.

*What is meant by ‘Carer Representatives’; the report typically uses the words ‘Carers’ ‘Carer Reps’ or ‘representatives’ to refer to Carer Representatives. These are usually unpaid carers (or former carers) who assist the HSCP.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 6.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15th SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/06**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCE OFFICER, Tel: 07583902000**
SUBJECT TITLE:	**NATIONAL CARE SERVICE (SCOTLAND) Bill - IJB RESPONSE TO CALL FOR VIEWS**

1.0 PURPOSE

1.1 The purpose of this report is to enable members to formally ratify the East Dunbartonshire Integration Joint Board's response to the National Care Service (Scotland) Bill – Call for Views.

2.0 RECOMMENDATIONS

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

2.1 Approve the content of this report and the attached IJB response to the Call for Views, noting that as a result of the submission deadline, this is a retrospective approval.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an Advisory Panel of Scottish and international experts.

3.2 The principal stated aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.

3.3 The Independent Review concluded at the end of January 2021 and its report, together with an accompanying short film, was published on 3 February 2021. These can be accessed on the following link Independent Review of Adult Social Care

3.4 The Independent Review was not, in itself, a Scottish Government programme for change, but its recommendations, of which there were 53, formed the foundations of reform proposals now being further developed by Scottish Government (SG), including the proposed development of a National Care Service.

3.5 There then followed formal consultation on the proposed new National Care Service with a view to introducing legislation in the first year of the Parliament. The stated goal of the programme of work is to ensure the delivery of consistent, high standards of care for everyone across Scotland. Listening to people with lived and living experience to design the systems and services supporting them to live happy and fulfilled lives is also stated to be key.

3.6 In response to the review's recommendations and the responses to the consultation the SG developed and published the National Care Service (Scotland) Bill on the 21st June 2022.

3.7 The stated aim of the Bill is to ensure that everyone can consistently access community health, social care and social work services, regardless of where they live in Scotland. It provides for a National Care Service, accountable to Scottish Ministers, with services designed and delivered locally.

3.8 The Bill establishes the National Care Service and allows Scottish Ministers to transfer social care responsibility from local authorities to this new, national service. This could include adult and children's services, as well as areas such as justice social work.

3.9 The Scottish Government committed to consulting with the public before transferring responsibilities relating to children's services or justice social work to the new service, and the evidence base review of both these areas of service has now commenced. The outcome of this review will inform the consultation stage.

3.10 Scottish Ministers are also able to transfer healthcare functions from the NHS and health boards to the National Care Service.

3.11 Care or health services that are transferred to the new service could be delivered nationally or locally. New bodies called “care boards” would be responsible for delivering care locally.

3.12 As well as establishing the National Care Service, the Bill makes other changes including:

- allowing information to be shared by the National Care Service and the NHS
- introducing a right to breaks for carers
- giving rights to people living in adult care homes to see the people important to them (known as “Anne’s Law”, and a direct response to the impact of visiting restrictions during the pandemic)

3.13 Scottish Government want to work with people who access support and those who provide it, including unpaid carers, to co-design the detail of how the National Care Service will work. To allow for that, the Bill creates a framework for the National Care Service but leaves space for more decision to be made at later stages. This also provides flexibility for the service to develop over time. As yet no timetable or methodology for this co-design process has been published but it is understood that it will commence after the Bill has completed its first stage through Parliament, in order to inform later stages.

3.14 There are a series of documents published to accompany the Bill:

- A Policy Memorandum
- Explanatory Notes
- A Financial Memorandum
- A Delegated Powers Memorandum
- Statements on the legislative competence by the Presiding Officer and the Scottish Government

3.15 The Bill is currently at stage 1 of its process through Parliament, and the Health, Social Care and Sport Committee will lead on the scrutiny of the Bill. This committee has issued a call for evidence with a closing date for responses of the 2nd September 2022.

3.16 Following receipt of written responses, the Health, Social Care and Sport Committee will invite some people to give evidence in person after which a report will be written on the Bill and presented to the whole Parliament to vote on whether the Bill should continue. This is the end of Stage 1 and will likely be early in 2023.

3.17 If the Bill is agreed MSP’s will have an opportunity to propose amendments to the final Bill (Stage 2) likely to be in the Summer of 2023 assuming it progresses to that stage, and finally Parliament will vote on whether to pass the final Bill (Stage 3).

3.18 A development session was facilitated with IJB members on the 18th August to elicit views on the proposals set out in the Bill and develop a response on behalf of the ED IJB. Responses were collated and sent out to members for any final comments and sent on to the Health, Social Care and Sport Committee for the deadline of the 2nd September 2022. The IJB’s response is attached as **Appendix 1.**

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

None at this consultation stage.

4.2 Frontline Service to Customers – None at this consultation stage.

4.3 Workforce (including any significant resource implications) – None at this consultation stage, however as details emerge there is expected to be a significant impact on the workforce and potential changes to pay, terms and conditions and the organisation within which they are employed.

4.4 Legal Implications – the Bill will move through the various stages of parliamentary approval before being adopted into legislation.

4.5 Financial Implications – the potential financial implications to the Bill are set out in the accompanying financial memorandum. This provides some high level estimate of the costs to deliver aspects of the Bill but present a number of risk due to the approach for co design which will determine the detail across a number of areas which are not reflected in the financial memorandum at this stage.

4.6 Procurement – None at this consultation stage.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None at this consultation stage.

4.10 Sustainability – None at this consultation stage.

4.11 Other – None at this consultation stage.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None at this consultation stage.

6.3 **NHS GREATER GLASGOW & CLYDE** – None at this consultation stage.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1** - East Dunbartonshire Integration Joint Board National Care Service (Scotland) Bill response to Call for Views.

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 6a Appendix 1

National Care Service (Scotland) Bill

1st September 2022

1.	**The Policy Memorandum accompanying the Bill describes its purpose as being "to improve the quality and consistency of social work and social care services in Scotland". Will the Bill, as introduced, be successful in achieving this purpose? If not, why not?** There can be great benefit in standardisation across Scotland, however there is concern that a NCS becomes politicised. The service providers become deflected by politics which is not in the best interest of services. How does the government hold the NCS to account, if it is itself the NCS. Is this accountability not better separate? There is a desire to do more prevention, but the current focus is on delivery of current services. How does the Bill as currently described actually change this? More clarity would be helpful. There is broad support to standardising pay, terms and conditions to help stabilise workforce. From staff perspectives this is needed to ensure recruitment and retention of staff. However there is a concern that staff may be disadvantaged through loss of pension entitlements etc. Staff are reluctant/concerned about transfer to another employer as there is very minimal information / assurances, detail. Clarity would provide comfort and ease concerns, enabling staff to focus more on the content and delivery of the aspirations, which would be beneficial. There should be no delay in health and care records integration and standardisation, the benefit to people who use services and staff would be evident. Information governance clarity and simplicity is essential. There are multiple different IT systems currently used by staff, where there should be a centralised record held. Multiple input to systems needs to be resolved.

	A prescriptive single model to understanding local needs (Strategic Needs Assessment Model) would be beneficial across Scotland in order to know we are measuring planning and targeting effectively. It is important that we are able to define, plan and be funded for local needs. This should take account of the differing populations across Scotland. Area profiles change in different ways across Scotland, not all in the same ways. So how can we ensure an effective local approach, based on a consistent means of measurement? There is a need for financial detail and there is concern this is not available by area before legislation is introduced. There is significant risk in underestimating costs and a concern that money may be drawn out of front line service delivery to be spent on infrastructure as a result of having to make up for support lost from existing support systems within local authority and health boards. There may be competition to access these kinds of staff/support as they are to be replicated within local care board structures. There is an inherent conflict in co-designing services for local needs and providing service consistency and a risk that local needs will not be reflected in national allocations of funding. There is concern about the risk of separating adult social care from the rest of services, and taking a backwards step for integration and all that has been achieved to date. All social work and social care services should be together.
2.	**Is the Bill the best way to improve the quality and consistency of social work and social care services? If not, what alternative approach should be taken?** All welcomed The Feeley Report and its focus on promotion of human rights and many of the recommendations from it align with our own aspirations however is remains a question as to whether the Bill, as set out, is what was required to achieve those aspirations. Could all of the Feeley benefits identified be delivered without a significant change to structure, and all the task, cost and activity that accompanies that? Perhaps direct additional funding to existing IJBs could have achieved that?
3.	**Are there any specific aspects of the Bill which you disagree with or that you would like to see amended?**

	There is broad agreement with the Principles in the Bill, prioritising what is most important and representing what we aspire to within health and social care. Principles are important but there is a danger that these will be under mined if not backed up with financing to deliver. An outcome based measurement (at individual and community level) is required and a light performance and governance approach. Should the design aspects of the NCS be paused until there is clarity about children and justice services to ensure that, if they are to be included, and we propose that they should be, the development takes account of the specific needs and issues of these client groups from the outset to avoid having to lever their needs later on in a way that doesn't best fit them.
4.	**Is there anything additional you would like to see included in the Bill and is anything missing?** There does need to be change, and doing nothing is not an option, however given the current lack of detail the comments given can only be based on a 'balance of probability'. The Bill offers an opportunity to do this, despite the challenges to be overcome. There is however a risk that we become focussed on becoming an NCS, rather than the actual tasks of delivering for our communities. The task of re-organising / re- structuring is not a new type of activity and can provide an illusion of progress (i.e. through a focus on completing tasks of restructuring) rather than actually delivering in terms of benefit to individuals/communities. This reorganisation needs to be done purposefully and with a clear focus on delivery of positive benefits. The Bill should be explicit re this. For people managing integrated services across professional boundaries the journey of implementing joint working to date, through the Public Bodies (Joint Working) (Scotland) Act 2014, and the benefits it can achieve, has been very positive. What has remained difficult is the challenge of managing two organisational sets of policies, procedures, processes, IT systems etc. Anything that streamlines how we organise services and staff, manage, support and facilitate them to do their roles has a real opportunity to improve things. However, the Bill as drafted suggests we may continue to operate two different systems, one for NCS staff, and one for NHS staff. How can this potential two-system challenge in the Bill be overcome? An explicit commitment to resolving these issues, which all integrated staff can recognise and reflect, would offer a positive commitment and reduce concerns.

	There needs to be clarity on Primary Care, and GP contracts. The goal at present is to better join up primary and secondary care to deliver best services and smooth patient pathways, so where should GP contracts sit to achieve this? It is difficult to separate off GMS from wider medical services delivered across the NHS, consideration needs to be given to how primary care is arranged, be it within an NCS, or within the Health Board, to ensure it does not distance itself from acute services.
5.	**The Scottish Government proposes that the details of many aspects of the proposed National Care Service will be outlined in future secondary legislation rather than being included in the Bill itself. Do you have any comments on this approach? Are there any aspects of the Bill where you would like to have seen more detail in the Bill itself?** Flexibility is always a good thing – co design taking account of local views is positive. There needs to be an ability to refine as we work through implementation. However, the lack of explicit detail at this stage contributes to concern/uncertainty and makes it challenging to offer well thought through, robust comments and suggestions.
6.	**The Bill proposes to give Scottish Ministers powers to transfer a broad range of social care, social work and community health functions to the National Care Service using future secondary legislation. Do you have any views about the services that may or may not be included in the National Care Service, either now or in the future?** Current benefits and progress of current maximum models of integration should NOT be lost through creation of a NCS. All services that are currently in, in a maximum integration model, should continue to be 'in'. Details of how decisions in relation to children's services will be made are currently minimal and justice even less clear. We believe these questions should be resolved promptly, in order to ensure the co-design process takes accounts of the full range of service user groups and their needs.

7.	**Do you have any general comments on financial implications of the Bill and the proposed creation of a National Care Service for the long-term funding of social care, social work and community healthcare?** If NHS staff do not transfer into the NCS the existing, identified problems that are operationally challenging will not be resolved and there will still be two employing bodies, policies etc. We believe this practical challenge should be addressed, by some means. It is important that we continue to influence what the NCS looks like, bringing our knowledge and experience into the process and we welcome further opportunities to comment and co-design.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 7.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15th SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/07**
CONTACT OFFICER:	**ALAN CAIRNS / ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP ANNUAL PERFORMANCE REPORT 2021-22**

1.0 PURPOSE

1.1 The purpose of this report is to present and seek approval for the HSCP Annual Performance Report 2021-22 that details progress in line with the HSCP Strategic Plan 2018-22 and National Health and Wellbeing Outcomes.

2.0 RECOMMENDATIONS

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

2.1 Considers and approves the HSCP Annual Performance Report 2021-22 at **Appendix 1**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 places an obligation on Integration Joint Boards to publish a performance report annually. The minimum contents of annual performance reports are prescribed by regulation and guidance and include:

1. An assessment of performance in relation to the national health and wellbeing outcomes
2. A description of the extent to which the arrangements set out in the strategic plan and the expenditure allocated in the financial statement have achieved, or contributed to achieving, the national health and wellbeing outcomes;
3. Information about the integration authority's performance against key indicators or measures in relation to the national health and wellbeing outcomes over the reporting year and 5 preceding years (where complete);
4. Financial planning and performance;
5. Best value in planning and carrying out integration functions;
6. Performance in respect of localities;
7. Inspection and regulation of services;
8. Any such other information related to assessing performance during the reporting year in planning and carrying out integration functions as the integration authority thinks fit.

3.2 At its meeting of 30 June 2022, the HSCP Board noted the deferment of the full statutory HSCP Annual Performance Report for 2021-22, as a result of Scottish Government advice regarding data publication timescales and the application of the Coronavirus Scotland Act (2020). In the absence of a full report at the June meeting, the HSCP Board considered an abridged performance report covering key performance indicators and measures for the 2021-22 period.

3.3 A full Annual Performance Report for 2021-22 is now set out at **Appendix 1** for consideration and approval.

3.4 This will be the last Annual Performance Report that reports on progress towards the Strategic Plan 2018-22, so follows the previous format for consistency. With the new HSCP Strategic Plan 2022-25 now approved, the Annual Performance Report published this time next year will align itself to the new strategic priorities and measures of success. The existing layout and format has received positive feedback from the Scottish Government and also during the strategic inspection of adult services in 2019, but will be reviewed for next year, to ensure it continues to reflect best practice.

3.5 In addition to hard data and evidence in line with the HSCP Strategic Priorities and national outcomes, the document contains important qualitative content that highlights examples of the excellent work that is developed and delivered locally, to improve personal outcomes for the people we support.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

4.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – The preparation of an Annual Performance Report is a statutory duty that is set out in the Public Bodies (Joint Working) (Scotland) Act 2014

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

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

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

5.0 POLICY CHECKLIST

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

6.0 APPENDICES

8.1 **Appendix 1** – HSCP Annual Performance Report 2021-22

East Dunbartonshire
Health & Social Care
Partnership

ANNUAL PERFORMANCE REPORT

2021 - 2022

Approved by HSCP Board: XXX

CONTENTS

Introduction

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

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

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

In addition, we have included information on:

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

The Coronavirus Pandemic

The pressure on delivering health and social care has continued to be intense throughout the period of this report, due to the continuing impact of the Coronavirus pandemic. With fluctuating emergency response arrangements and the impact on services and staffing levels, the HSCP has had to continue to adapt to a fast pace of change and respond quickly to frequently changing circumstances and regulations.

The HSCP and its staff have risen to these challenges and have continued to work to support the most vulnerable people in our community and promote social justice, equality and safety. Our considerable achievements and innovative practice this year are evident in this report, although they may differ to what we set out to achieve prior to the pandemic. It is also important to note that the pandemic has affected our ability to deliver some of our regular performance targets, due to the impact on services and staff. Where targets have been achieved, it is also important to recognise the external influences that may have impacted on these achievements. For this reason, the review of performance in 2021-22 has to be viewed through the lens of the unique set of circumstances that we have all been living through.

Our focus over the next 12-18 months will be to build on the learning from the pandemic and align our priorities to our new HSCP Strategic Plan 2022-25, to ensure the people of East Dunbartonshire receive the best service possible in a way that is fair, responsive and person-centred.

We would wish to extend our enormous gratitude to all the staff, partners and individuals in the HSCP, to volunteers and community groups, to informal carers and families, for the enormous efforts that they have made to the people we have supported during this difficult period. We would also wish to offer our sincere condolences to anyone who has lost a family member or friend, at this most challenging of times.

Jacquie Forbes

Chair
East Dunbartonshire
HSCP Board

Caroline Sinclair

Chief Officer
East Dunbartonshire
HSCP

Part 1. Key Achievements and Good Practice Highlights

In last year's Annual Performance Report, we devoted a significant amount on space to report on the very wide range of achievements that were delivered across the HSCP as we strove to maintain a balance between responding to the Covid-19 pandemic and continuing to provide core services to those in need. Many of these were new and innovative ways of working, which have continued to be embedded within services during 2021-22, and have been further developed and adapted as a result of lessons we have learned along the way. Managers and staff have also continued to demonstrate good and improving practice in their day to day work, despite the pressures they have continued to experience due to the impact of the pandemic. This section sets out how teams have continued to demonstrate excellent practice as well as developing new and highly innovative ways of working.

The Champions Board

The Champions Board aims to increase the level of participation and influence young people with care experience have on the decisions affecting their lives. Since relaunching in March 2022, following COVID-19 disruption, East Dunbartonshire Champions Board has met fortnightly with an excellent uptake from our young people. The young people have shared their views on a number of issues important to them and have had the opportunity to present at the corporate parenting steering group. Our young people have influenced the agenda of the Promise steering group, been consulted on the Mind of My Own app delivery and design of the Promise website. We currently have a full summer programme with weekly activities for young people to take part in. We are also currently consulting with our young people on taking forward our aspirational awards which we hope to launch at the end of summer. Our young people have formed strong connections and we are continuing to build on the Champions Board and providing a platform for their voices to be heard.

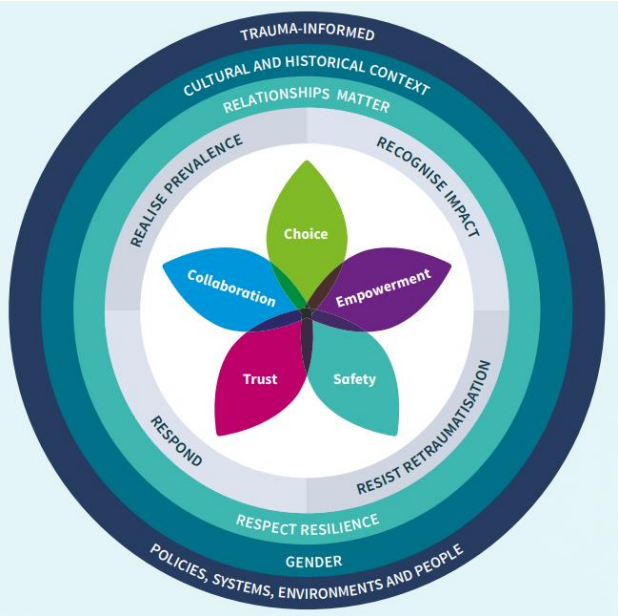
Review of Social Supports for Older People

The HSCP has undertaken a full scale strategic review of informal and formal social supports for older people with a view to the enhancement of community led support. This is designed to support older people earlier in their ageing journey, with a view to earlier intervention and improved preventative solutions.

The HSCP has developed an in-house directory of good practice examples that demonstrate innovative, creative and personalised support packages. This approach has been to encourage social work practitioners to consider alternative ways of supporting individuals out with traditional forms of social care support.

In partnership with older people and their families, the HSCP (including Third Sector partners), have developed a local peer support group on a constituted basis for older people from ethnic minorities, able to access grant funding. The group have also been linked to other supports including the Tesco Community Champion and the Health Improvement Team for input and support.

Community Mental Health Team



The Community Mental Health Team have being working intensively during 2021-22 to become a Trauma Informed Practice. The main aim of trauma informed practice is to prevent re-traumatisation in therapeutic and medical settings. We have reviewed the physical layout of our clinical rooms and the KHCC reception area, identifying areas that we want to develop and improve. We have also identified training needs for our staff in trauma informed practice, to ensure that all clinical staff will complete the NES Trauma Module and will be supported by trauma-specific clinical supervision.

The Community Mental Health Team have improved communication and engagement with patients and carers, including the development of a discharge survey and updated complaints handling procedures.

District Nurse Advanced Nurse Practitioner Role

The District Nurse Advanced Nurse Practitioner role has been successfully introduced to the District Nursing service with the purpose of providing an enhanced clinical response to patients on the District Nursing caseload. This role is the first of its kind within Greater Glasgow and Clyde and has already made a significant difference in improving patient outcomes by providing timeous access to face to face clinical assessment of acutely unwell patients, planned follow up visits, anticipatory care planning, management of complex palliative and end of life care needs, and subsequent prevention of avoidable hospital admission. The District Nurse Advanced Nurse Practitioner also provides clinical leadership and supervision to district nursing colleagues who are undertaking advanced clinical practice and prescribing training which will enable more patients with complex conditions and needs to be cared for at home.

The Promise

East Dunbartonshire Council applied for and was awarded funding via the Promise Partnership (Corra) to recruit and appoint a Promise Implementation Lead who has now been in post since August 2021. Additionally we secured funding to employ a care experienced young person to work alongside both The Promise and House project as a young persons' participation and development worker. We have also been successful in our recent bid to deliver Family Group Decision Making within East Dunbartonshire, which is a process that empowers families by placing them in charge of developing their own plan which will guide their future.

The Promise Implantation Lead has held a number of engagement and awareness raising sessions across the HSCP networks and, alongside our participation worker, has undertaken a Promise self-evaluation which has highlighted significant positive practice.

A Promise Steering Group has been established and fourteen partner agencies have committed to being a part of this. We have established a sub group of care experienced young people who steer the agenda and agree the priorities for the Promise Steering Group meetings.

Primary Care Advanced Nurse Practitioner Test of Change

The East Dunbartonshire Primary Care Advanced Nurse Practitioner team is currently carrying out a test of change to carry medications on home visits. This project was initiated by the house visiting ANP team who identified that an unmet need existed for the administration of emergency drugs and first doses of some common treatments such as antibiotics for our frail, housebound population.

It is hoped that having the capacity to initiate treatments quickly, experience for our frail, housebound population can be improved by reducing the risk of deterioration and improving patient outcomes.

Ferndale Children's Services

The Care Inspectorate evaluated Ferndale Children's Services as "excellent" (the highest grade) for the quality of care and support planning. They found performance to be innovate, sector leading, and sustainable. The inspectors found that the quality of assessments, care planning and record keeping in place for each young person was excellent, and gave clear accounts of the young person. Records noted young people's strengths, their potential, and clear accounts of their views. They were colourful and child friendly using bold fonts, photographs and age appropriate language. The plans were child centred and the child's voice was heard throughout. Inspectors found that young people's views were taken seriously, and were implemented where possible. This included decisions to refurbish the snug into a pamper room, decorating bedrooms, trying new activities or hobbies, choices

around meals, and young person's views on their own care plans were actively supported.

Advanced Allied Health Professional Practitioner

Within the Community Rehabilitation Team we have introduced an advanced practice role to support management and clinical decision making for people presenting with acute/complex needs. The post-holder is currently undertaking postgraduate training to support the role. There are plans to expand these roles within the Team, which is in line with the Greater and Glasgow and Clyde falls and frailty programme, aimed at preventing avoidable hospital admissions and supporting people with escalating frailty to remain within their community.

Community Diabetes Nursing Service

The Community Diabetes Nursing Team have initiated innovative new digital technology to support people with type 2 diabetes who are recognised as high risk due to poor diabetes control.

The digital Libre system enables people with type 2 diabetes to monitor their own blood sugar readings regularly without using needles. Using this new system for people with 'needle phobias' and poor compliance has resulted in significant improvement in blood glucose monitoring and self-management. The Diabetes nursing team teach the user to recognise signs of poor diabetes control using the Libre system which has reduced the risk of emergency situations and unscheduled hospital admissions whilst promoting independence and reducing risks of further health complications.

East Dunbartonshire Evening District Nurse Service Test of Change

Working in partnership with Glasgow HSCP, our District Nursing service are undertaking a test of change with the introduction of a late shift within the core District Nurse service using a locality model, to augment the existing Our of Hours Service. The feedback from patients, carers and staff has been very positive due to an improved timely response to visit requests which has improved patient outcomes and reduced patient and carer stress. District Nursing staff have embraced this test of change and have helped to shape a robust delivery model going forward.

Care about Physical Activity (CAPA)

To support delivery of the Scottish Government Care about Physical Activity (CAPA) programme within Care Homes, the HSCP is funding Physiotherapy and Occupational Therapy resources to work with Care Homes. This programme looks to introduce meaningful activities for individual residents with resultant improvement in physical and mental health wellbeing.

Improving the Cancer Journey

In December 2021, the East Dunbartonshire Improving the Cancer Journey (ICJ) was launched. This service is an example of an integrated approach to health and wellbeing and can lead to an improvement in quality of life, person-led post-treatment rehabilitation and ability to self-manage. The ambition is for every person newly diagnosed with cancer to receive an offer to meet with a link worker to discuss their individual needs, utilising a tool called a Holistic Needs Assessment (HNA) to guide the conversation. Based on this discussion, a care plan is created, outlining the kind of support the person with cancer needs and how they will access it. The approach also reaches out to individuals who are in the midst of their cancer journey and / or their families members. The service is undergoing a number of "tests for change" that if evidenced will influence the existing and future ICJ Service delivery across Scotland. This includes extending the service's reach into Lowmoss Prison, in so doing, developing a service user pathway that will be the first of its type in Scotland.

MACMILLAN CANCER SUPPORT

Mitigating Poverty / Maximising Income

Mitigating poverty and associated health and wellbeing challenges are a priority outcome for the Scottish Government and for the HSCP and wider Community Planning Partnership. The HSCP Public Health Improvement Team has established a referral pathway, enabling front line staff to make sensitive enquiries towards a person's and/or family's financial situation and where eligible make a referral to an independent organisation to undertake a financial circumstance review. The service operates through a referral pathway arrangement and is supported through a partnership with East Dunbartonshire Citizen Advice Bureau. During the last year the service undertook 226 referrals with a total of £768k being identified and provided to local families and older and vulnerable residents.

Public, Service Users and Carers Group

The HSCP Public Servers Users and Carers Group (PSUCG) is made up of local residents, who are volunteers and have had experience of using health and/ or social care services. The group is a "critical friend" to the HSCP Board, the Strategic Planning Group and our Locality Planning Groups. Throughout the pandemic members worked enthusiastically to ensure that a monthly newsletter provided local residents with regular updates and provided key information on access to local health and social care services at this time. Group members also developed videos, to support patients and HSCP workers back into the KHCC building, safely. Members of the group have also been commended for their success in supporting and promoting the setting up of Power of Attorney arrangements. The PSUCG's campaign and commitment to build the general public's awareness of this issue has been replicated elsewhere across Greater Glasgow and Clyde. The National Coalition of Carers has noted that PSUCG representation is well embedded across the HSCP

governance structures and recognises that the willingness of the HSCP to listen and embrace the ideas and opportunities identified by the group.

House Project

East Dunbartonshire House Project was established in February 2020. It aims to contribute to the scaffolding and support required to provide young people leaving care with the opportunity to live in a place of their own. It is designed to make them feel valued and reduce feelings of uncertainty and lack of control over their future, whilst building communities of support.

Since February 2021, East Dunbartonshire House Project has supported fourteen care experienced young people into their own homes, and a further six care experienced young people are currently working towards the same. Over the last year we have seen opportunities for our young people such as being part of the care leavers' national movement, taking part in a peer evaluation of other House Projects and presenting a pitch in-house for funding to support activities promoting mental health and wellbeing. Our young people have also held a virtual networking event, prepared and shared over 40 meals together and created an animated film about their Local House Project journey.

The House Project programme includes monthly consultation sessions with a Clinical Psychologist to ensure the Project remains trauma informed. The Project also has direct input from the local Housing Department and has links with Who Cares? Scotland.

The Joint Learning Disability Team (JLDT)

People with learning disabilities are at increased risk of malnutrition and obesity (Learning Disabilities Mortality Review, 2019). The JLDT has responded to these needs by developing a weight clinic for people with learning disabilities who are at high risk. The clinic is run on a fortnightly basis within the Kirkintilloch Health and Care Centre and is led by nursing and allied health professionals (dietician, Speech and Language Therapist, Occupational Therapist and Physiotherapist). The team are looking to expand the clinic over the next year and develop accessible information packs and provide education for those who are overweight to support self-management.

The JLDT have also been supporting the psychological wellbeing in adults with learning disabilities. This is through an adapted self-help intervention called Step-Up for those experiencing symptoms of depression.

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

The JLDT have been working in partnership with the Covid Vaccination Team to support the roll-out of Covid-19 vaccines for people with learning disabilities. Due to the complexity of needs, the

team have been developing person-centred care plans for those who have been unable to tolerate mass vaccination clinics.

Older People and Disability Social Work Locality Teams

During the pandemic, the pre-existing Adult Intake, Physical Disability and Older People Social Work teams merged functions and split into localities. This transition occurred during an already challenging period, with team members operating under Covid-19 constraints while adjusting to the new operational arrangements. Specialists attended virtual team meetings to enhance knowledge and to extend professional networks. Peer support and supervision was facilitated with the use of formal and informal online tools, to ensure that the teams were supported operationally and personally to deliver frontline social work service to the most vulnerable customers across the localities. Already, the feedback from service users demonstrates the benefits to the new locality approach.

With the changes to the intake service, new and repeat referrals are assigned much more swiftly; customers receive continuity in terms of the allocated worker who is usually the same person screening the referral from first contact through assessment and provision of service.

While acknowledging that work has, at times, been very challenging there is no doubt that this new way for working in localities has improved the service to our service users and carers.

Breastfeeding

In East Dunbartonshire, overall breastfeeding rates continue to increase. Breastfeeding support is provided by health visitors as part of the universal pathway with additional support via the Breastfeeding Partnership Project and the Kirkintilloch breastfeeding support group delivered by Glasgow Breastfeeding Buddies.

East Dunbartonshire HSCP has successfully achieved the UNICEF Baby Friendly Gold Award which recognises excellent and sustained practice in the support of infant feeding and parent-infant relationships, and are aspiring to maintain this standard during 2022-23 for the fourth year.

Primary Care Mental Health Team

Just prior to the Covid 19 pandemic, the PCMHT had prepared the way for a new virtual approach to supporting people remotely. This was in response to a recognition that, for some people with mental health issues, having access to support from home was more comfortable for them. This early preparation was extremely fortuitous, as the new digital approach could be rolled out very quickly in the spring of 2020, so the service was able to continue to operate. Patient feedback has been very positive, with a desire for this way of delivering support to continue as an option for people who prefer it.

Perinatal Mental Health Services

In response to a recognised need for improved mental health support in the postnatal period during pregnancy and the first postnatal year, a multi-disciplinary group (Health Visitors and Community Mental Health) have established a new rolling programme of support. The 'Enjoy your baby' Group is an evidence-based programme for the management of stress, anxiety and depression for mothers experiencing mild to moderate mental health challenges, during this period. The programme promotes an early intervention, reducing the risk of deterioration using a recovery-based model of person-centred care, taking account of the women's needs and that of her infant, partner and family. As a further development of this work, the team has invested in a training programme to better identify and meet the needs of fathers and partners.

Personal Protective Equipment (PPE)

Our PPE Hub continues to be in place until at least September 2022 in line with Scottish Government direction, suppling PPE to social care providers, personal assistants providing care and support for people using Direct Payments and also unpaid carers.

Business Continuity Planning

Prior to the Coronavirus Pandemic, the HSCP reviewed its departmental Business Continuity Plans (BCPs) annually, and updated its overarching HSCP BCP at the same time. With the realisation in April 2020 that these plans were going to suddenly have very significant importance, all BCPs were updated once more, but this time with a more tailored focus on critical response management associated with the impact of the pandemic. This included setting out all critical functions of the HSCP by urgency level in a single document; assuring the sustainability of public protection functions; managing and supporting staff; supporting external care providers; and developing a team consolidation plan to ensure that the combined resources of the HSCP can be considered collectively, to ensure that operational priorities are met.

The departmental and overarching BCPs (including a specific Covid-19 annex) have been updated twice since April 2020, with a focus on continuous improvement and learning from the experience of the pandemic and its impact on services. The most recent review completed in December 2021 focused on:

- Quality and consistency
- Strengthening the effectiveness of the essential services prioritisation and team contingency tools
- Strengthening governance arrangements in support of the Local Response Management team (LRMT)

Care Homes Support

The Care Home Support Team (CHST) was formally and fully established in August 2021; although its origins stem from before the covid-19 pandemic. The team is an integrated multi-disciplinary team that consists of Social Workers, Care Home Liaison Nurses (Adult and Mental Health), a Pharmacy Technician and Dietitian. The team has strong links with Commissioning and the newly established Care About Physical Activity Team (CAPA) which sits within the Community Rehab team. The CHST works in partnership with residents, relatives, care home staff and wider health and care services.

The purpose of the team is to provide specialist support, promote best practice and empower care homes to provide high quality care to the residents. The team also has a duty of care to ensure the safety and welfare of care home residents within East Dunbartonshire. The team has been working hard over the past year to support the care homes with some of the ongoing challenges associated with Covid-19 and its excellent work has resulted in it being nominated for a Scottish Social Services Council (SSSC) award.

One of the care home managers has summarised the input received by the team as follows: "*Since the Care Home Support Team formed, I feel that the relationship with East Dunbartonshire HSCP has strengthened. We now receive more regular Assurance visits, the staff in the care home enjoy hearing the feedback, whether this be positive or areas for improvement. Staff feel than their opinion matters more, that they are valued in their role as care assistants, activity assistants etc. and they are respected for the role they do*."

Care at Home

The new HSCP Care at Home service model and structure, arising from the 2019/20 strategic service review, is now fully in place. Further capacity and service development is being implemented via the Winter System Pressures Funding, which includes the expansion of reablement and overnight wrap around support at home. These developments allow for preventative work to maintain people's skills and independence for as long as possible in the community, and to avoid unscheduled hospital admission.

Alcohol and Drugs Recovery Service (ADRS)

The ADRS team have established significant practice development again in 2021-22:

Buvidal clinic - Buvidal is an injection used to treat Opioid dependence which is longer acting and helps break negative routines with longer term recovery. ADRS have developed two new clinics to provide Buvidal treatment and care.

Pabrinex clinic - ADRS have developed a new Pabrinex clinic. Long term alcohol users suffer from vitamin deficiencies which can adversely affect the brain and

cognitive abilities (resulting in Alcohol related brain damage). Pabrinex is a multivitamin given by injection to reverse cognitive damage and protect the brain.

Physical Health clinics – The team have set up two new physical health clinics offering health screens, urine and blood screens and ECGs (electrocardiograms) to check heart rhythm. This has been highlighted within alcohol and drug deaths reviews as a priority need due to the poor physical health of many people attending ADRS.

Non-fatal overdose response - A robust response to non-fatal overdose as a preventative strategy has been established in conjunction with colleagues in Turning Point Scotland to ensure that minimally all notifications from A&E of non-fatal overdose are responded to with assertive outreach visits and harm reduction advice.

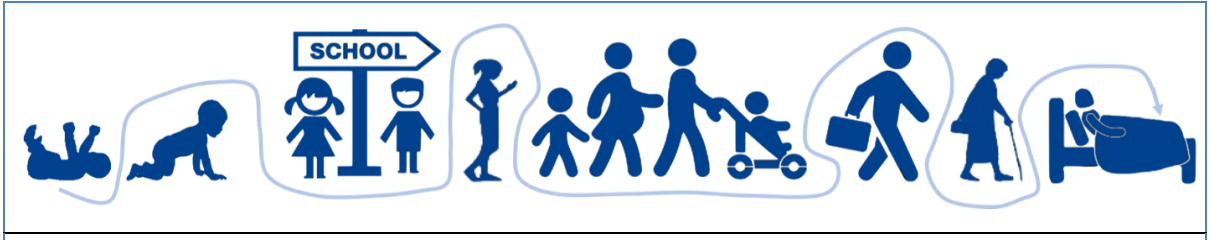
Missed OST doses - ADRS have established a speedy response to notifications of missed Opiate Substitute Treatment (OST) doses at the pharmacy, to ensure people are retained in OST treatment. The team will respond on the same day by contacting the person and pharmacy to enable treatment to continue.

Same day OST prescribing - in line with standards the team now have a same day response to all possible OST referrals and are auditing this every three months to ensure progress and consistency of service.

Part 2. The HSCP Strategic Plan: Our Progress

The East Dunbartonshire HSCP Strategic Plan 2018-21 was due to be replaced during 2020-21, with a new plan approved for the period 2021-24. However, preparation of the new Strategic Plan was deferred due to the impact of the pandemic. The existing Strategic Plan was extended for a further 12 months, with Covid-19 emergency response, transition and remobilisation added as an additional strategic priority for the added year. This Annual Performance Report reflects our progress in support of the extended 2018-22 Strategic Plan. A new Strategic Plan has now been approved for the period 2022-25, more about which is set out in Part 8 of this document.

The HSCP Strategic Plan 2018-22 emphasised the need to plan and deliver services that contribute to better outcomes throughout people's lives. This approach targets the needs of people at critical periods throughout their lifetime. It promotes timely effective interventions that address the causes, not just the consequences, of ill health, deprivation and personal and social challenges.



The Strategic Plan 2018-22 outlines 8 key priorities to be delivered over the life of the Plan, in pursuit of the National Health and Wellbeing Outcomes. This part of the Annual Performance Report will describe our progress towards achieving these priorities.

The priorities are as follows:

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

We have reported progress status as either:

In progress: positive impact is still to be demonstrated

Good progress: positive impact have been achieved

On target: progress has achieved target levels

Covid-19 Impact: where progress in 2021-22 was substantially impacted by the consequences of the pandemic.

Progress is reported where possible for the 2021-22 reporting year and also over a three year planning period.

Service and partnership planning in areas of children and justice services are reported through the Integrated Children's Service Plan and Community Justice Outcome Improvement Plan, but key progress is also reported here and in Parts 4 and 5.

The relationship between the Strategic Plan's eight priorities and the National Health and Wellbeing Outcomes is set out at **Annex 1**.

Strategic Priority 1

Promote positive health and wellbeing, preventing ill-health, and building strong communities (National Outcomes 1 & 5)

Our Measures of Success	Our Achievements in 2021-22	Status
Reduce smoking prevalence.	The measure for the HSCP is to achieve a target for 22 smoking quits at 12 weeks post quit in the 40% most deprived areas The service achieved 37 quits during 2021-22, well above target. The smoking cessation delivery programme is managed centrally from Greater Glasgow & Clyde NHS.	On target
Increase the number of people meeting the national recommendation for physical activity, healthy eating and safer consumption of alcohol.	<u>Physical Activity Targets:</u> The national target for adults is to achieve 150 minutes or more of physical activity per week. The 2018 Health and Wellbeing Survey reported that only 53% of respondents were meeting the target. The pandemic led to a delay in undertaking a Healthy Lifestyle Survey of East Dunbartonshire Adults in 2020, so there is unfortunately no data to allow us to measure comparative success with this indicator but an up to date survey is planned for the winter of 2022. The Pandemic has impacted on public access to formal and informal exercise opportunities. The HSCP is working to identify, plan and implement opportunities to increase access to outdoor space and activities. <u>Healthy Eating Targets:</u> The national target for adults is to consume 5 portions of Fruit and Vegetables per day. The 2018 East Dunbartonshire Health and Wellbeing Survey indicated that 52% of respondents were meeting the target. As with the indicator above, unfortunately we have no data available since then to measure progress. Activities to increase capacity and uptake of healthy meals and snacks were suspended during the period of the pandemic. Plans are now being developed	Covid - 19 Impact In progress Covid - 19 Impact In progress

Our Measures of Success	Our Achievements in 2021-22	Status
	by the HSCP to reintegrate healthy eating information and capacity opportunities within local community settings. <u>Safer Consumption of Alcohol – National target for Delivery of Alcohol Brief Interventions (ABIs)</u> The HSCP was set a target to achieve 487 Alcohol Brief Interventions (ABIs) during 2021-22. In practice, only 117 ABIs were delivered, albeit an improvement on the previous year. Prior to 2020, the HSCP comfortably achieved target in this area of work but the pandemic impacted significantly on the service to deliver this work. Recovery planning is underway to support the HSCP to attain the required target and this will coincide with the Mental Health Service Review.	Covid-19 impact In progress
Develop approaches to Improve Mental Health & Wellbeing	The HSCP is working towards improving its long term approach to mental health and wellbeing through its redesign of services for Adult Mental Health, its implementation of the Children and Young People's Mental Health and Wellbeing Framework, as well as a range of service level activities such as the Community Mental Health Team's Trauma Informed Practice initiative outlined in Part 2 of this report. Support to people within care homes to support wellbeing can be demonstrated through the CAPA (Care about Physical Activity) programme. Support to HSCP staff on issues relating to mental health and wellbeing has also been developed substantially, to ensure they have access to support during the personal and work-related pressures of the pandemic. Despite the Covid-19 constraints, the Primary Care, Community and Older People's Mental Health Teams have collectively achieved their waiting times performance targets for service delivery. Post-diagnostic support for people with dementia has not fared so well, due to significant staffing pressures during 2021-22 year, and Child and Adolescent Mental Health Services (CAMHS)	In progress

Our Measures of Success	Our Achievements in 2021-22	Status
	have also fallen short with response times, so these feature for focused improvement during 2022-23. As a more immediate response to the increase in mental health and wellbeing needs during 2021/22, the HSCP established a short life working group to reduce the impact of the Pandemic, by seeking to increase confidence and reducing instances of social isolation. With support from voluntary sector organisations a series of activities were delivered between December 2021 and February 2022. The HSCP and East Dunbartonshire Voluntary Action (EDVA) also worked together to deliver the East Dunbartonshire Community Wellbeing Fund, realising a value of over £270k, within and across local East Dunbartonshire communities to support inclusion, reduce social isolation and to increase local capacity and confidence.	
Increase levels of Breastfeeding rates.	Breastfeeding rates have increased from 51% of babies being exclusively or mixed breastfed at 6-8 weeks old in 2018-19 to 56% in 2021-22. This is above the Scottish average which Scotland's Public Health Observatory reports at 45% for 2020-21. The HSCP continued to support, protect and promote breastfeeding in East Dunbartonshire by: • raising awareness of the benefits associated with breastmilk and breastfeeding • participating in Scottish Breastfeeding Week, World Breastfeeding Week and Black Breastfeeding Week • supporting businesses and organisations to sign up to the Scottish Governments Breastfeeding Friendly Scotland Scheme	Good progress

Our Measures of Success	Our Achievements in 2021-22	Status
	• working to imbed a sustainable model of additional breastfeeding support utilising the skill mix within the health visiting service • delivering a breastfeeding support group in partnership with Glasgow Breastfeeding Buddies • maintaining the UNICEF Baby Friendly Gold Accreditation East Dunbartonshire received a second round of Scottish Government funding this year, supporting our Children and Families Team to increase their own capacity to support new parents who were struggling to breast feed following birth. Whilst the Pandemic continued to interrupt service delivery the HSCP still managed to support 109 new mothers to successfully continue breastfeeding and received positive feedback from service users.	
Improve dental health and increase Child Smile registrations.	At March 2020 100% of nurseries and Additional Support Needs schools were participating in the Childsmile Core Toothbrushing Programme together with 34 out of 35 primary schools. The Covid-19 pandemic led to the cessation of all oral health improvement programmes, with redeployment of many staff to other services. Although dental practices were able to reopen in November 2020, care was prioritised on clinical need, with urgent and emergency care delivered in the first instance. The Childsmile programme has gradually restarted over the last academic year, with 33% of nurseries and schools participating. Greater Glasgow & Clyde Oral Health Directorate are currently engaging with schools to ensure this can be delivered in a safe way to each individual school or nursery, with the aim to fully re-establish the Childsmile programmes during the 2022/2023 academic term.	Good progress Covid-19 impact

Our Measures of Success	Our Achievements in 2021-22	Status
Maintain percentage of childhood immunisation uptake.	Primary immunisation uptakes at 12 months has seen an improvement from 97.8% and the 3rd highest in Scotland in 2018/19, to 98.1%; the highest in Scotland in 2021-22. Primary and booster update rates at 24 months has seen an improvement from 97% and the 2nd highest in Scotland in 2018/19, to 98.2% in 2021-22; the highest in Scotland. Primary and booster rates at 5 years has seen an improvement from 94.6% and the 6th highest in Scotland in 2018-19, to 97% and the 4th highest in Scotland. Primary and booster rates at 6yrs has seen an improvement from 96.2% and the 3rd highest in Scotland in 2018-19, to 97.8% in 2021-22; the highest in Scotland.	On target
Increase community payback orders (CPOs) with alcohol, drug and mental health requirements to promote healthy living and risk reduction.	National data reporting lag prevents analysis of 2021-22 performance in time for publication. Data for this year will be released during Autumn 2022. Community Payback Orders were suspended for considerable periods during 2020-21 due to impact of Covid 19 resulting in public health constraints and the resulting backlog of court proceedings. The most recent available data (2020-21) indicates that there were 93 orders imposed, 84 male and 9 female residents. There were no alcohol, drug or mental health requirements attached to Community Payback Orders during that year. Although the HSCP was hopeful of an increase in these requirements, it is ultimately for the Courts to decide whether to attach these requirements as part of a Community Payback Order.	Covid-19 impact In progress

Strategic Priority 2

Enhance the quality of life and supporting independence for people, particularly those with long-term conditions (National Outcomes 2 & 3)

Our Measures of Success	Our Achievements in 2021-22	Status
Increase uptake of a variety of telecare / telehealth care solutions.	In 2018, 2135 people over aged 75 had a community alarm in their homes. This has grown by 12.4% to 2399 in 2022. In 2021-22, we installed 610 new community alarms whilst adhering to social distancing protocols. This was an increase compared to last year where 506 new alarms were installed and may be a reflection on customers now being less anxious about having people in their homes. In 2020-21 we established a working Analogue to Digital team to lead on digital change-over which has significantly enhance flexibility and functionality. East Dunbartonshire HSCP is also one of the early adopters of a potential Cloud-Based Shared ARC Technology Solution, designed for use throughout Scotland. In addition we have further commissioned a number of intensive technology assisted care packages, which safely increases levels of independence. These models have been very successful and will provide a model for future community-based support.	Good progress Covid-19 impact
Improve drug and alcohol referral to treatment waiting times.	Achievement of the referral to treatment waiting times target was 83% in 2018-19; this has increased to 91.7% by the end of 2021-22 The Alcohol and Drugs Recovery Service (ADRS) began 2021-22 just below target at 87%, but worked exceptionally hard, despite staffing and pandemic challenges, to end the year comfortably above target for waiting times.	On target. Covid-19 impact

Our Measures of Success	Our Achievements in 2021-22	Status
Improve psychological therapies referral to treatment waiting times.	Achievement of the referral to treatment waiting times target was 92% in 2018-19; this has increased to 99.1% by the end of 2021-22. The mental health teams have achieved outstanding success to achieve a sector leading performance of almost 100% of compliance with their combined waiting times targets by the end of 2021-22. This level of performance was achieved despite recurring recruitment challenges and Covid-19 restrictions. The team was highly successful in using alternative approaches to providing support, to ensure that people being supported received the services they needed.	On target Covid-19 impact
Improve percentage of people newly diagnosed with dementia accessing post diagnostic support.	The HSCP measure for post diagnostic support was revised during 2019 to show how many patients are accessing PDS within 12 weeks of new diagnosis. At that time compliance was well above 90%. However by the end of 2021-22, uptake within 12 weeks of diagnosis was reported at only 7%. Performance in this area has been severly impacted in 2021-22 by non-Covid related staffing issues. The HSCP are currently undertaking a review of PDS provision, including recruitment, making use of the newly allocated Scottish Government funding for PDS.	In progress

Strategic Priority 3

Keep people out of hospital when care can be delivered closer to home (National Outcomes 2, 3 & 4)

Note: More detail on unscheduled care performance is covered in Part 3 of this report.

Our Measures of Success	Our Achievements in 2021-22	Status
Reduce unplanned hospital admissions.	Unplanned hospital admissions have reduced from 10,675 in 2018-19 to 10,245 in 2021-22, demonstrating a reduction of 4% over the 3 year period.	In progress Covid-19 impact

Our Measures of Success	Our Achievements in 2021-22	Status
	The impact of the Covid-19 pandemic initially reduced emergency hospital admissions for 2020-21. As expected, they have been steadily increasing during 2021-22, and have risen by 13% over the year, but are not at pre pandemic levels. We continue to work to avoid these admissions where possible. The Partnership will continue to work with NHS Greater Glasgow and Clyde colleagues to impact positively on admissions levels through preventative work. Improvement activity is focused on the continued development of community based rehabilitation, providing rapid assessment to assist in the prevention of admission. Learning from the Covid-19 experience has and is being used to inform improvement going forward in relation to looking collectively to see what arrangements should be retained and what can be explored further.	
Reduce occupied bed days for unscheduled care.	Unscheduled hospital bed days have increased from 81,973 in 2018-19 to 86,229 in 2021-22, demonstrating an increase of 5% over the 3 year period. The HSCP's target for reducing bed days to 80,723 by the end of 2021-22 was not achieved. The context for unscheduled care has been greatly affected by the ongoing waves of Covid-19 transmission. Hospitals are also experiencing greater complexity following the successive periods of lockdown, with people presenting to emergency services later, when they are more acutely unwell, are in a more deconditioned state and have a weaker immune system. The 3 year period since 2018-19 has also coincided with a rise in the numbers and complexity of the needs of older people, particularly over the age of 85, where we have experienced a growth of 5% per year. Our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days is avoided. Improvement activity continues to include daily scrutiny of emergency admissions and proactive work with identified	In progress Covid-19 impact

Our Measures of Success	Our Achievements in 2021-22	Status
	wards to facilitate safe discharge, alongside proactive work to support people currently in our services who are at greatest risk of admission.	
Reduce Accident & Emergency attendances.	Accident and Emergency attendances have reduced from 28,322 in 2018-19 to 18,196 in 2021-22, which is a 35.7% decrease over the 3 year period. In common with the impact of Covid-19 on emergency admissions outlined above, a similar pattern of reduced emergency attendances at hospital was experienced in 2020-21 with a month on month increase experienced throughout 2021-22, however we still remain below pre-pandemic levels. From an HSCP perspective we continue to support Primary Care transformation to improve patient access to the right advice and support from the appropriate professional and/or alternative community resources.	In progress Covid-19 impact
Reduce bed days lost to discharges delayed.	Bed days lost due to delayed discharge have increase from 5,031 bed days in 2018-19 to 5,285 bed days in 2021-22 which represents a 5% increase over the three year period. Delayed discharges fell markedly during 2020-21, due to the impact of the pandemic. Delay pressures increased during 2021-22 to a level similar to pre-pandemic numbers particularly during waves of heightened Covid-19 circulation. Intensive activity to manage these pressures is ongoing at a national and local level. External scrutiny from the NHS Greater Glasgow and Clyde Discharge Team continues to reflect their assurance that all is being done by the East Dunbartonshire HSCP in relation to delayed discharges. They recognise the specific challenge for us regarding complex cases because there is sustained throughput of our delayed patients, unless there are specific circumstances.	In progress Covid-19 impact
Increase the percentage of last 6 months of life spent in the community.	In 2018-19 this measure reported at 89% for East Dunbartonshire and has remained exactly the same for 2021-22. However, operationally, the number of people being supported to die at home has increased significantly, with 202 people	Good progress

Our Measures of Success	Our Achievements in 2021-22	Status
	being supported to die at home in 2021-22, compared to 133 in 2018-19; an increase of 52%. The District Nursing service continues to see an increased trend in palliative care referrals and has enabled 90% of patients on their caseload to achieve their preferred place of death. This positive performance has been achieved through a co-ordinated and planned approach to early identification of people with palliative and end of life care needs, building further on established integrated care models across community nursing, primary care and care at home services. The introduction of the District Nurse Advanced Nurse Practitioner (DNANP) role in 2021 further enhances the service responce to assessment and management of complex symptoms and needs in a timely way using a person centred approach and identifying preferred place of care using anticipatory care planning to improve patient outcomes.	

Strategic Priority 4

Keep people out of hospital when care can be delivered closer to home (National Outcomes 1, 3, 4, 5 & 7)

Our Measures of Success	Our Achievements in 2021-22	Status
Increase the number of service users utilising Self Directed Support options.	The number of people utimising SDS support options has increased by 31.7% from 1,571 people in 2018 to 2,069 people in 2022. Through dedicated awareness raising and individual assessment and reviews, the number of service users being supported to make a decision about the right level of choice and control for them has increased in 2021-22 by 14.2% compared to last year. The majority of service users continue to choose to utilise SDS option 3.	On target

Our Measures of Success	Our Achievements in 2021-22	Status
	The issues relating to the recruitment of social care staff and Personal Assistants may be becoming a barrier just now to options 1 and 4, where the customer has more responsibility for sourcing the support independently. In these circumstances, customers may perceive that there is a benefit in options 2 and 3 where the agency has the responsibility to cover carer absence.	
Increase the uptake of the income maximisation service.	The HSCP is committed to mitigate the impact of poverty across East Dunbartonshire. The Income Maximisation Programme, led by the Public Health Improvement Team offers front line members of staff the opportunity to make an Income Maximisation referral to our local Financial Inclusion service provider. During 2021/22 there were two approaches that yielded a positive return for the investment. The service for children and young people received 78 referrals with £304k of financial gain achieved, whilst the older people's service realised 148 referrals with £464k financial gain. In total 226 referrals were received with over £768k being realised by East Dunbartonshire residents. Since 2018-29, the HSCP has generated over £3,181,000 worth of financial gain for people living within East Dunbartonshire through income maximisation approaches.	On target
Monitor the uptake of Healthy Start programme.	There is ongoing work and support to ensure availability and provision of Vitamin D products universally for all children under 3 years of age and to breast feeding women as part of the Government's Programme for Scotland and replaces the Healthy Start vitamin scheme for children. Stock of vitamins has been a challenge for some pharmacies, which has reduced the ability to distribute these vitamins to families and this is a challenge that the HSCP is working to resolve in partnership with pharmacies and national supply lines. The HSCP is continuing to work in partnership to improve service delivery and raise awareness of guidance and access to supplies.	In progress

Our Measures of Success	Our Achievements in 2021-22	Status
Increase the breastfeeding rates in deprived communities.	To help address low uptake within the most deprived areas of East Dunbartonshire, the HSCP was successful in applying for Scottish Government funding to commence a targeted Breast Feeding Pilot Programme in 2019. This programme enables continuity of breastfeeding support following transition from midwifery to the Health Visiting Service. The project provides Breast Feeding Support Workers who offer home visits and support to mothers in deprived areas to breastfeed and to the family to achieve their infant feeding plan. By 2020-21 the service had received referrals from 89% of Health Visitors with over 100 women having received 1:1 breastfeeding support as a result. Complete and robust data are unavailable for 2021-22 due to resources within Public Health Scotland being diverted to Covid-19 reporting and analysis.	Good progress Covid-19 impact
Increase % of people released from a custodial sentence: • registered with a GP • have suitable accommodation • have had a benefits eligibility check	The Justice-led multi-agency Reintegration Group continues to case manage East Dunbartonshire residents prior to their release from a custodial sentence, including supporting issues such as accommodation, drugs and alcohol, benefits, and employability. From April 2021 to March 2022, 35 residents returning to East Dunbartonshire were case managed by the Reintegration Group. 80% of those who required assistance from the Homelessness Team had a positive outcome, 20% returned to another Local Authority on release. 67% of those who required assistance from the Alcohol and Drugs Recovery Service engaged with the service. All residents released under Multi Agency Public Protection Arrangements (MAPPA) have an Environmental Risk Assessment (ERA) carried out any accommodation prior to release to ensure accommodation is suitable. There is a dedicated housing officer attached to this. From April 2021 to March 2022 there were two residents released from a custodial sentence under these arrangements.	Good progress

Our Measures of Success	Our Achievements in 2021-22	Status
	Unfortunately there is no mechanism nationally in place yet to measure the % of people released from custody who were registered with a GP due to issues principally related to data sharing restrictions.	

Strategic Priority 5

People have a positive experience of health and social care services (National Outcomes 1, 3 & 7)

Our Measures of Success	Our Achievements in 2021 – 22	Status
Monitor the number of complaints and comments.	The HSCP services handled a total of 55 complaints to conclusion between 1st April 2021 and 31th March 2022 (12 in Health services and 43 in Social Work / Social Care services). 14 complaints (25%) were outwith the initial complaints handling timescale, of which 13 of these were granted an extension, therefore all but one (91%) were procedurally compliant. This demonstrates improvement with overall procedural compliance, compared to the 85% achieved 2020-2021 and significant improvement over the 77% compliance achieved in 2018-19. This area will continue to be monitored by the SMT to pursue further improvement.	Good progress
Increase the percentage of service users satisfied with the quality of care provided.	The national Health & Care Experience Survey asks about people's experiences of aspects of care and support provided by local authorities and other organisations. The survey runs every two years. The most recent survey was delayed for a year due to the pandemic, so was run in 2021-22 and reported in May 2022. It is important to note the limitations of the survey due to small numbers (2,425 residents responded), which introduces a margin of error at a local level. Comparison of "performance" using this data should therefore be seen as an approximation. In the 2021-22 biennial Health and Social Care Experience Survey, 69% of 159 respondents in East Dunbartonshire rated the quality of help, care or support services as positive. This compares with 62% of 10,899 respondents nationally.	Good progress

Our Measures of Success	Our Achievements in 2021 – 22	Status
	Using locally derived satisfaction data, during 148 reviews of social care support in 2021-22, 91% of service users expressed satisfaction with the quality of care provided.	
Increase the percentage of service users satisfied with their involvement in the design of their care provided.	During reviews of social care support in 2021-22 involving 233 service users, 98% expressed satisfaction with their involvement in the design of their care. This is a slight reduction in the 149 service users who expressed 100% satisfaction in 2020-21 but still represents exceptionally high levels of satisfaction and is above the target of 95%. It also represents a 3% increase in satisfaction compared to levels in 2018-19.	On target
Increase the percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided.	In the 2022 biennial Health and Social Care Experience Survey, 59% of 141 respondents in East Dunbartonshire agreed that they had a say in how their help, care or support was provided. This compares favourably with 55% of 9,917 respondents nationally. The previous 2019-20 survey reported 61% of satisfaction in the area, but given the small numbers surveyed locally, these small percentage differences are unlikely to be statistically significant. It is difficult to interpret the data with certainty, but the consistency of responses of around 60% indicate that this is an area that will be considered by the HSCP Senior Management Team, with a view to improving service-user feedback on participation.	In progress

Strategic Priority 6

Promote independent living through the provision of suitable housing accommodation and support (National Outcomes 1 & 2)

Our Measures of Success	Our Achievements in 2021 – 22	Status
Increase the number of people receiving the 'Care of Gardens' Scheme.	The Care of Gardens service was not provided during 2020-21 or 2021-22, due to the Covid-19 pandemic. It is intended that the Service will be resumed in 2022-23.	In progress Covid-19 impact

Our Measures of Success	Our Achievements in 2021 – 22	Status
Increase the number of people accessing the Care and Repair Service.	709 small repairs and 134 aids and adaptations were carried out in 2021-22 within Council properties and a further 24 adaptations carried out on private properties. These activity levels are significantly lower than pre-pandemic numbers, as most customers were classified as being in the vulnerable category so contact was restricted. The expectation is that services activity will increase next year as restrictions are lifted and customer confidence grows.	In progress Covid-19 impact
Increase the percentage of our housing for Specialist Needs with Community Alarm or Telecare systems to 65% by 2021.	A mechanism to quantify uptake is not yet in place however work is underway to remedy this. In addition to the progress made to increase uptake of telecare / telehealth care solutions outlines at Priority 2 (above), the HSCP approved an Assistive Technology Strategy 2018-23, which has transitioned through the implementation phase to a wider Digital Health and Care Strategy, reflecting rapid advancements in digital health and care opportunities. The HSCP Fair Access to Community Care policy promotes the use of assistive technologies in meeting eligible needs, including in supported accommodation.	In progress Covid-19 impact

Strategic Priority 7

Improve support for Carers enabling them to continue in their caring role (National Outcomes 1, 3, 4, 5 & 6)

Our Measures of Success	Our Achievements in 2021 – 22	Status
Increase number of adult carers identified and completing an Adult Carers Support Plan.	There were 821 carers known to the HSCP in 2018-19. This has increased to 1525 (a rise of 86%) by 2021-22, which in itself recorded an increase of 21% over last year.	Good progress

Our Measures of Success	Our Achievements in 2021 – 22	Status
	2018-19 was the first year of Adult Carer Support Plans (ACSP) being offered to carers through the implementation of the Carers Act. Since that time, 628 ACSPs have been completed by the HSCP, with 244 completed in 2021-22 alone. ACSPs are also be carried out by 3rd sector services, particularly Carerslink. Numbers completed by these services are not included in this report.	
Increase number of young carers identified and completing a Young Carers Statement.	2018-19 was the first year of Young Persons Statements being in use. In most circumstances Young Persons Statements would be carried out by Education Services or Carerslink, so numbers remain low in terms of HSCP-generated YCS with only two YCSs recorded for 2019-20 and none in 2020-21 or 2021-22. Numbers of YCSs completed by Carerslink or Education services are not included but it is hoped that these can be included in future reports for a whole-system perspective.	In progress
Increase number of carers who feel supported to continue in their caring role.	In the 2022 biennial Health and Social Care Experience Survey, 30% of 334 respondents in East Dunbartonshire who were carers agreed that they felt supported to continue to care. This compares with 30% of 18,910 respondents nationally. These results indicate that there is still a lot of work to do in order to ensure that informal carers feel supported. A rolling survey undertaken by the HSCP reflects a more positive picture however where out of 228 reviews of social care support in 2021-22, 96% of carers indicated that they felt supported to continue in their caring role, which was slight decrease from 2020/21 performance of 98% of 148 reviews undertaken.	In progress

Strategic Priority 8

Optimise efficiency, effectiveness and flexibility (National Outcomes 7, 8 & 9)

Our Measures of Success	Our Achievements in 2021 – 22	Status
Monitor Adult and Child protection measures.	Performance in relation to Adult and Child Protection remains high this year: • 92% of Adult Protection cases met the required timescales. • 86% of Child Protection case conferences took place within 21 days from receipt of referral (only 4 were out with the timescale to ensure partner agency and parental attendance). • 100% of Child Protection review cases conferences took place within 3 months of registration. Strengthened public protection governance and oversight structures were established at the start of the pandemic, as part of the HSCPs business continuity arrangements, including a Public Protection Risk Register, a virtual public protection coordination team and a core reporting and monitoring framework. These have remained place during 2021-22. A range of other development work was undertaken over the last year: East Dunbartonshire participated in the national Missing Person's implementation project and developed an action plan to consolidate inter-agency communication and practice with missing children, young people and adults within the existing public protection framework. The Joint Public Information & Communication Sub-group worked to develop a Public Protection website for East Dunbartonshire to improve information-sharing with partner agencies and the general public. The Child Protection Committee continued to focus audit activity on Inter-agency referral discussions. Additionally participation in the North Strathclyde Joint Investigative Interviewing Pilot project continued. Child Protection Committee Subgroups have been working towards key priority areas for Child Protection, including implementation of the Promise, "A Mind of my	Good progress

Our Measures of Success	Our Achievements in 2021 – 22	Status
	Own" 'app' which enables direct consultation with children and young people, and early steps towards implementation of the new national guidance. The Performance Sub Group continued to ensure East Dunbartonshire was compliant with the minimum data set and the reporting requirements. Another key area for Child Protection Committee development was local implementation of the Safe & Together model which aims to transform child welfare practice and community collaboration in cases of domestic violence. The Adult Protection Committee reviewed its triennial business improvement plan in light of the pandemic impacts and emerging issues and risks, identified priority workstreams which could be progressed given workforce capacity pressures, and agreed a new Adult Participation strategy. East Dunbartonshire was selected as a learning partner for the Scottish Government's ASP National Minimum Dataset project and participated in benchmarking and the development of the prototype dataset during 2021-22. A single issue audit of adult chronologies was undertaken to complete the improvement plan arising from the national Thematic Inspection in 2017. The annual multi-agency audit was convened in October 2021 and the Adult Protection Committee agreed a short action plan to address the findings. Social Work's existing inquiry and investigation templates were consolidated into one form to improve the efficiency and accuracy of recording.	
Reduction of re-offending.	Data on convictions and reconvictions are a subset of actual offending and reoffending and are a proxy measure of re-offending rates. The latest reconviction rates released in October 2021 relate to the number of individuals released from a custodial sentence in 2018-19 and subsequently reconvicted within a year. These indicate that the reconviction rate for East Dunbartonshire is 20%, marginally less than the reported 20.3% in the 2020 data release.	Good progress

Our Measures of Success	Our Achievements in 2021 – 22	Status
	Reconviction rates have reduced from 28.2% in 2015-16, so the latest data continues this gradual consistent reduction over time.	
Analyse and measure the impact and outcomes associated with the review and redesign of learning disability and mental health services.	Adult Learning Disability Review (progress to date): • HSCP Fair Access to Community Care Policy and updated Eligibility Criteria have been developed and implemented operationally; • Learning disability day service and accommodation-based support redesign principles, have been developed and approved; • Comprehensive consultation and engagement at all stages; • Approval has been given to replace Kelvinbank day service with a new service at Allander, Milngavie with construction work underway on the site and due to conclude later in 2022; • Work underway to develop a range of community-based supports and employability opportunities as an alternative to centre-based day services for adults with mild and moderate learning disabilities. Mental Health: • Completion of a detailed joint needs assessment which was independently commissioned to support the development of a more integrated and recovery focussed model of support, which establishes a modern framework for service redesign. This work will influence future commissioning and the development of concurrent recovery treatment aligned to Health Board-wide and national priorities. A full consultation phase will now be undertaken; • Consolidation and further rollout out of digital processes, 'Attend Anywhere'; • Primary Care Mental Health Team have moved to a new model of service delivery which has now embedded 'digital first' as the default approach for their services. Feedback has indicated high levels of satisfaction and many have reported that service delivery is more flexible and responsive to their needs;	Good progress

Our Measures of Success	Our Achievements in 2021 – 22	Status
	• Development of Cognitive Behaviour Therapist posts to work between the Primary Care Mental Health and Community Mental Health Teams to improve access to psychological therapies in response to recruitment challenges within this specialism. Initial evaluation has been very positive and further posts are now in development; • Continued focus upon enhanced physical health checks for Community Mental Health Team patients; • Development of a locality Suicide Prevention Group to support the development of our Suicide Prevention Strategy and Action Plan.	
Monitor providers' compliance with contract monitoring framework.	• Contract Management resources continue to target and ensure compliance across high risk and / or underperforming providers & services. • Integrated monitoring approach fully embedded across adult services - provides daily oversight and assurance around service performance and compliance via Adult Services Oversight Group. • In agreement with the Care at Home Service, the Strategic Commissioning Team established and implemented robust monitoring arrangements providing service and financial oversight, across all business contacted through Scotland Excel's Framework - whilst also delivering the essential baseline data required to help inform and develop block contracts for private providers.	Good progress

Part 3. National and Local Performance Data

This section provides the HSCP's performance against national core integration indicators.

Notes:

Indicators 1-9 are reported by a national biennial Health and Social Care Experience Survey that reports every two year. The most recent data for this is 2021-22. East Dunbartonshire had a response rate of 30%, which equates to 2,400 returns, compared to a Scotland response rate of 24%, which equates to 130,000 returns. It is important to note the limitations of the survey due to small numbers, which introduces a margin of error at a local level. Comparison of "performance" using this data should therefore be seen as an approximation.

Please note figures for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable to figures in previous years due to changes in methodology.

More information on the survey and changes in the methodology are available by clicking here:

Scottish Government Health Care Experience Survey

Indicators 12, 13, 14, 15, 16 and 20

The primary sources of the remaining data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. Annual figures for these indicators are presented by financial year until 2020/21. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2021; this ensures that these indicators are based on the most complete and robust data currently available and acts as a suitable proxy for comparison purposes.

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

Impact of Coronavirus (COVID-19)

Depending on the stage of the pandemic, COVID-19 may have an impact on trends observed for certain indicators, particularly those based on hospital activity information (indicators 12, 13, 14, 15, and 16). More detail is provided in the Background and Glossary document is available by clicking here:

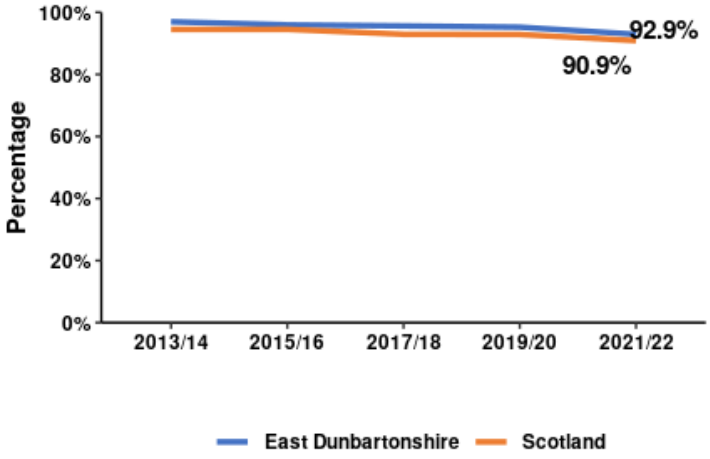
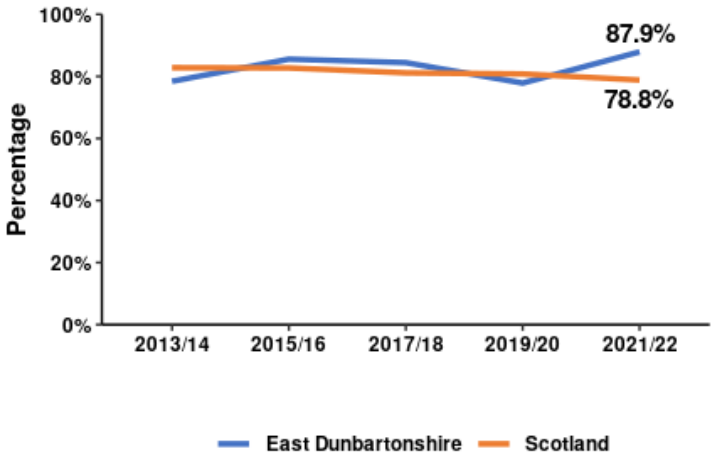
Public Health Scotland Core Suite of Integration Indicators

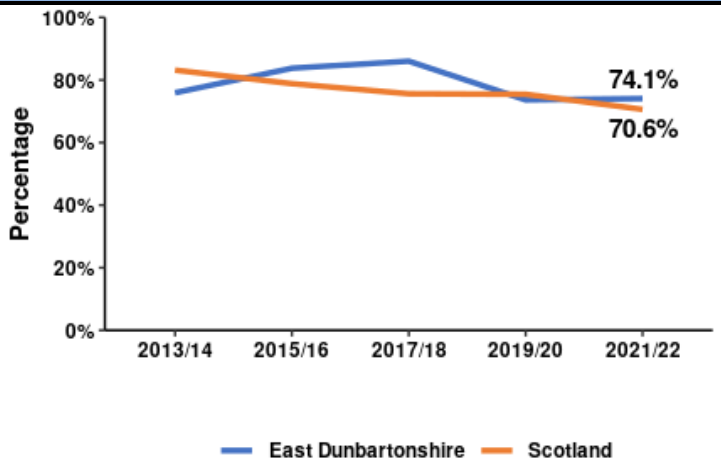
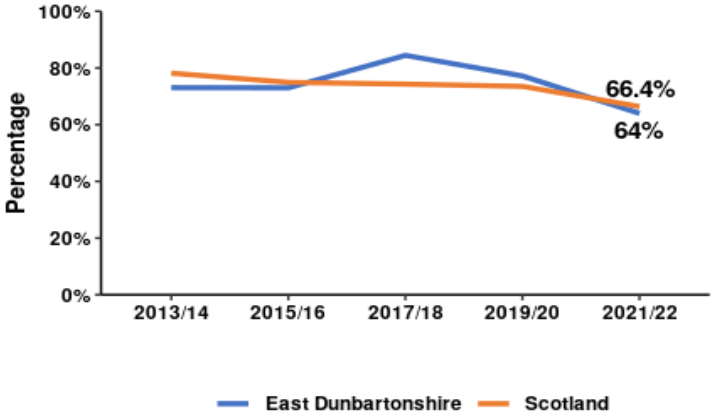
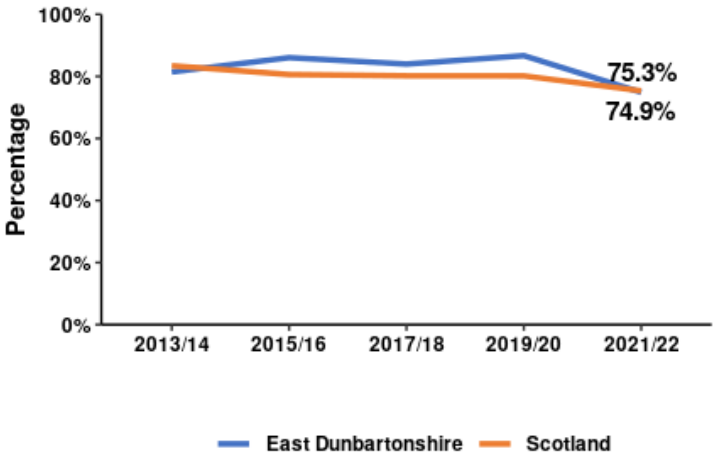
RAG KEY

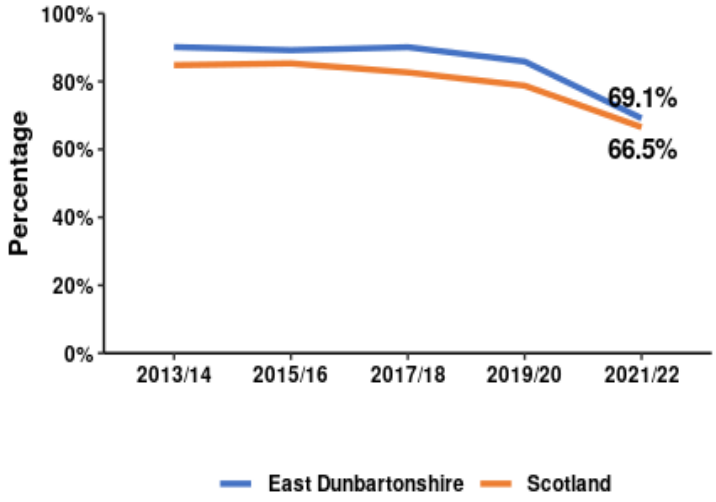
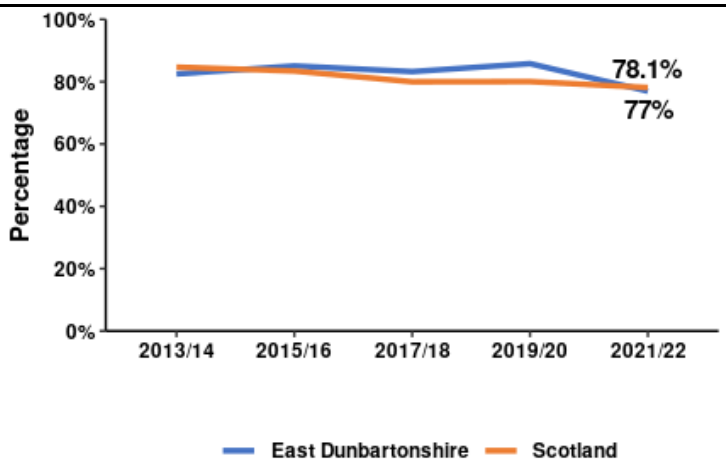
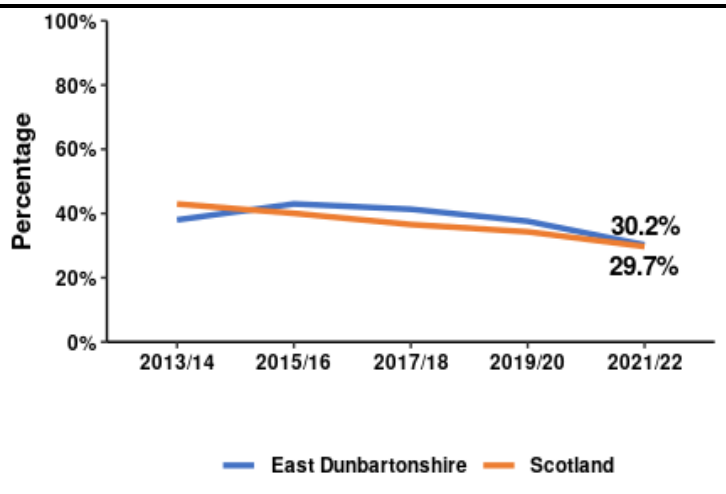
Positive performance improved

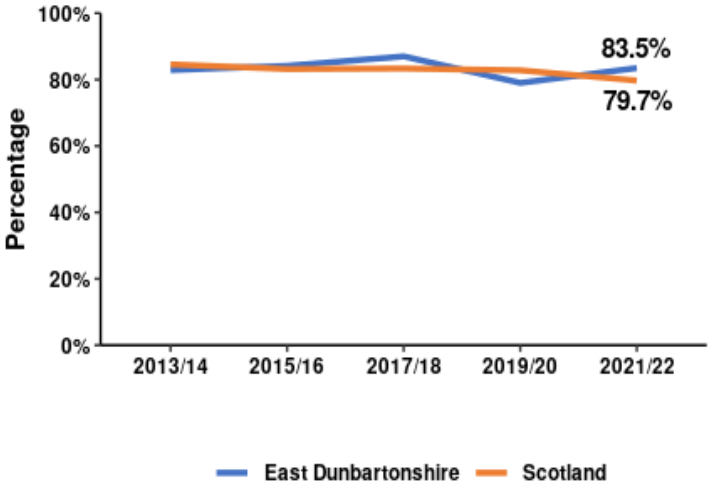
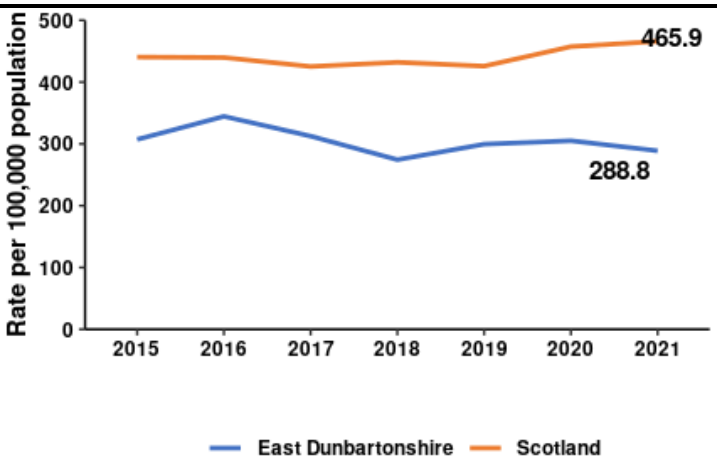
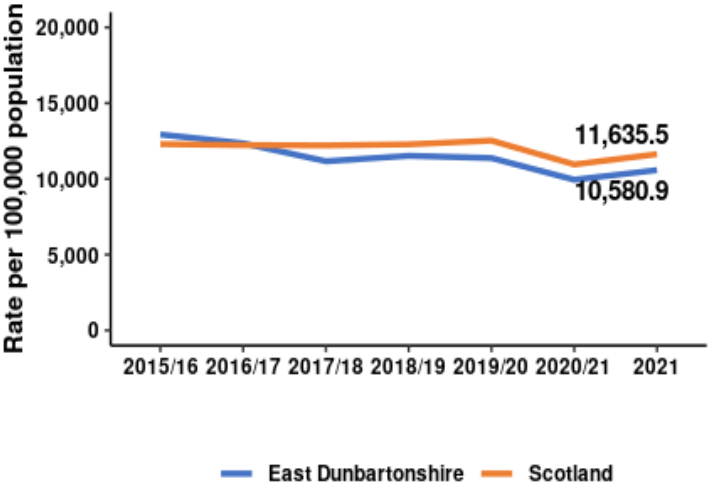
Performance steady (within 2% change). Arrow direction denotes improving/declining performance

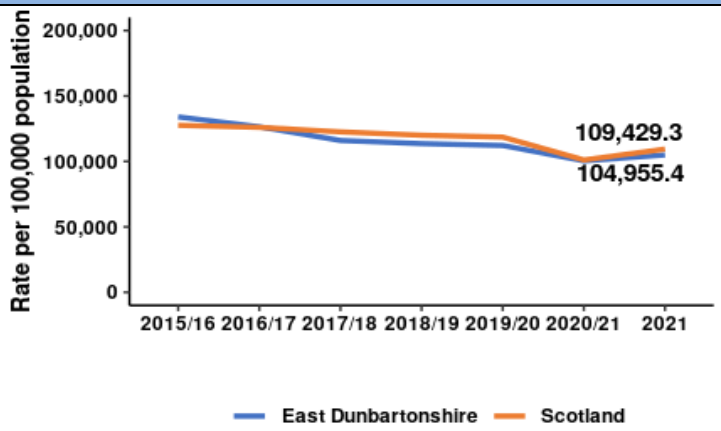
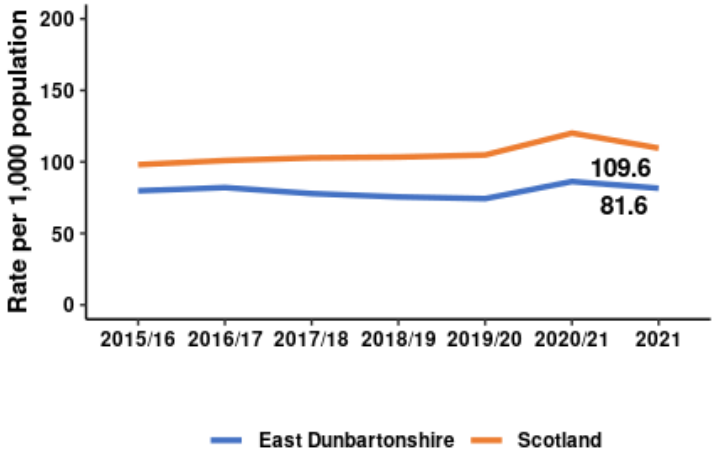
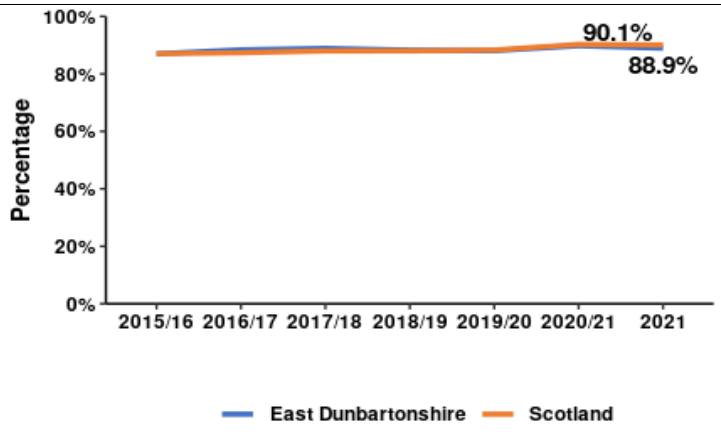
Negative performance

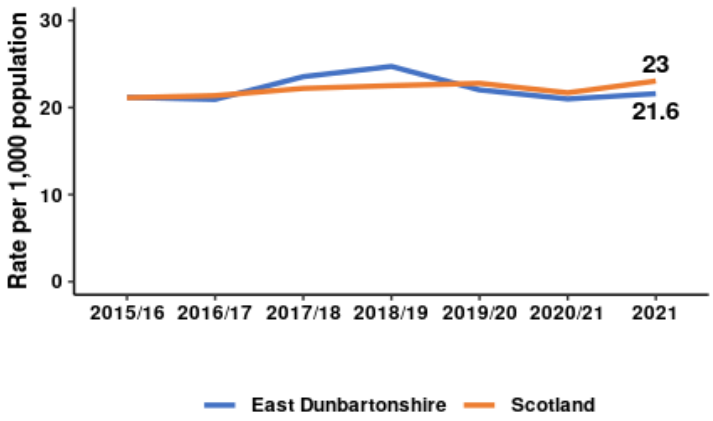
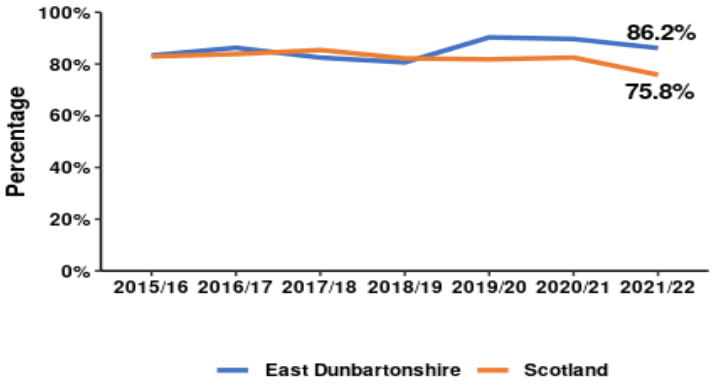
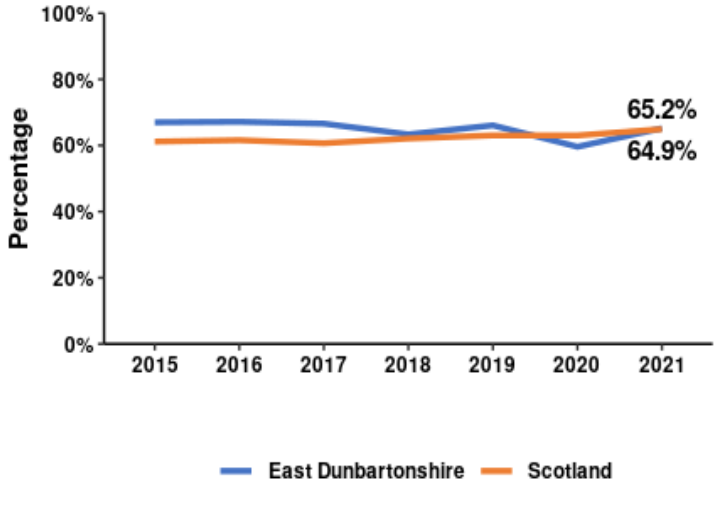
Indicator, Rating and Rank		Performance Trend
1) Percentage of adults able to look after their health very well or quite well (National Outcome 1) (Objective: increase)		
National ranking: 7	Decrease	
2) Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2) (Objective: increase)		
National ranking: 3	Increase	

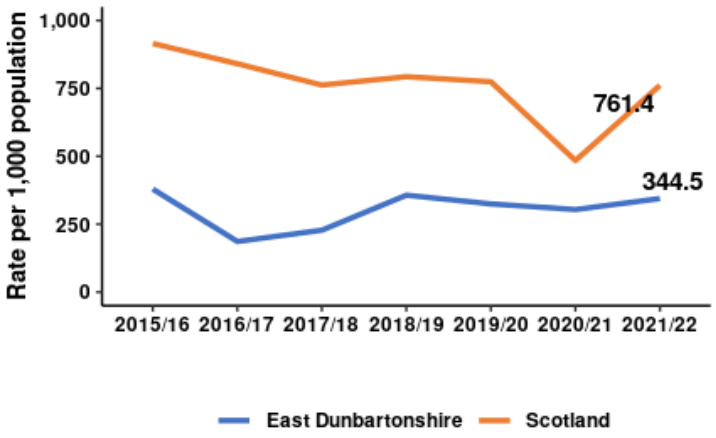
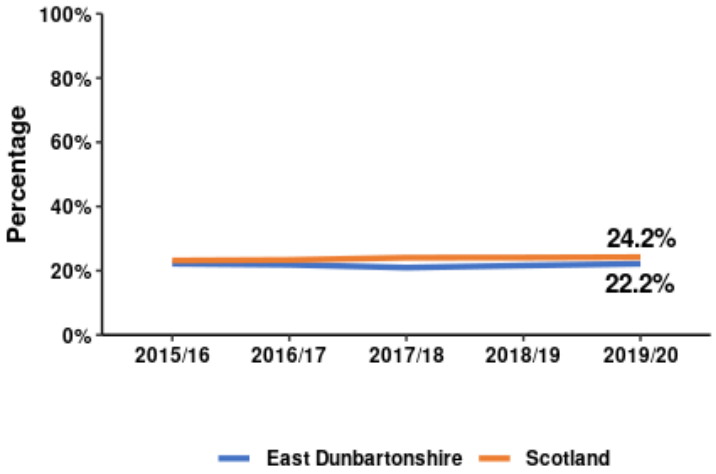
Indicator, Rating and Rank		Performance Trend
3) Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (National Outcome 2, 3) (Objective: increase)		
National ranking: 9	 Steady	
4) Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9) (Objective: increase)		
National ranking: 21	 Decrease	
5) Total percentage of adults receiving any care or support who rated it as excellent or good (National Outcome 3) (Objective: increase)		
National ranking: 21	 Decrease	

Indicator, Rating and Rank		Performance Trend
6) Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3) (Objective: increase)		
National ranking: 13	Decrease	
7) Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (National Outcome 4) (Objective: increase)		
National ranking: 20	Decrease	
8) Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6) (Objective: increase)		
National ranking: 16	Decrease	

Indicator, Rating and Rank		Performance Trend
9) Percentage of adults supported at home who agreed they felt safe (National Outcome 7) (Objective: increase)		
National ranking: 8	Increase	
10) N/A		
11) Premature mortality rate for people aged under 75yrs per 100,000 persons (National Outcome 1,5) (Objective: decrease)		
National ranking: 31	Decrease	
12) Emergency admission rate (per 100,000 population) (National Outcome 1,2,4,5) (Objective: decrease)		
National ranking: 22	Increase	

Indicator, Rating and Rank		Performance Trend
13) Emergency bed day rate (per 100,000 population) (National Outcome 2,4,7) (Objective: decrease)		
National ranking: 19	Increase	
14) Readmission to hospital within 28 days (per 1,000 population) (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: 29	Decrease	
15) Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9) (Objective: increase)		
National ranking: 22	Steady	

Indicator, Rating and Rank		Performance Trend
16) Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: 19	Increase	
17) Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (National Outcome 3,4,7) (Objective: increase)		
National ranking: 4	Decrease	
18) Percentage of adults with intensive care needs receiving care at home (National Outcome 2) (Objective: increase)		
National ranking: 13	Increase	

Indicator, Rating and Rank		Performance Trend
19) Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) (National Outcome 2,3,4,9) (Objective: decrease)		
National ranking: 24	Increase	
20) Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: 24	Steady	

Ministerial Strategic Group – Performance Measures

This section provides the data and RAG status of HSCP's performance against the Scottish Government's Ministerial Strategic Group's performance measures. Performance using the RAG rating is based upon comparison with the previous year. A chart showing comparative performance against the Scottish average is also provided.

For indicators 1 and 2 annual are presented by financial year until 2019-20. As April 2021 to March 2022 data is not complete for all NHS Boards, calendar year figures are shown for 2021.

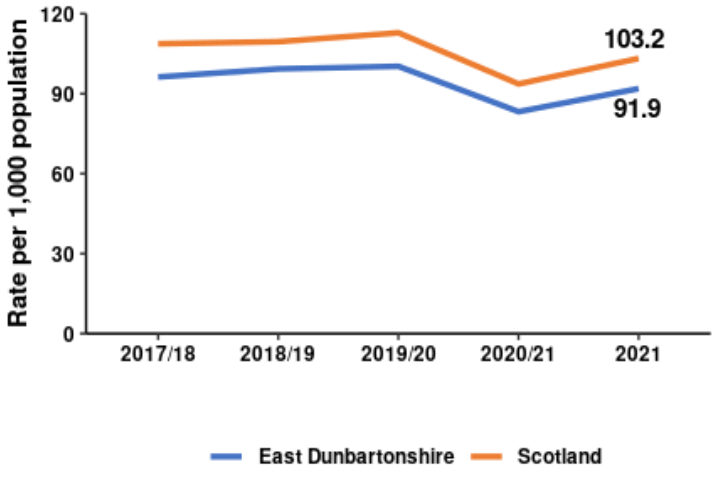
Note: The bounce-back from the Covid-19 related downturn in hospital activity during 2020-21 results in exaggerated single year trends for these indicators.

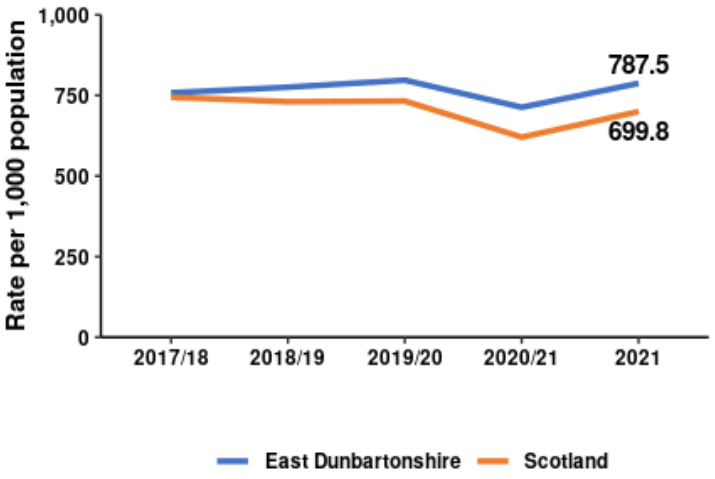
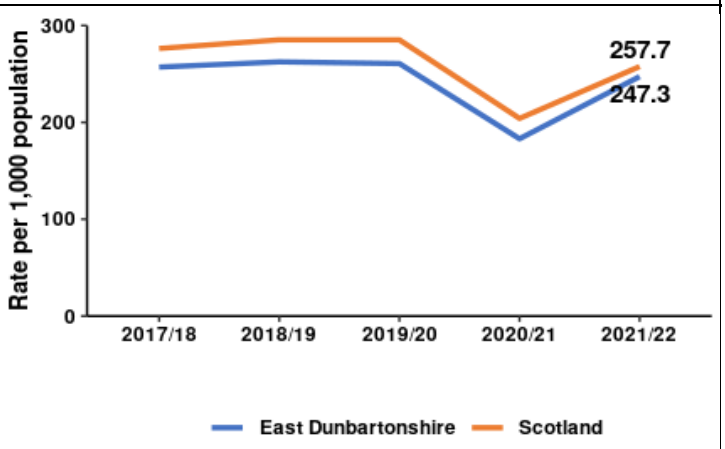
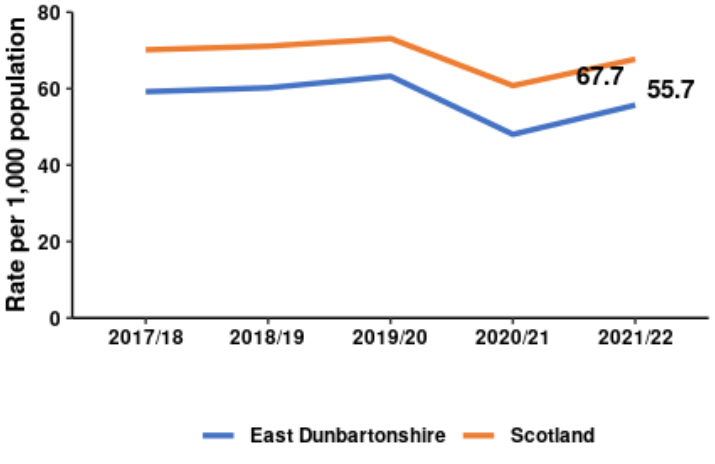
RAG KEY

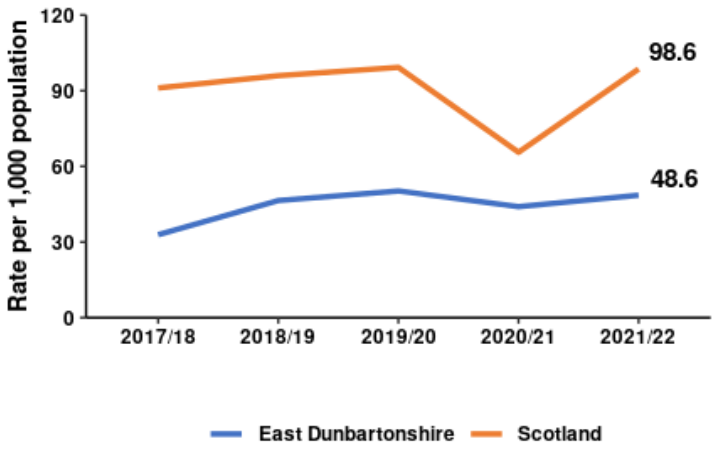
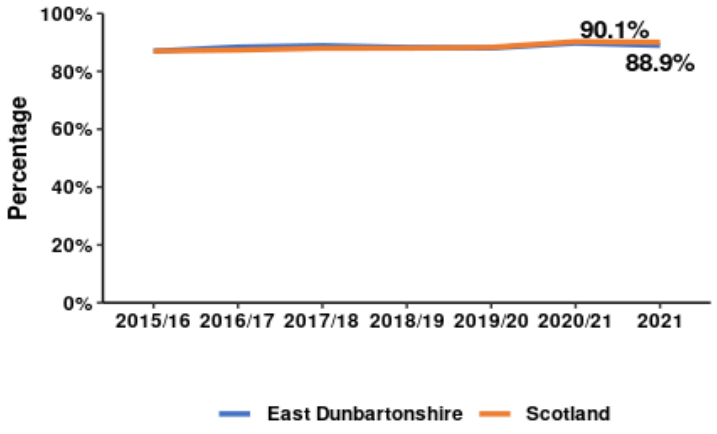
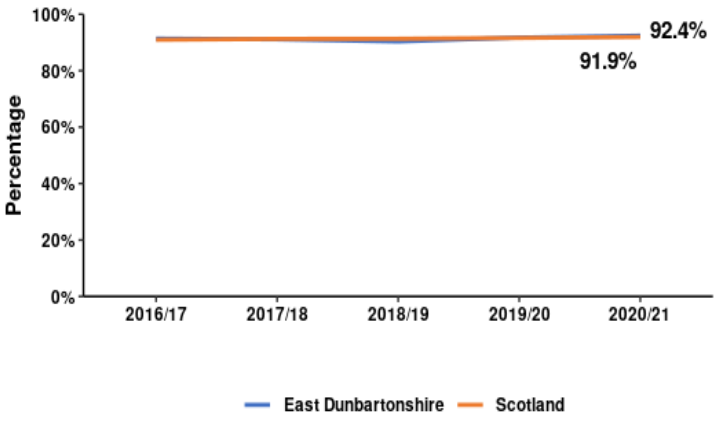
Positive performance improved

Performance steady (within 2% change) Arrow direction denotes improving/declining performance

Negative performance

Ministerial Strategic Group – Performance Measures	
Indicator	**Performance Trend**
1. Unplanned admissions – rate per 1000 population (National Outcomes 1,2,3,4) (Objective: decrease)	
Increase (Performance ahead of Scottish average)	

Indicator	Performance Trend
2. Unplanned bed days - rate per 1000 population (National Outcomes 2,4,7) (Objective: decrease)	
Increase (Performance ahead of Scottish average)	
3. A&E attendances - rate per 1000 population (National Outcomes 1,2,9) (Objective: decrease)	
Increase (Performance ahead of Scottish average)	
4. Admissions from A&E – rate per 1000 population (National Outcomes 1,2,3,4) (Objective: decrease)	
Increase (Performance ahead of Scottish average)	

Indicator	Performance Trend
5. Delayed discharge bed days - rate per 1000 population (National Outcomes 2,3,4,9) (Objective: decrease)	
Increase (Performance ahead of Scottish average)	
6. Last 6 months of life spent at home or in a community setting – (% of population) (National Outcomes 2,3,9) (Objective: increase)	
Steady (Performance broadly in line with Scottish average)	
7. Balance of Care (% of population in community or institutional settings) - (National Outcomes 2,4,9) (Objective: increase)	
Steady (Performance broadly in line with Scottish average)	

Detailed data and charts regarding the HSCP performance during 2021-22 can be found in the Quarter Performance Reports published with the HSCP Board papers on our website: East Dunbartonshire HSCP Website

Local Performance Indicators and Targets: Statutory Functions and Outcomes

RAG KEY

 On or above target

 Within agreed variance of target

 Below target

% of child care Integrated Comprehensive Assessments (ICA) for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	85%	75%	91%		Above target

% of first Child Protection review case conferences taking place within 3 months of registration	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	91%	95%	100%		Above target

% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	100%	100%	100%		On target

% of Adult Protection cases where the required timescales have been met	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	92%	92%	92%		On target

% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	92%	95%	99%		Above target

(Some large % variances can be due to small number changes)

% of CJSW Reports submitted to court by due date	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	98%	95%	98%		Above target

The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	3%	80%	83%		Above target

Percentage of people 65+ indicating satisfaction with their social interaction opportunities	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	95%	95%	91%		Social interaction opportunities have been limited due to Covid restrictions during 2021-22

Percentage of service users satisfied with their involvement in the design of their care packages	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	100%	95%	98%		Above target

% of initial Child Protection Case Conferences taking place within 21 days from receipt of referral	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	88%	90%	86%		In total, 4 cases were out with target with one being rescheduled to ensure partner agency and parental attendance.

% of Social Work Reports Submitted to Child Protection Case Conference	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	100%	100%	100%		On target

(Some large % variances can be due to small number changes)

% of Court report requests allocated to a Social Worker within 2 Working Days of Receipt	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
	99%	100%	100%		On target

	Actual 2020-21	Target 2021-22	Actual 2021-22	Status	Comment
Balance of Care for looked after children: % of children being looked after in the Community	87%	89%	83%		More children are being looked after and accommodated within East Dumbarton which has tipped the balance of care. Ongoing foster care campaigns have seen the balance of care improve slightly in the last couple of months of 21/22.

(Some large % variances can be due to small number changes)

Part 4. Strategic Planning and Delivery

This is the last Annual Performance Report that will focus on our achievements in support of our Strategic Plan 2018-22.

In January 2022, the HSCP Board approved a new Strategic Plan for the period 2022-25. This new plan sets out eight strategic priorites and four strategic enablers. These will be the focus of annual performance reporting from next year.

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

The HSCP's Transformation & Delivery Plan Board monitors progress in achieving the objectives in the Annual Delivery Plan and reports progress to the Strategic Planning Group, the Audit Performance & Risk Committee and the HSCP Board to oversee how well these aspects of the Strategic Plan are being implemented.

For the period 2021-22 account was also taken of the lessons learned during the Covid pandemic, and the changed ways of working and service demands that the pandemic has brought.

In summary, there were a total of 27 initiatives to be taken forward within the Delivery Plan during 2021/22. Many of these initiatives are expected to take more than one year to complete. By the end of 2021-22, progress towards these projects were as follows:

- 15 were successfully completed.
- 10 were programmed to continue beyond 2021-22, but were on track for completion within their overall timescales.
- 2 were reported to be at risk of delay.

Additional Detail on the initiatives within these categories is set out below:

HSCP ANNUAL DELIVERY PLAN 2021-22: PROGRESS

Initiative	Strategic Plan Priority	National Outcome
Initiatives Successfully Completed By End 2021-22:		
Delivery of Children's House Project	1, 4, 5, 6, 8	1, 3, 5, 9
Medium Term Financial Plan 2022-2027	All priorities	All outcomes
Joint Inspection for Adult Services Action Plan(s): Implementation	All priorities	All outcomes
Audit Action Plan(s): implementation	All priorities	All outcomes
Strategic Plan 2022-25 development	All priorities	All outcomes

Initiative	Strategic Plan Priority	National Outcome
Joint Commissioning Plan for Unscheduled Care	1, 3, 5, 7, 8	1, 3, 6, 9
Continued implementation of Care at Home Improvement Agenda	1, 2, 3, 4, 5, 7, 8	1, 2, 3, 5, 6, 9
Corporate Parenting	1, 4, 5, 6, 8	1, 3, 5, 9
Keeping Children Safe – Barnahaus Project	1, 4, 5	1, 3, 5
Healthy Lifestyles for Children and Young People	1, 2, 3, 4, 5	1, 2, 3, 5
Unpaid Work Services	1, 2, 4, 5	1, 2, 3, 5
Extend the range of diversionary activities	1, 2, 4, 5	1, 2, 3, 5
Adult Social Care Assurance and Support	1, 2, 3, 5, 8	1, 2, 3, 9
Redesign of Public Dental Services: strategy, action plan and implementation	1, 2, 3, 4, 5, 7, 8	1, 2, 3, 5, 6, 9
Strengthen the Primary Care Dental Service Leadership	1, 2, 3, 4, 5, 7, 8	1, 2, 3, 5, 6, 9
Initiatives with longer term timescales that were on track at end of 2021-22:		
Covid-19: critical response, transition and recovery	All priorities	All outcomes
Digital Health & Care Action Plan: development and implementation	4, 5, 8	1, 2, 3, 9
Property Strategy: development and implementation	8	8
Community Led Locality Services	1, 5, 8	1, 3, 8
Recovery Services commissioned service review, action plan and implementation	1, 2, 3, 4	1, 2, 5
Older People's Day Services: service review, action plan and implementation	1, 2	1, 2
Learning Disability: service review, action plan and implementation	All priorities	All outcomes
Dementia Strategy	1, 2, 3, 4, 5, 7, 8	1, 2, 3, 4, 6, 9
Children's emotional wellbeing and mental health – implement framework	All priorities	All outcomes
Outcome focused approach to Justice delivery	1, 2, 4, 5	1, 2, 3, 5
Initiatives with longer term timescales that were delayed at end of 2021-22:		
Primary Care Improvement Plan	1, 3, 4, 5, 8	1, 3, 5, 9
Fair Access to Community Care Policy	1, 2, 4, 5, 6, 7, 8	1, 2, 3, 5, 6, 9

Part 5. Locality Planning

The HSCP established two Locality Planning groups during 2015/16 to support the understanding, planning and delivery of services around communities within these localities. These locality areas relate to natural communities. They consist of:-

- The east of East Dunbartonshire (Bishopbriggs, Torrance, Lenzie, Lennoxtown, and Kirkintilloch).
- The west of East Dunbartonshire (Bearsden and Milngavie).

The Locality Groups have brought together a range of stakeholders including GPs, acute clinicians, social workers, carers and service users to facilitate an active role in, and to provide leadership for local planning of service provision.

Three Primary Care Clusters exist in Kirkintilloch and the Villages, Bishopbriggs and Auchinairn, and Bearsden and Milngavie. Most community health services are organised into either locality or cluster teams.

Locality Planning Groups: 2021-22 Update

The continued response to the pandemic has had an impact on the impetus and delivery of the locality planning groups. Due to operational pressures, both groups were stood down for 2021-22. The HSCP is looking at how best to re-launch the groups with renewed vigour and fresh leadership, with a closer link between localities need, resourcing and assets.

The Locality Practice Collaborative has continued to grow and develop in line with the increasing development of locality-based teams and services. Core membership of this group consists of senior practitioners from the Older People and Disabilities Social Work Teams, Community Occupational Therapy, Community Rehabilitation Teams, Adult Nursing, and Home Care, with extended membership from Community Pharmacy and Adult Mental Health and Podiatry services. The purpose of this group is to discuss complex cases and utilise a Multi-Disciplinary Team approach involving collective knowledge, expertise and resources to improving outcomes for individuals and carers. This approach has shown that

using a collective approach to supporting people with complex needs at home has enabled them to remain in their preferred place of care with the right input to meet their needs. Feedback from the services involved has also been positive. The group was initially started in the West Locality in 2020-21 and has now been implemented across all three clusters. The Multi-Disciplinary Team approach offers the opportunity for shared learning and education across the Teams and disciplines.

Locality Planning Groups: Future Priorities

Once the Locality Planning Groups are able to re-establish themselves, the future focus of the groups is detailed below:

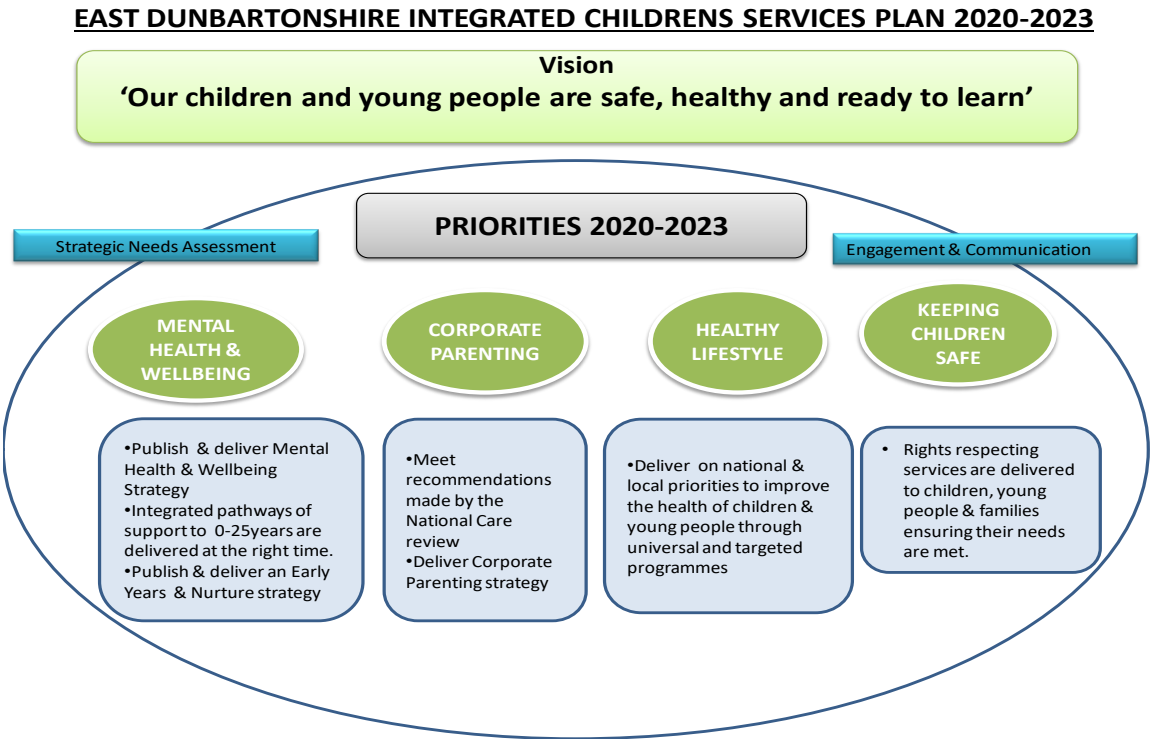
Locality	Priority	Future Focus
East	Community transport model	Work with East Dunbartonshire Voluntary Action to implement the community transport model.
West	Influencing supported housing and care home options	Develop findings from focus groups and interview to inform future development of housing needs of older people and people with disabilities.
West	Health and social care premises in west locality	Continue to look for opportunities for premises in the West locality. Investigate hosted/hub style services as a delivery model.
Overarching	Community Led Support	Continue to participate in the advancement of community led support alternatives, specifically for older people initially, as part of the Older People's Social Support Strategy.
Overarching	Locality Practice Collaborative	Evaluate the currently established Collaborative and act on the findings of the evaluation if appropriate.
Overarching	Consultation Methods	Review the experience of practitioner's and patients in relation to the use of different consultation methods deployed during the pandemic.
Overarching	Place Developments	Develop community capacity within each Place area with the support of the Health Improvement Team, East Dunbartonshire Voluntary Association and East Dunbartonshire Council.

Part 6. Children's Services

The integrated planning of children's services is led overall by the Delivering for Children and Young People's Partnership (DCYPP), which involves all the individuals, organisations and services that work together to improve outcomes for children and young people in East Dunbartonshire. This is part of the work of the Community Planning Partnership and is reported through the Council's annual Public Performance Report, as the Community Planning Partnership's lead body. The HSCP is a significant partner in the work of the Delivering for Children and Young People's Partnership.

In addition to the DCYPP, a number of other planning arrangements are established and operated by (or involving) the HSCP, to support specific statutory duties, including the Child Protection Committee and the Corporate Parenting Steering group.

The 2020-23 Integrated Children's Services Plan was submitted to the Scottish Government at the end of March 2021. A summary of the priorities set out in this Plan is illustrated below:



Further information on the Integrated Children's Services Plan can be found here. Progress towards the implementation of this plan is reported through the East Dunbartonshire Community Planning Partnership Arrangements and through East Dunbartonshire Council's "How Good Is Our Service" reporting arrangements.

Progress towards the four priorities to-date is detailed below:

Mental Health and Wellbeing:

Following a review of mental health services for children and young people, the Scottish Government published a Framework for Children's Mental Health and Wellbeing which must be implemented in every Community Planning Partnership in Scotland. The aim is to ensure

children and families can access wellbeing support in the community at the right time. A grant of £268,000 was awarded to support this work during 2021-22. The Delivering for Children and Young People's Partnership has overseen the development of a number of Tier 1 and Tier 2 services; examples include: Family Support; 3rd Sector Befriending; Enhancement of Nurture and Trauma-informed approaches within Education; and support to Care Experienced Young People. An East Dunbartonshire Children's Mental Health Strategy has now also been published. This year a grant award has been made for a further £270,000 with a plan now submitted to the Scottish Government. This activity will be overseen by the Delivering for Children and Young People's Partnership, with the aim to build on the positive approaches initiated during 2021-22.

Corporate Parenting:

There is a statutory responsibility on all Community Planning Partnerships to ensure they fulfil their duties and responsibilities as Corporate Parents for all Looked After Children. These duties include publishing a Corporate Parenting Strategy and action plan which ensures the needs of our Looked After Children and Care Experienced Young People are met. In East Dunbartonshire there is a highly motivated multi-agency Corporate Parenting Steering Group which reports to the Delivering for Children and Young People's Partnership. The main activity over the last year has been on:

- House Project to support young people leaving care
- Champions Board of Care Experienced Young People
- The Promise
- Young Persons Participation and Development Assistant
- Modern Apprenticeships

Healthy Lifestyle:

This priority is concerned with physical health, relationships and positive decision making for children and young people. Some of the areas of focus include: Activity, Sport, Leisure, Culture, Nutrition, Alcohol and Tobacco, Relationships, Sexual Health, LGBT, Pregnancy and Parenthood. There are various sub groups taking this work forward.

Keeping Our Children Safe:

Protecting children and keeping them safe from harm is a statutory duty for the Child Protection Committee and partners. In East Dunbartonshire there is an energetic and dynamic Child Protection Committee which is independently chaired. There is a robust business plan and regular reporting framework. Issues of particular focus are child abuse, neglect, child sexual exploitation, child trafficking, Adverse Childhood Experiences, Child Poverty and sexually harmful behaviour. This year we are also prioritising the implementation of the revised national Child Protection Guidance.

Part 7. Justice Services

Community Justice was officially launched in 2017 by the Scottish Government supported by the National Strategy for Community Justice (2016) and the National Outcomes, Performance and Improvement Framework (OPIF) (2016). The consultation and review process for both these documents was commenced in 2021-22 by the Scottish Government and Community Justice respectively.

Locally, the East Dunbartonshire Community Justice Partnership has a wide representation from the full range of statutory, independent and third sector partners. The Community Justice Partnership goes from strength to strength to deliver innovative approaches to address the complex needs and inequalities that affect our residents who are in contact with, on the cusp of entering or affected by the justice system. The partnership capitalises on what we do well and that our local plan delivers on the principles laid out in the National Strategy for Community Justice (2016). An overarching focus of the Community Justice Partnership is how early intervention and prevention can help to reduce the cycle of re-offending and build safer communities.

Justice Social Work

The three national outcomes for justice social work services inform the practices and interventions in East Dunbartonshire. To meet the public's needs for safety, justice and social inclusion all three should be addressed in unison. Justice social work services contributes to local outcome 4: "East Dunbartonshire is a safe place in which to live, work and visit". The national outcomes are also reflected in the HSCP Strategic Priorities 1, 2 and 4:

- Community safety and public protection
- The reduction of re-offending
- Social inclusion to support desistance from offending

Despite the impact of Covid-19, a number of key Justice Achievements were made in 2021-22, including:

- ✓ Shortlisted and 2021 runner up in Scottish Social Service Awards for trauma informed service development.
- ✓ The development of a new shared Justice and ARDS post dedicated to providing drug treatment and testing orders in East Dunbartonshire alongside additional interventions to support recovery and mitigate drug related deaths.
- ✓ Provided national leadership in the development of MF2C programme aimed at addressing risk of men convicted of sexual offences.
- ✓ The development of Structured Deferred sentence to provide early intervention and robust community based alternatives to support desistance.
- ✓ The implementation of the Safe and Together Model to further address domestic abuse and coercive control, especially in response to COVID generated risk in this area.

- ✓ The successful use of the Corra Foundation grant to recruit a Justice Peer Navigator Service aimed at reducing drug deaths and supporting desistance for clients with addiction issues.
- ✓ The continued provision a full and comprehensive Justice Service in the community and prison during the pandemic.
- ✓ The continued daily delivery of an essential intervention service for services users deemed a risk the community. This involved the development of personal 'Keep Safe Plans' for each person to continue to promote public protection in the face of COVID.

Key Justice Performance Measures

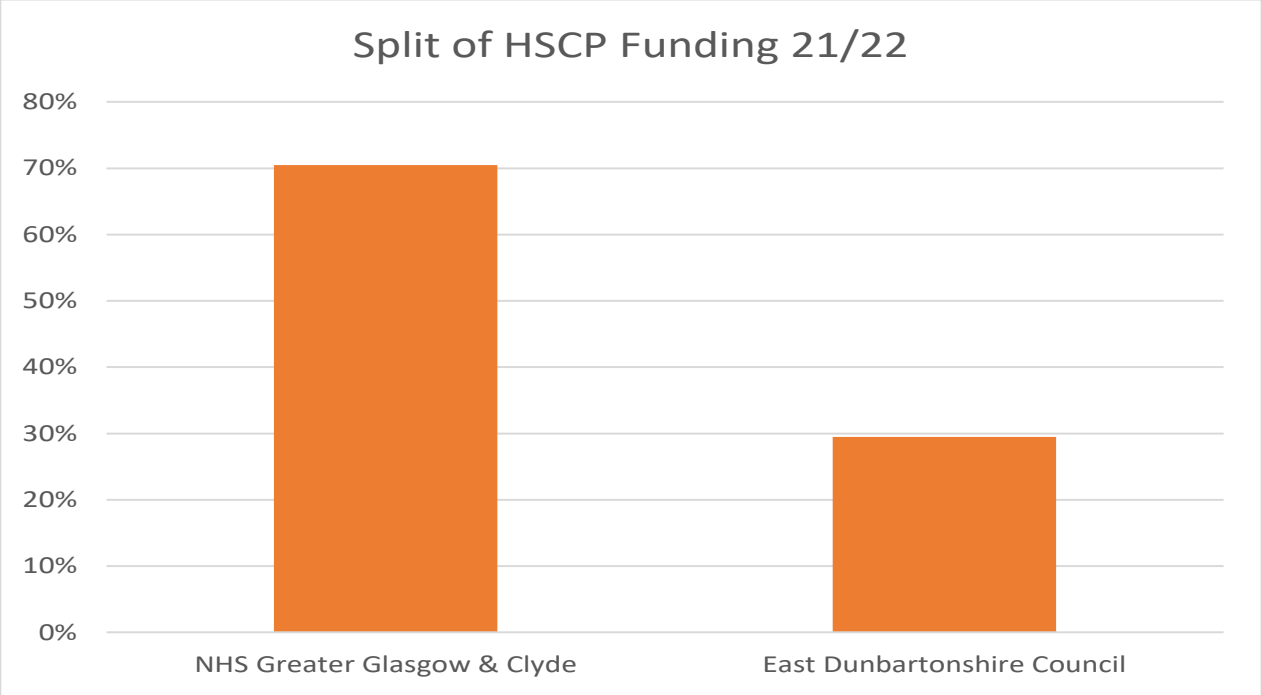
- ✓ We managed a significant 14% increase of MAPPA cases in our continued efforts to manage risk robustly and create safer communities.
- ✓ We delivered a wide range of community projects throughout the year. This totalled 12917 hours of unpaid work invested in our communities. This equates to the value of around £115,090 (based on National Living Wage at that time);
- ✓ We provided 215 Criminal Justice Social Work Reports to Courts providing sentencing recommendations on public safety and community interventions;
- ✓ Justice Services provided 224 reports (10% increase in last year) to the Parole Board Scotland to aid the safe and successful reintegration into the community of people with serious convictions. This was a 10% increase from last year.

Part 8. Financial Performance

HSCP BOARD'S FINANCIAL POSITION AT 31 MARCH 2022

The activities of the HSCP are funded by EDC and NHSGGC who agree their respective contributions which the partnership uses to deliver on the priorities set out in the Strategic Plan.

Diagram 1: Split of HSCP Funding 2021/22



The scope of budgets agreed for inclusion within the HSCP for 2021/22 from each of the partnership bodies were:-

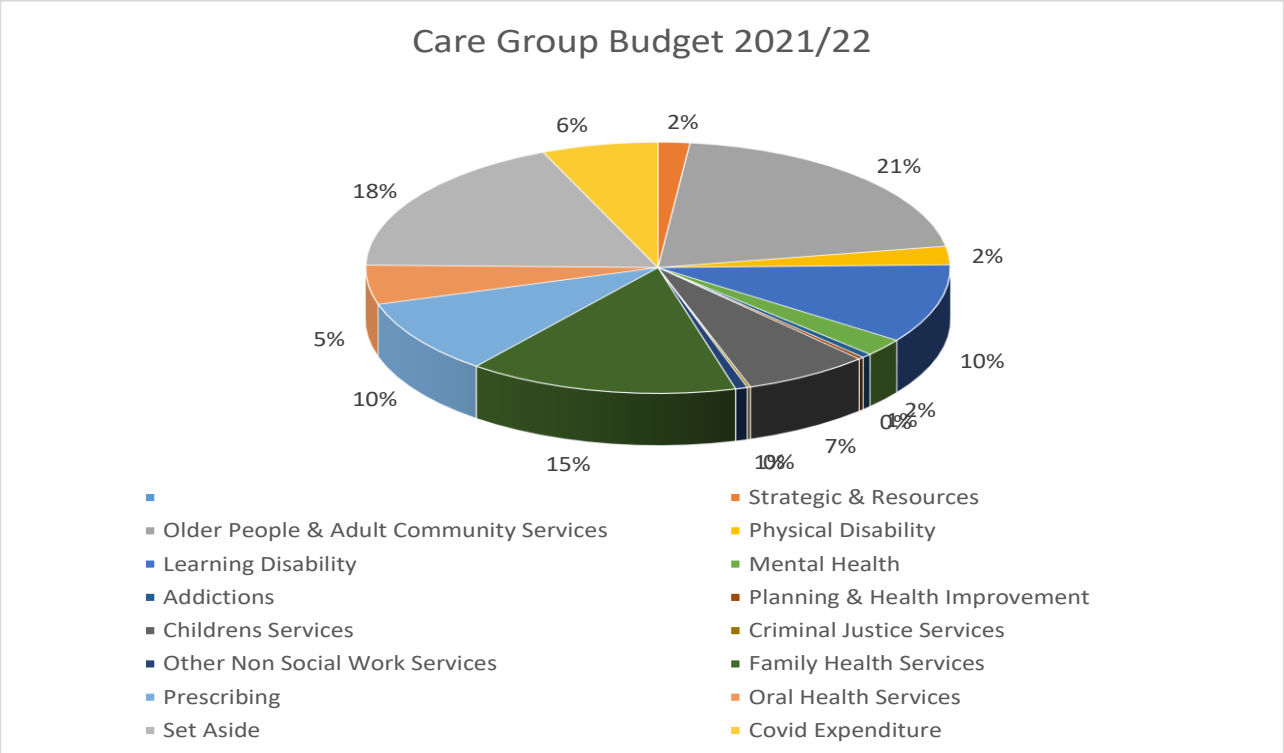
HSCP Board Budgets 2021/22 (from the 1st April 2021 to the 31st March 2022)

	Original Budget 2021/22 £000	In Year Adjustments £000	Final Budget 2021/22 £000
Functions Delegated by East Dunbartonshire Council	58,401	4,352	62,753
Functions Delegated by NHSGGC	84,678	29,299	113,977
Set Aside – Share of Prescribed Acute functions	33,712	2,270	35,982
TOTAL	**176,791**	**35,921**	**212,712**

The increases to the original budget for 2021/22 relate largely to non-recurring funding allocations during the year relating to oral health, family health services and Scottish Government funding to support alcohol and drugs, primary care improvements and Action 15 mental health monies. A significant increase for 2021/22 related to Covid-19 funding from the Scottish Government to support Covid-19 related expenditure across health and social care budgets in addition to the reserves held by the HSCP for this purpose. This was routed in its entirety through the health element of the HSCP budget with funding transferred to the local authority to support social work expenditure as required. This funding will ultimately further the HSCP Covid-19 reserves to support Covid-19 expenditure in 2022/23.

The budget is split across a range of services and care groups as depicted below:-

Diagram 2: Care Group Budget 2021/22



HOSTED SERVICES

East Dunbartonshire HSCP is one of six in the Greater Glasgow and Clyde area. To ensure consistency and for economy of scale, some health services are organised Greater Glasgow-wide, with a nominated HSCP hosting the service on behalf of its own and the other five HSCPs in the area. The Health Budget includes an element relating to Oral Health Services (£14m) which is a service hosted by East Dunbartonshire HSCP and delivered across the other five partnership areas within NHSGGC's boundaries.

The full extent of this budget is reflected in these accounts as prescribed within the Integration Scheme. There are services hosted within other NHSGGC partnerships which have similar arrangements and which support the population of East Dunbartonshire such as Musculoskeletal Physiotherapy, Podiatry, and Continence Care.

The extent to which these services are consumed by the population of East Dunbartonshire is reflected below:-

2020/21 £000	Service Area	2021/22 £000
545	MSK Physio	524
52	Retinal Screening	52
180	Podiatry	183
324	Primary Care Support	324
399	Continence	412
667	Sexual Health	646
0	Learning Disability – Tier 4	0
909	Mental Health Services	862
19	Augmentative and Alternative Communications	22
808	Oral Health	831
906	Addiction	833
166	Prison Healthcare	177
187	Healthcare in Police Custody	199
2,615	General Psychiatry	2,497
0	Learning Disability – In Patient	0
1,256	Old Age Psychiatry	1,080
9,033	**Total Cost of Services consumed within East Dunbartonshire**	**8,642**

The levels of expenditure have decreased in a number of areas since 2020/21 due to the inclusion of Covid-19 related expenditure which has been re-categorised or has reduced during 2021/22.

SET ASIDE BUDGET

The set aside budget relates to certain prescribed acute services including Accident and Emergency, General Medicine, Respiratory care, Geriatric long stay care etc. where the redesign and development of preventative, community based services may have an impact and reduce the overall unplanned admissions to the acute sector, offering better outcomes for patients and service users.

Work continues to be progressed in relation to the sum set aside for hospital services; however, arrangements under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and Integration Authority, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. To date work has focused on the collation of data in relation to costs and activity and the development of an Unscheduled Care Commissioning Plan which will set the priorities for the commissioning arrangement for un-scheduled care bed usage across NHSGGC.

An allocation has been determined by NHSGGC for East Dunbartonshire of £35.982m for 2021/22 in relation to these prescribed acute services. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

The set aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year. For 2021/22, while the overall

expenditure for GGC has increased, the actual figures for East Dunbartonshire have slightly decreased. This is due to the share of overall activity for Older People and Respiratory care having decreased. The impact of Covid-19 resulted in a reduction in activity however this reduction in activity is offset by an increase in additional expenditure. The additional expenditure was predominantly as a result of additional staff costs, increased beds, additional cleaning, testing, equipment and PPE. The costs associated with Covid-19 that are included within the set aside total, were £36.9m for NHS Greater Glasgow and Clyde. These costs were fully funded by Scottish Government.

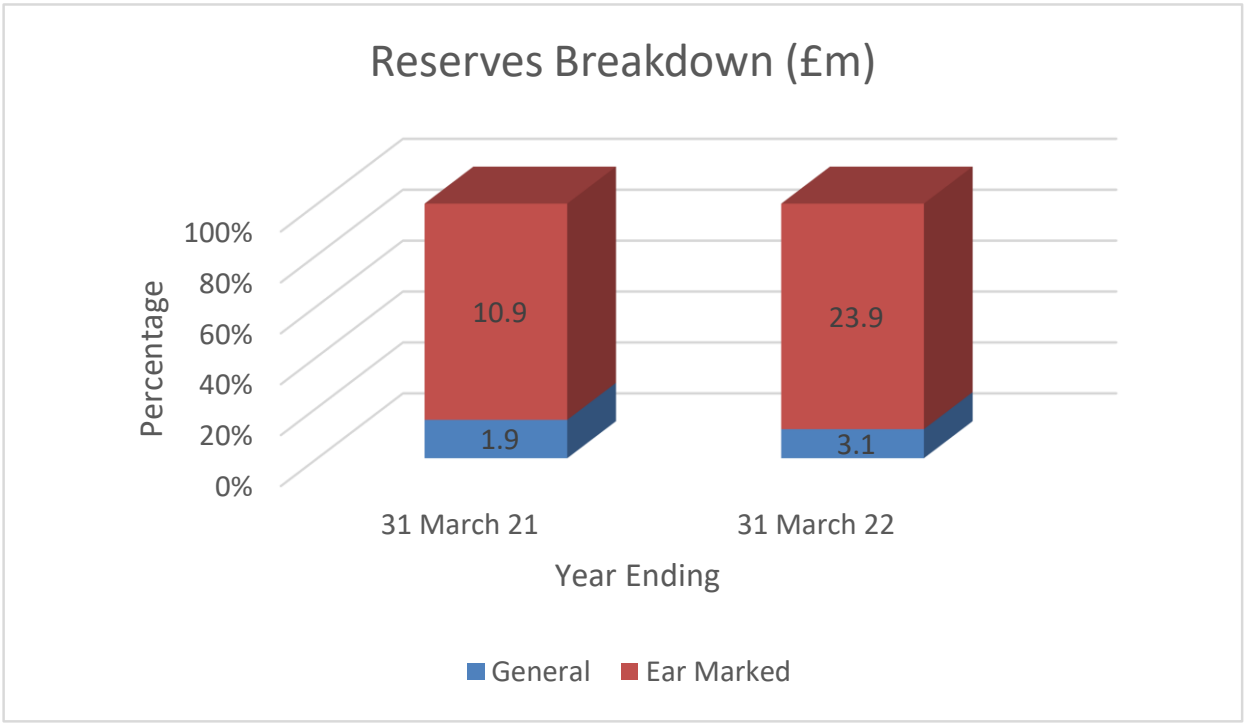
Locality Budgets

A small budget has been devolved to each locality (£5k each) to start to deliver on local priorities identified through the locality planning groups. A financial framework for each locality is under development which will seek to map the entirety of the partnership budget across each locality.

FINANCIAL PERFORMANCE 2021/22

The partnership's financial performance provides for a surplus of £14.1m against the partnership funding available for 2021/22. This includes unspent funding from Scottish Government received in year (to be carried forward to future years) in relation to Covid-19 funding, Primary Care Improvements, delivery of the Mental Health Strategy, Children's Mental Health and Wellbeing and Alcohol and Drugs monies. Additional funding received during the later stages of the financial year mask the true extent of surpluses on revenue budgets during the year. Adjusting this position for in year movements in reserves provides a surplus on budget of £3.1m for 2021/22 which has been reported throughout the year to the IJB through regular revenue monitoring updates.

This has further enhanced the reserves position for the HSCP from a balance of £12.8m at the year ending 31st March 2021 to that of a balance of £26.99m at year ending 31st March 2022. The reserves can be broken down as follows:



The Comprehensive Income & Expenditure for the HSCP includes £6.6m of expenditure related to the impact from Covid-19. The costs incurred during 2021/22 are set out in the table below. Costs were covered through HSCP earmarked reserves, held for this specific purpose, and additional funding received in year from the SG (an additional £10m received in the final quarter of the financial year). The balance has been taken to earmarked reserves to meet ongoing Covid-19 related costs during 2022/23.

Additional Covid -19 Costs - HSCP	**Revenue 2021/22**
Additional Personal Protective Equipment	83,874
Flu Vaccination	345
Scale up of Public Health Measures	96,310
Community Hubs	255,005
Additional Capacity in Community	110,849
Additional Infection Prevention and Control Costs	1,043
Additional Equipment and Maintenance	323,194
Additional Staff Costs	919,552
Additional FHS Prescribing	78,082
Additional FHS contractor costs	147,280
Social Care Provider Sustainability Payments	2,496,359
Payments to Third Parties	1,896
Children and Family services	1,140,210
Loss of Income	387,081
Other	5,178
Remobilisation - Digital & IT costs	27,652
Remobilisation - Primary Care	592,739
Total	**6,666,649**
Unachievable Savings	500,000
Offsetting cost reductions	(578,082)
Total Expenditure	**6,588,567**
Income:	
20/21 Surplus carried forward to 21/22	(6,128,439)
21/22 Allocation - General (Q1 + 70% Q2-4)	(18,000)
21/22 Allocation - PPE (Q1 + 40% Q2-4)	(377,000)
21/22 Allocation - Further Covid Funding	(10,029,000)
Total Income	**(16,552,439)**
Net Expenditure (Surplus)	**(9,963,872)**

Financial Outturn Position 2021/22

The budget for East Dunbartonshire HSCP was approved by the IJB on the 25 March 2021.This provided a total net budget for the year of £176.791m (including £33.712m related to the original set aside budget). This included £0.676m of agreed savings to be delivered through efficiencies, service redesign and transformation and a £1.1m financial gap which required the identification of additional transformation activity to deliver a balanced budget for the year and moving forward into future financial years. Given the focus of leadership and management capacity remains on the response to and recovery from the Covid-19 pandemic, the IJB agreed to the creation of a transformation reserve of £1.1m to under write the financial gap until such times as work can resume to identify and deliver transformation activity.

There have been a number of adjustments to the budget since the HSCP Board in March 2021 which has increased the annual budget for 21/22 to £212.712m. These adjustments along with recurring funding streams identified during the year end process for 2020/21 and in the initial monitoring periods of the budget for 2021/22, including additional funding to support Scottish Living wage uplifts to the care home sector, have reduced the financial gap to £0337m.

The partnership's financial performance across care groups is represented below:

Care Group Analysis	Annual Budget 2021/22 £000	Actual Expenditure 2021/22 £000	Year End Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Year End Variance £000
Strategic & Resources	4,233	3,699	535	70	(692)	(86)
Older People & Adult Community Services	46,388	42,868	3,520	909	(3,537)	892
Physical Disability	4,940	5,005	(65)	0	0	(65)
Learning Disability	21,341	20,289	1,052	40	(39)	1,053
Mental Health	5,740	5,035	706	572	(758)	520
Addictions	1,602	971	631	112	(689)	53
Planning & Health Improvement	582	485	97	55	(40)	112
Childrens Services	14,082	14,795	(713)	228	(153)	(638)
Criminal Justice Services	403	346	57	0	(50)	7
Other Non Social Work Services	1,348	810	537	0	0	537
Family Health Services	31,314	31,314	0	0	0	0
Prescribing	20,675	19,936	740	0	0	740
Oral Health Services	13,983	10,786	3,197	403	(3,600)	0
Set Aside	35,982	35,982	0	0	0	0
Covid Expenditure	10,099	6,246	3,853	6,194	(10,029)	18
Net Expenditure	212,712	198,566	14,146	8,583	(19,587)	3,142

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

Partner Agency	Annual Budget 2021/22 £000	Actual Expenditure 2021/22 £000	Actual Variance - Year End 21/22 £000
East Dunbartonshire Council	62,753	60,953	1,799
NHS GG&C	149,959	148,616	1,343
TOTAL	212,712	209,569	3,142

The main reasons for the variances to budget for the HSCP during the year are set out below:

- Mental Health, Learning Disability, Addiction Services (£1.7m under spend) - there was an ongoing reduced number of care packages across residential, daycare, care at home and supported living services, consequential reduction in transport costs as a result of the Covid-19 pandemic, coupled with continuing vacancies across psychology, nursing and social care staffing. There has been a gradual upward trend on the resumption of care packages across respite and daycare during the year, for services which had

ceased during the peak of the pandemic, and this trend is expected to continue as the picture continues to improve.

- Community Health and Care Services – Older People / Physical Disability (underspend of £0.8m) – there continued to reduced levels of care home placements (in part due to sporadic outbreaks in care homes limiting placement numbers and admissions) and within care at home services purchased from the external market. This mitigated the pressures within the in-house care at home service along with additional adult winter planning funding to increase capacity in this area.

- Children and Criminal Justice Services (overspend of £0.6m) – the over spend in this area is due to an increase in the number of high cost residential placements, fostering and kinship placements have also seen an increase. This is being mitigated to some extent through staff turnover savings.

- Housing Aids and Adaptations and Care of Gardens (underspend of £0.5m) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate. – there has been an ongoing vacancy within the care and repair service and a downward trend in the number of private sector housing grants to be awarded which may increase as work to progress tenders is underway.

- Prescribing (underspend of £0.7m) - the under spend on prescribing relates to a downturn in the volumes of medicines being prescribed compared to original budgeted projections and prices for medicines, based on an average cost per item, is also seeing a reduction. There have been some price increases associated with paracetamol and sertraline which have been managed within the overall under spend in this area.

Partnership Reserves

As at the 1st April 2021, the HSCP had a general (contingency) reserves balance of £1.9m. The surplus generated during 2021/22 (£3.1m) will allow the HSCP to further that reserve in line with the HSCP Reserves Policy. This will provide the HSCP with some financial sustainability into future years and an ability to manage in year unplanned events and afford a contingency to manage budget pressures without the need to resort to additional partner contributions as a means of delivering a balanced budget.

The performance of the budget during 2021/22 supports the HSCP in the creation of a reserve to support the redesign of accommodation of £2m across the HSCP in delivery of its strategic priorities, primarily related to the delivery of the primary care improvement programme, moving services currently delivered within acute settings to local communities, such as Phlebotomy, and additional space to accommodate increased staffing capacity in response to Adult Winter Planning monies, adult social work capacity funding. This provides a remaining balance on general reserves of £3.1m.

A Reserves policy was approved by the IJB on the 11th August 2016. This provides for a prudent reserve of 2% of net expenditure (less Set Aside) which equates to approximately £3.2m for the partnership. The level of general reserves is in line with this prudent level

and provides the partnership with a contingency to manage any unexpected in year pressures moving into future years of financial uncertainty.

The HSCP has also increased the level of earmarked reserves to £23.9m which are available to deliver on specific strategic priorities and largely relate to funding from the Scottish Government allocated late in the financial year. The most significant element relates to Covid-19 funding which accounts for £10.3m of ear marked reserves and be available to support ongoing expenditure related to Covid-19 and the recovery of services during 2022/23 with no further funding expected during 2022/23.

The total level of partnership reserves is now £26.990m.

Financial Planning

In setting the budget for 2022/23, the partnership had a funding gap of £0.449m following an analysis of cost pressures set against the funding available to support health and social care expenditure in East Dunbartonshire, this is set out in the table below:

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Recurring Budget 2021/22 (excl. Set aside)	58.402	87.327	145.729
Set Aside		37.759	37.759
Total Recurring Budget 2021/22	58.402	125.086	183.488
Financial Pressures - 22/23	11.462	2.665	14.127
Recurring Financial Gap 21/22	0.936		0.936
2022/232 Budget Requirement	70.801	127.751	198.552
2022/23 Financial Settlement	70.640	127.463	198.103
Financial Challenge 22/23	0.161	0.288	0.449
Budget Savings 20/21 - F/Y Impact	(0.340)	0.000	(0.340)
Transformation / Application of General Reserves	0.000	0.000	0.000
Savings Plan 22/23	(0.061)	(0.048)	(0.109)
Residual Financial Gap 22/23	**(0.240)**	**0.240**	**0.000**

Savings plans of £0.449m were identified to mitigate the financial pressures which delivered a balanced budget position moving into 2022/23.

The HSCP has a Medium Term Financial Strategy for the period 2022 – 2027 which outlines the financial outlook over the next 5 years and provides a framework which will support the HSCP to remain financially sustainable. It forms an integral part of the HSCP's Strategic Plan, highlighting how the HSCP medium term financial planning principles will support the delivery of the HSCP's strategic priorities. The Strategic Plan is currently under review, with an interim plan in place to cover the period to 2022.

There are a number of key opportunities and challenges for the HSCP at a national and local level. The most significant opportunity being the Review of Adult Social Care, elements of

which have now been reflected in the new programme for government, and will see significant investment across a range of areas including the development of a National Care Services on an equal footing to the National Health Service, expansion of support for lower-level needs and preventive community support, increasing support to unpaid carers and sums paid for free personal care.

The HSCP has particular demographic challenges to address.

The onset of a pandemic (Covid-19) and the impact of this on the delivery of health and social care services has had significant implications in the immediate / short term and this is expected to continue in the medium term as services recover and potential longer term impacts emerge which are yet to be fully assessed.

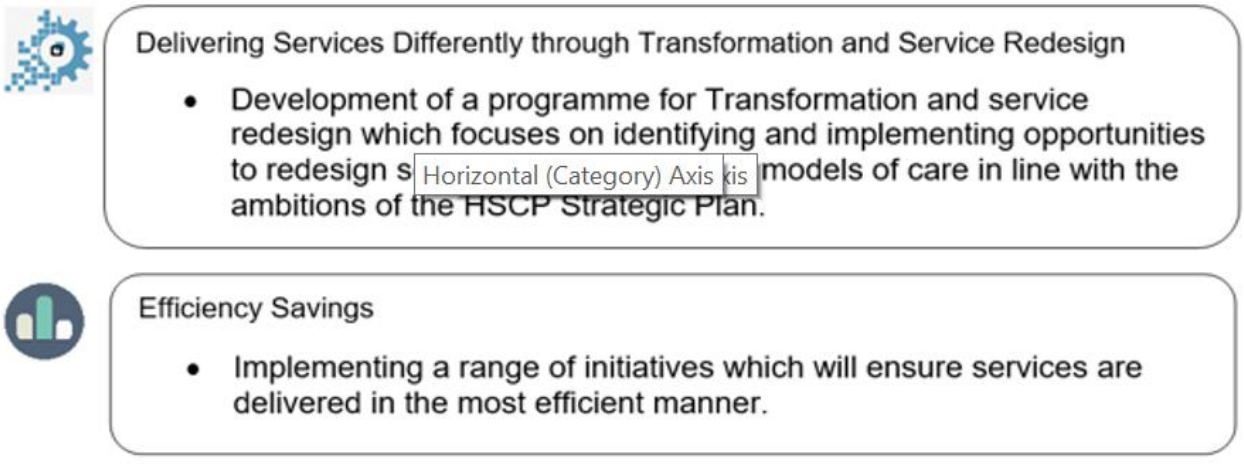
The Financial Challenge

The Medium Term Financial Strategy (MTFS) for the HSCP provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign. The MTFS was updated as part of the Budget Setting for 2022/23 in March 2022. The main areas for consideration within the MTFS for the HSCP are:-

- The IJB is planning for a range of scenarios ranging from best to poor outcomes in terms of assumptions around cost increases and future funding settlements. This will require the identification of £11.5m to £21.8m of savings with the most likely scenario being a financial gap of £11.5m over the next five years.
- This will extend to £28.9m over the next 10 years, however this becomes a more uncertain picture as the future environment within which IJBs operate can vary greatly over a longer period of time.
- Based on the projected income and expenditure figures the IJB will require to achieve savings between £0.5m and £3.0m each year from 2022/23 onwards.

The aim of the medium term financial strategy is to set out how the HSCP would take action to address this financial challenge across the key areas detailed below:

Key areas identified to close the financial gap



Strategic Commissioning

- Ensuring that the services purchased from the external market reflect the needs of the local population, deliver good quality support and align to the strategic priorities of the IJB.

Shifting the Balance of Care

- Progressing work around the un-scheduled care commissioning plan to address a shift in the balance of care away from hospital based services to services delivered within the community.

Prevention and Early Intervention

- Through the promotion of good health and wellbeing, self-management of long term conditions and intervening at an early stage to prevent escalation to more formal care settings.

Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity. This is an area of focus through the Review of Adult Social Care.

Comparative Income and Expenditure

A comparison of HSCP income and expenditure over the years since integration in 2015-16 is set out at **Annex 3**.

BEST VALUE

It is the duty of the HSCP Board to secure best value as prescribed in Part 1 of the Local Government in Scotland Act 2003. The Scottish Government have developed a best value framework to support public bodies in considering their responsibilities to secure best value, the partnership has assessed itself against this framework and this is reviewed and updated annually. This is set out in **Annex 4.**

Part 9. Inspection and Regulation

Service Inspections

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

ANNEX 1: National Outcomes and Local Priorities

The National Health and Wellbeing Outcomes are high-level statements of what the HSCP aims to achieve through improving quality across integrated health and social care services. The table below cross-references these with HSCP's Strategic Priorities.

Outcome		Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6	Priority 7	Priority 8
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X			X	X	X	X	
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.		X	X			X		
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.		X	X	X	X		X	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.			X	X			X	
5	Health and social care services contribute to reducing health inequalities.	X			X			X	

Outcome		Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6	Priority 7	Priority 8
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.							X	
7	People who use health and social care services are safe from harm.				X	X			X
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.								X
9	Resources are used effectively and efficiently in the provision of health and social care services.								X

ANNEX 2: CARE INSPECTORATE EVALUATIONS – LOCAL SERVICES

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

The Care Inspectorate will award grades for certain 'quality themes' that they have assessed. These 'quality themes' cover the main areas of a service's work. How well the service performs in these areas will indicate how good the service is. One or more themes will be assessed, depending on the type of service and its performance history. A grade is given to each of the quality themes assessed using a six point grading scale, which works in this way:

Grade 6 – Excellent	Grade 3 – Adequate
Grade 5 – Very good	Grade 2 – Weak
Grade 4 – Good	Grade 1 – Unsatisfactory

The functions delegated to the HSCP Board include a statutory obligation to provide or arrange services to meet assessed care needs. The HSCP Board "directs" the Council to provide or arrange these services on its behalf. Some of these services are delivered directly by the Council and others are purchased from the third and independent sectors. It is important that the quality of the services we directly provide and those purchased are both of the highest quality. The Partnership works to improve its own services through direct management and operational oversight. Purchased services are subject to detailed specification and contract monitoring by the Partnership's Commissioning Team. The grades of the services delivered by the Council and those purchased by the Partnership are set out below. The grades below are the most recent assessed by the Care Inspectorate for services based in East Dunbartonshire.

The Care Inspectorate now applies new National Care Standards. These have introduced new quality themes which will eventually apply to all registered services. The Care Inspectorate has begun applying these new quality themes.

The tables below have therefore separated out registered services by the framework of quality themes that were used as the basis of the inspections:

NEW INSPECTION MODEL:

Service	Wellbeing (previously Care & Support)	Leadership (previously Management & Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)
HSCP / Council In-house Services					
Ferndale Care Home for Children & Young People	5	Not Assessed	Not Assessed	Not Assessed	6
John Street House	5	Not Assessed	Not Assessed	Not Assessed	5
Homecare Service	4	3	4	Not Assessed	3
Commissioned - Supported Accommodation					
Cornerstone Community Care	5	5	Not Assessed	Not Assessed	Not Assessed
Independent Care Homes					
Abbotsford House	How good is our care and support during COVID-19 pandemic - 4				
Milngavie Manor	5	Not Assessed	Not Assessed	Not Assessed	5
Antonine House	How good is our care and support during COVID-19 pandemic - 4				
Birdston Care Home	5	Not Assessed	Not Assessed	Not Assessed	5
Buchanan House	4	4	4	3	4
Buchanan Lodge	4	4	4	3	4
Campsie View	3	3	3	3	3
Lillyburn	6	Not Assessed	Not Assessed	Not Assessed	5

Service	Wellbeing (previously Care & Support)	Leadership (previously Management & Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)
Mavisbank	How good is our care and support during COVID-19 pandemic - 4				
Mugdock	6	Not Assessed	Not assessed	Not assessed	5
Springvale	3	Not Assessed	Not assessed	Not assessed	Not Assessed
Westerton	How good is our care and support during COVID-19 pandemic – 3				
Whitefield Lodge	2	2	Not Assessed	Not assessed	Not assessed
Springvale	3	Not Assessed	Not assessed	Not assessed	Not Assessed
Ashfield	5	Not Assessed	Not Assessed	Not Assessed	5
Buttercup House	5	Not Assessed	Not Assessed	Not Assessed	4

PREVIOUS INSPECTION MODEL:

Service	Care and Support	Environment	Staffing	Management and Leadership
HSCP / Council In-house Services				
Milan Day Service	5	Not Assessed	5	Not Assessed
Kelvinbank Day Service	5	Not Assessed	5	Not Assessed
Meiklehill & Pineview	5	Not Assessed	Not Assessed	5
Fostering Service	5	Not Assessed	5	4
Adoption Service	4	Not Assessed	5	4

Service	Care and Support	Environment	Staffing	Management and Leadership
Community Support Team for Children and Families	5	Not Assessed	Not Assessed	6
Ferndale Outreach for Children & Young People	5	Not Assessed	5	Not Assessed
Commissioned - Supported Accommodation				
Key Housing Association – Key Community Supports – Clyde Coast (Group registration covers Milngavie, Kirkintilloch, Clydebank, Alexandria & Dalmuir)	5	Not Assessed	Not Assessed	5
Living Ambitions (Group registration covers Glasgow North & West Services)	5	Not Assessed	4	4
Orems Care Services	4	Not Assessed	4	Not Assessed
Quarriers (Phase 3)	4	Not Assessed	4	Not Assessed
Quarriers (Phase 2)	4	Not Assessed	4	4
Quarriers (Phase 1)	5	Not Assessed	Not Assessed	5
Real Life Options East Dunbartonshire Service	5	Not Assessed	5	Not Assessed
The Richmond Fellowship East & West Dunbartonshire Support Living Services	5	Not Assessed	Not Assessed	5

ANNEX 3: COMPARATIVE INCOME & EXPENDITURE 2015/16 – 2021/22

Objective Analysis****	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17****	**2015/16***
Strategic / resources	3,044	2,568	3,042	3,205	3,648		
Addictions	1,351	1,369	1,285	1,360	1,253		
Older people	42,664	38,644	39,410	36,916	34,531		
Learning disability	20,479	19,333	19,580	18,559	18,068		
Physical disability	5,005	4,880	4,067	4,042	4,003		
Mental health	5,520	5,378	5,155	5,129	5,349		
Adult services						55,546	24,064
Children & families	14,795	14,262	14,277	13,514	13,056	6,906	-
Criminal justice	346	162	211	258	226		
Other - non social work	810	741	817	946	1,198	959	597
Community health services						9,123	7,222
Oral health	10,786	9,820	9,835	9,899	9,632	10,217	5,913
Family health services***	31,314	29,822	27,678	25,848	24,724	43,431	25,355
Prescribing	19,936	19,178	19,484	19,072	19,473		
Covid-19	6,245	7,215					
Operational costs	289	282	270	246	234	201	17
Cost of Services Managed By East Dunbartonshire HSCP	162,584	145,111	145,111	138,995	135,394	126,383	63,168
Set Aside for Delegated Services provided to Acute Services	35,982	36,975	32,247	*27,471*	17,381	17,381	9,570

Total Cost of Services to East Dunbartonshire HSCP	198,566	190,629	177,358	166,466	152,775	143,764	72,738
NHS Greater Glasgow & Clyde	(149,959)	(144,950)	(120,508)	(111,583)	(99,721)	(96,797)	(48,067)
East Dunbartonshire Council	(62,753)	(57,719)	(55,760)	(52,690)	(51,910)	(50,963)	(26,059)
Taxation & Non Specific grant Income	(212,712)	(202,669)	(176,268)	(164,273)	(151,631)	(147,760)	(74,126)
(Surplus) or deficit on Provision of Services	(14,146)	(12,040)	1,090	2,193	1,144	(3,996)	(1,388)
Movement in Reserves	(14,146)	(12,040)	1,090	2,193	1,144	(3,843)	(1,388)

General Reserves	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**2015/16**
Movement in General Reserves only****	(1.143)	(1,935)	41	916	1,703	(1,483)	(1,177)
Balance on Reserves	(3,078)	(1,935)	0	(41)	(957)	(2,660)	(1,177)

** Relates to part year from 3rd September 2015 to the 31st March 2016 for adult social work and community health services only.*
*** Relates to full year for adult social work and community health services and part year for inclusion of children's social work and criminal justice services from August 2016.*
*** Family health services includes prescribing for the years 2015/16 and 2016/17.
**** Objective analysis reflects care group split from 2017/18 onwards.
***** An additional £2.1m of re-designated earmarked reserves were used in addition to the balance within general reserves for 18/19 and £0.6m for 19/20.
****** Set aside for 18/19 and 19/20 was re -stated to reflect updated figures based on a much more detailed approach including actual spend and activity for each year.

ANNEX 4: ACHIEVEMENT OF BEST VALUE

Best Value Audit June 2022 – HSCP Evaluation		
1.	Who do you consider to be accountable for securing Best Value in the IJB	Integration Joint Board Integration Joint Board Performance, Audit & Risk Committee HSCP Chief Officer HSCP Chief Finance & Resources Officer Senior Management Team HSCP Leadership Group and Forum Parent Organisations around support services, assets and all staff who are involved in commissioning and procurement.
2.	How do you receive assurance that the services supporting the delivery of strategic plans are securing Best Value	Performance management reporting on a quarterly basis to IJB. Explicit links between financial and service planning through Annual Service Delivery Planning and Delivery Planning Board updates. Application of HSCP Performance Reporting and Quality Management Frameworks Monthly Performance Reports Annual Performance Report Audit and Inspection Reports Integration Joint Board Meetings – consideration of wide range of reports in furtherance of strategic planning priorities. Annual Delivery Board scrutiny Engagement with Finance leads from partner organisations Performance, Audit & Risk Committee scrutiny Clinical & Care Governance Group Strategic Planning Group Senior Management Team scrutiny (HSCP) Service specific Leadership Groups and operational management supervision Corporate Management Teams of the Health Board and Council Service specific performance updates to SMT on a monthly basis. Operational Performance Review: biennial scrutiny by CEOs of Council and Health Board Housing, Health & Social Care Forum Business Improvement Planning (BIP) and How Good is our Service (HGIOS) reports to Council, including Local Government Benchmarking Framework analysis. HSCP Commissioning Strategy and Market Facilitation Plan

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

Best Value Audit June 2022 – HSCP Evaluation		
5.	Do you consider there to be a culture of continuous improvement?	The HSCP has an overarching Quality Management Framework that establishes a cultural and operational commitment to continuous improvement. The HSCP Clinical & Care Governance Group provides strategic leadership in developing a culture of continuous improvement with representation across all professional disciplines and operational service groups with a focus on improving the quality of services delivered throughout the partnership. There is a range of activity in this area: • A number of HSCP service areas now have service improvement plans in place and a focused approach to quality/continuous improvement (QI). Examples of these improvements are captured and reported through the Clinical & Care Governance Group and reported to the IJB. • The Public Service User and Carers group has been involved developing improvement activity on areas highlighted through engagement events. • In addition, a number of service review and redesign work strands are underway/or planned to maximise effectiveness, resources and improve the patient/service users journey across East Dunbartonshire. • The HSCP Annual Delivery Plan is focussed on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach (subject to regular IJB reports). • Lessons learned through Covid-19 response has escalated a number of areas of improvement e.g. through maximising use of digital, virtual meetings, focus on aspects of quality improvement through enhanced support to care home sector. • HSCP Organisational Development and Training, Learning and Education resources support services in undertaking improvement activity. • A wide range of stakeholder consultation and engagement exercises, to evaluate the quality of customer experience and outcomes. • Regular service audits, both internal and arm's length. • An extensive range of self-evaluation activity, for example case-file assessment against quality standards. • There are opportunities for teams to be involved in Quality Improvement development, which includes ongoing support and coaching for their improvement activity through our organisational development lead.

Best Value Audit June 2022 – HSCP Evaluation		
		• Workforce planning and OD/service improvement (SI) activity is planned, monitored and evaluated through our Workforce People and Change leads. • A Quality and Improvement Framework has been developed to support continuous improvement within the in-house Home Care Service.
6.	Have there been any service reviews undertaken since establishment – have improvements in services and/or reductions in pressures as a result of joint working?	A robust process for progressing service reviews is in place with support from the Council's transformation team where appropriate. A number of reviews have been undertaken including: • Review of locality management arrangements to support locality working including alignment of contractual arrangements for care at home services. • Homecare Review and implementation – concluded during 19/20 to undertake an objective and focused review of care at home services to identify improvements in service delivery and the sustainability of the service into the longer term. Evaluation concluded and further improvements embedded. Move to locality based contractual arrangements to match in house delivery. Initial service improvements made to support more effective discharge from and prevention of admission to hospital in line with strategic priorities, move to locality model, informed care at home framework requirements, improved and strengthened leadership model consolidated. • Review of Learning Disability Services - Whole System Review of services to support individuals with a learning disability including daycare provision and supported accommodation. Overarching Adult Learning Disability Strategy established that sets out redesign priorities. Fair access and resource allocation policy approved and implemented to manage current and future demand on a sustainable basis and to achieve Best Value. Day service element progressing with accommodation options well underway within the Allander development. Development of future models which will seek to limit costly out of area placements. Work underway to progress improvements and developments across LD in house and commissioned supported accommodation. • Review of Mental Health & Addiction Services through an updated needs assessment with an action plan for progression in line with recovery based approach and strategic realignment of commissioned services. • Review of Older People's Daycare and Social Supports model through an updated needs assessment to be supported through the development of an Older People's

Best Value Audit June 2022 – HSCP Evaluation		
		Formal and Informal Social Supports and Daycare Strategy. The HSCP is also participating in a number of reviews in collaboration with NHS GGC such as • Un scheduled Care Review / Commissioning Plan/ Design and Delivery Plan • Mental Health Review and 5 year Strategy • Primary Care Improvement Plan (PCIP) and delivery of the GP contract requirements There are a number of work streams to be progressed through the HSCP Annual Delivery Plans which sets out the transformation activity for the year and the strategic areas of work the HSCP will be progressing during 22/23.
7.	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact.	The oversight for any improvement activity identified through service review, inspection reports, incident reporting or complaints learning is through the Clinical and Care Governance Group. This is reported through the SMT, the Performance, Audit & Risk Committee and the IJB to ensure priority is afforded to progress areas of high risk with scope for most improvement. The Annual Delivery Board has a role to consider and oversee service redesign which will deliver service improvement including robust business cases and progress reporting to ensure effective delivery in line with strategic planning priorities and quality care governance and professional standards.
8.	What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures.	All savings proposals are subject to a full assessment which includes: • Alignment to Strategic Plan • Alignment to quality care governance and professional standards including risk assessment by Professional Lead • Equalities impact assessed • Risk assessment by responsible Heads of Service and mitigating actions introduced • Stakeholder engagement as appropriate Where possible, the HSCP look to take evidence based approaches or tests of change to ensure anticipated benefits are realised and there is no compromise to care.
9.	Is performance information reported to the board of sufficient detail to enable	Regular budget and performance monitoring reports to the IJB give oversight of performance against agreed targets with narrative covering rationale, situational analysis and improvement actions for areas where performance is off target. These reports are presented quarterly as well as the detailed

Best Value Audit June 2022 – HSCP Evaluation		
	value of money to be assessed	Annual Performance Report. Financial performance reported every cycle to IJB. Plans to revise format of performance report to include finance narrative to provide linkages of impact of performance on the partnership financial position. The Annual Service Delivery Plan aligns key priorities for service redesign and transformation to the delivery of efficiency savings which are regularly reported through the Financial monitoring reports to the IJB and regular scrutiny of the transformation plan through the Performance, Audit and risk committee.
10.	How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable	Workforce and Organisational Development plan linked to strategic plan. Oversight through Staff Partnership Forum and reporting through the IJB. Service review process involves staff partnership representation for consideration of workforce issues. Regular budget and performance monitoring reports to the IJB give oversight of this performance. Financial planning updates to the IJB on budget setting for the partnership highlighting areas for service redesign, impact and key risks. Regular review and update on reserves positions as a means of providing contingency to manage any in year unplanned events. All IJB reports contain a section outlining the financial implications of each paper for consideration.

East Dunbartonshire Health & Social Care Partnership

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本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا درخواست کرنے پر (اردو) زبان میں ترجمہ کیا جا سکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

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East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 8.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15th SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/08**
CONTACT OFFICER:	**ALAN CAIRNS / ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP QUARTER 1 PERFORMANCE REPORT 2022-23**

1.0 PURPOSE

The purpose of this report is to inform the HSCP Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period April to June 2022 (Quarter 1).

2.0 RECOMMENDATIONS

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

2.1 Note the contents of this report; and

2.2 Consider the Quarter 1 Performance Report 2022-23 at **Appendix 1**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 The 2022-23 HSCP Quarter 1 Performance Report contains a range of information, most of which is available and complete for the full reporting period.

3.2 There are routine delays with the publication of validated data by Public Health Scotland, due to incomplete hospital-derived data in Section 3 of the report and the timing of certain waiting times data publications. In order to provide an indication of up to date performance in these areas, Greater Glasgow and Clyde Health Board's own hospital-derived activity data has been included. These are presented in a way that also permits summary comparison of our performance against targets and with other HSCP areas across the Health Board area. The methodology of local Health Board data differs in aspects from national data publications, so is not precisely comparable. However it provides an accurate proxy set of data while waiting for published national figures.

3.3 A new indicator has been included in the quarterly performance reports for 2022-23: Adult Social Work – Service User Personal Outcomes (p20). Health and social care performance indicators often measure the effectiveness or efficiency of processes, such as timescales from referral to treatment. Whilst measuring processes can be very useful, it does not necessary reveal the quality of outcomes for the people we support. Within social work support planning, there is an emphasis on measuring how well care and support meets agreed outcomes and this is reviewed at least annually. Significant work has been undertaken to improve the support planning processes and the capture of this information on the social work management information system "Carefirst". This now allows the achievement of outcomes to be aggregated and included in performance reporting. This new indicator is designed to provide a measure of the extent to which care and support have fully or partly met people's personal outcomes, during the period. More analysis is available to help teams review this information in detail, to ensure that the support they provide is effective and focused in ways that manage risk and maximise independence.

3.4 The Covid-19 pandemic continues to impact on performance. Presenting need, demand, service activity, response and service capacity have all been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance.

3.5 During 2020-21 the HSCP suspended summary RAG ratings to avoid the risk of misrepresentation of the attribution of service activity to performance, given the pandemic's significant impact on the health and social care whole system. During 2021-22, summary RAG ratings were re-introduced, with the addition of a "white" rating where activity was clearly and significantly impacted by the pandemic. For 2022-23, the performance report has reverted to the pre-pandemic RAG ratings, but caution should continue to be applied to interpretation. The narrative at each individual measure has been used to set out context, analysis and any associated improvement action.

3.6 The HSCP Board is invited to consider performance across each of the indicators and measures, which are aligned to the delivery of the national Health and Wellbeing Outcomes and the HSCP strategic priorities.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

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

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

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1** – HSCP Quarter 1 Performance Report 2022-23

East Dunbartonshire
Health & Social Care
Partnership

PERFORMANCE REPORT 2022-23
QUARTER 1

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SECTION 1
Introduction

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

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

Covid-19 Pandemic Impact:

The Covid-19 pandemic impacts on a number of the performance metrics covering 2022-23 with the diversion of health and social care resources to support the crisis response, as well as service access challenges during periods of high levels of community and hospital disease transmission.

The HSCP has business continuity plans in place to guide the delivery of essential services. Covid-19 Recovery and Transition Plans are also in place which guide service recovery through and out of the pandemic. During ongoing response planning we will be working across service areas in collaboration with partner organisations, service users and the wider community to maintain and re-establish service provision to meet the needs of our residents.

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

Section 2: Performance summary
This section provides a summary of status of all the performance indicators provided in this report by indicating which indicators have improved and which have declined.

Section 3: Health & Social Care Delivery Plan
The data for unscheduled acute care reported in this document is provided by National Services Scotland for the Ministerial Steering Group for Health & Social Care (MSG). This section provides the latest available data for those indicators identified as a priority by the MSG.

Section 4: Social Care Core Indicators
This is the updated report of the Social Care core dataset, provided by EDC Corporate Performance & Research team.

Section 5: NHS Local Delivery Plan (LDP) Indicators
LDP Standards refer to a suit of targets set annually by the Scottish Government, and which define performance levels that all Health Boards are expected to either sustain or improve.

Section 6: Children's Services Performance
This is the updated report of Children's Services performance, provided by EDC Corporate Performance & Research team.

Section 7: Criminal Justice Performance
This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8: Corporate Performance
Workforce sickness / absence, Personal Development Plans (PDP) & Personal Development Reviews (PDR) are monitored, and reported in this section

SECTION 2
Performance Summary

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

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

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

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

Positive Performance (on target & maintaining/improving)

3.4	Number of Accident and Emergency attendances (all ages)
4.1	Number of homecare hours per 1,000 population 65+
4.3	Community Care Assessment to Service Delivery Timescale
4.6	Adult Social Work: Service User Personal Outcomes
5.1	% of people waiting <3 weeks for drug and alcohol treatment
6.3	% of first Child Protection review conferences taking place within 3 months of registration
6.6	% of children receiving 27-30 months assessment
7.3	% of court report requests allocation to a social worker within 2 days

Positive Performance (on target but declining)

4.5	% of Adult Protection cases where timescales are met
5.2	% of people waiting <18 weeks for psychological therapies
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
6.1	Child Care Integrated Assessments (ICAs) submission timescales to Reporters Administration
7.1	% of individuals beginning a work placement within 7 days of receiving a Community Payback Order

Negative Performance (below target but maintaining/improving)

3.1	Number of unplanned acute emergency admissions
3.2	Number of unscheduled hospital bed days
4.2	% of People 65+ with intensive needs receiving care at home
4.4	Number of people 65+ in permanent care home placements
5.3	% of people newly diagnosed with dementia receiving post diagnostic support
6.4	% of children being Looked After in the community
7.2	% of Criminal Justice Social Work reports submitted to court on time
8.5 / 8.6	NHS Knowledge & Skills Framework and Council Performance Development Review achievement against target

Negative Performance (below target and declining)

3.3	Number of Delayed Discharge Bed Days
5.4	Total number of alcohol brief interventions delivered
5.6	Child and Adolescent Mental Health Services (CAMHS) waiting times
6.2	% of initial Child Protection case conferences taking place within 21 days from receipt of referral
6.5	% of first Looked After and Acccommodated Children (LAAC) reviews taking place within 4 weeks of accommodation

SECTION 3
Health & Social Care Delivery Plan

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

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

3.1 Emergency Admissions

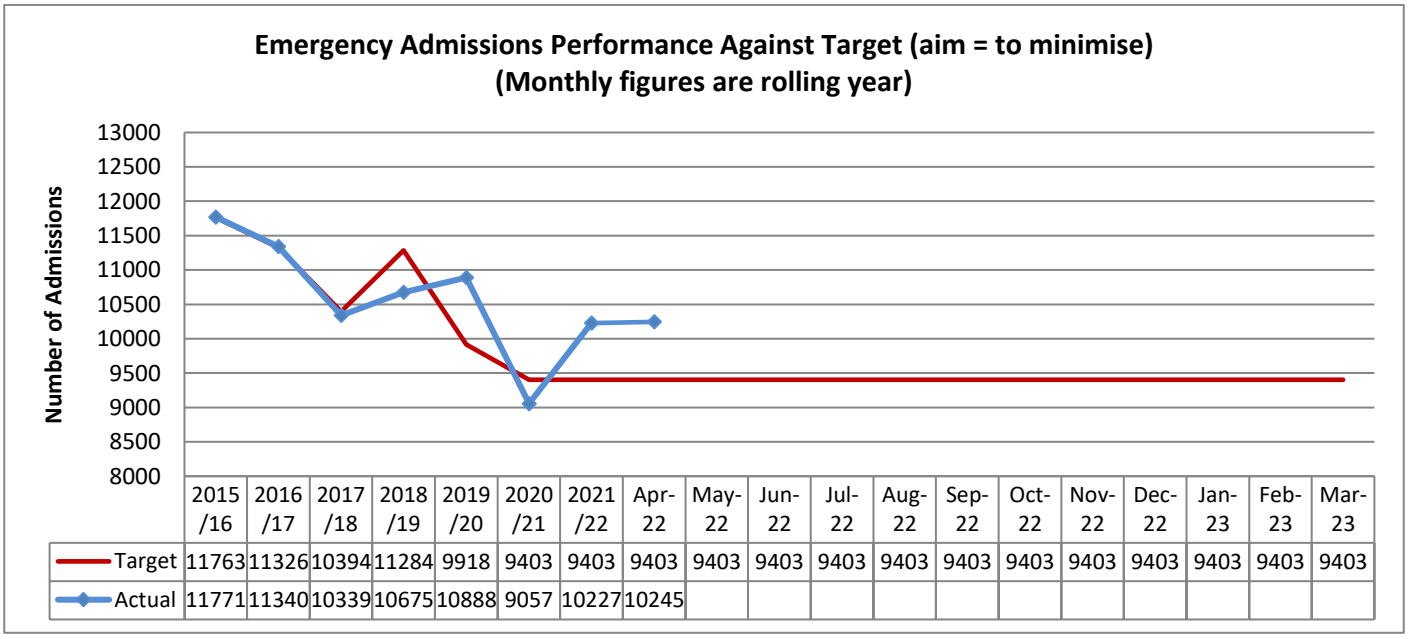
Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise.

Table 3.1: Quarterly Number of Unplanned Acute Emergency Admissions

Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Target (2022-23)
2,630	2,551	2,517	2,528	Full Q1 not available	2,351

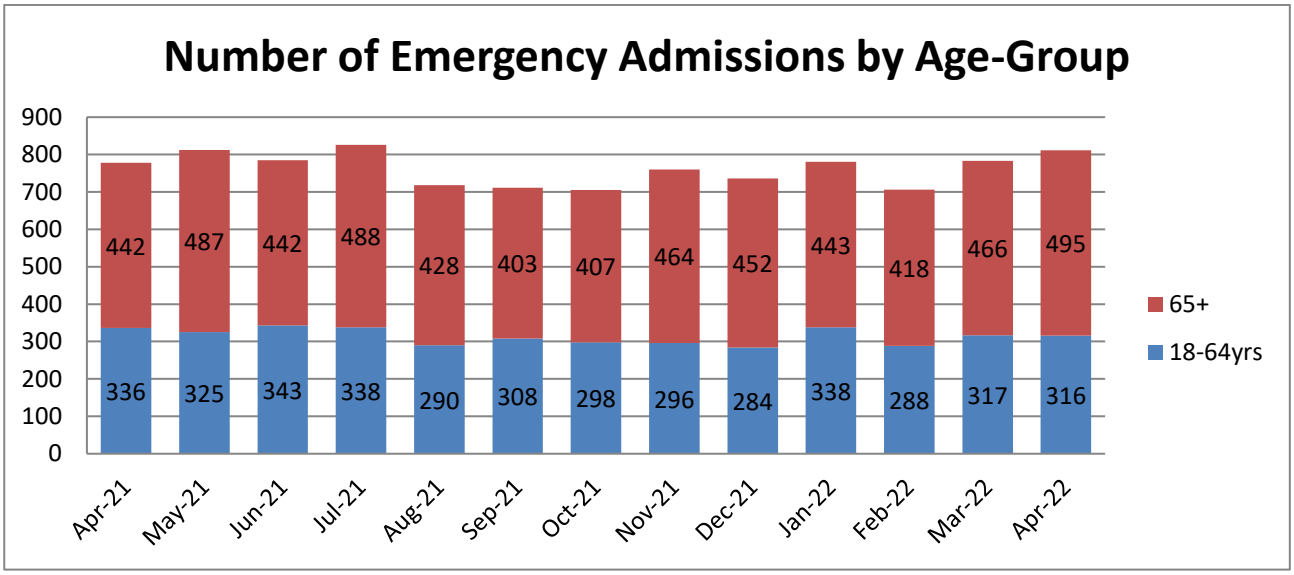
*Based on availability of complete data for quarter at time of report – subject to update.

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



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

Figure 3.1b: Unplanned Emergency Admissions by Age Group



Situational Analysis:
The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. It is also a proxy indicator of the level of complexity being managed in the community, as secondary care clinicians continue to consider the majority of unplanned admissions of East Dunbartonshire residents as clinically appropriate.

An initial impact of the Covid-19 pandemic was a substantial reduction in emergency hospital admissions for most of 2020-21 (as can be seen in 3.1a above). This was reflective of a substantial reduction in non-Covid-related emergency hospital activity during this period. This may have been due partly to public messaging at the time to protect the NHS in its efforts to treat people with Covid-19 and community reaction to avoid public areas where transmission levels may be higher. Certainly, emergency admissions reduced most particularly during each of the most active waves of the pandemic. Admissions since the start of 2021-22 have shown a steady increase and we have been in excess of our target for admissions since May 21.

Improvement Actions:
The Partnership will continue to work with NHSGGC colleagues to impact positively on admissions levels through preventative work, demand management and continued service remobilisation across the whole system. Improvement activity is focused on the continued development of the Home First Response Service at the Queen Elizabeth University hospital with corresponding expanded and enhanced community based rehabilitation services, providing rapid assessment to assist in the prevention of admission and expedite discharge from the acute. Learning from the Covid-19 experience has and is being used to inform ways of working, this includes the expansion of falls prevention work in care homes and an increase in access to advanced clinical decision making in community services through our Advanced Practitioner cohort. Key to this work will be to ensure that behind these trends, people are not having proper diagnosis and treatment compromised.

3.2 Unscheduled hospital bed days; acute specialities

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

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

Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Quarterly Target (2022-23)
21,564	21,299	21,216	21,781	Full Q1 not available	20,181

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

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

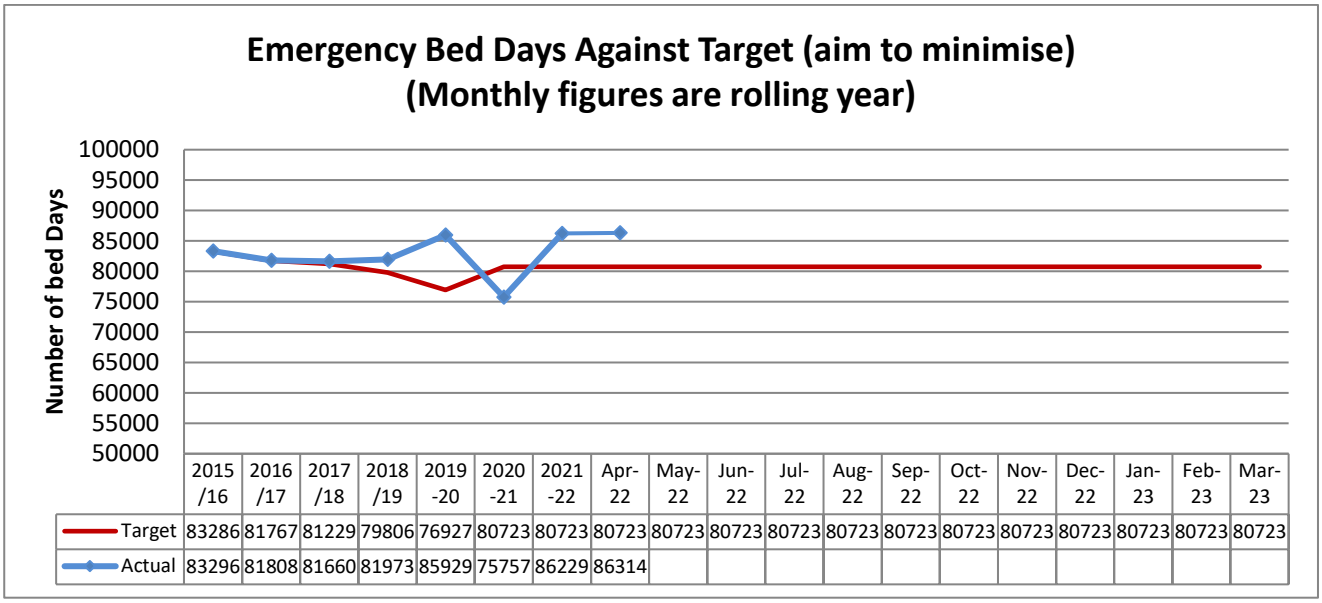
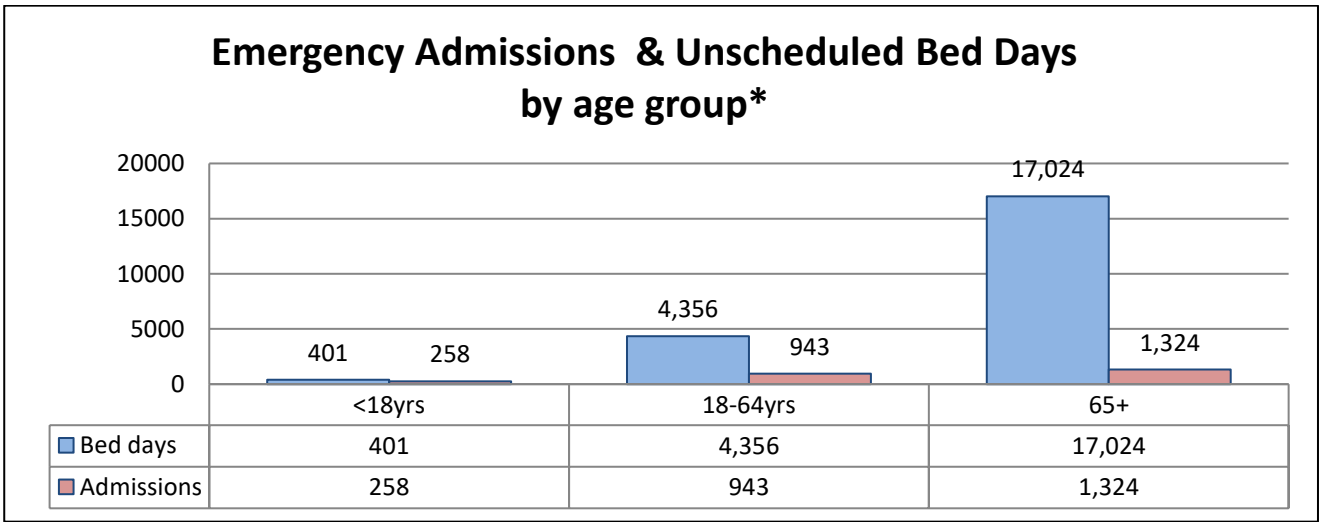


Figure 3.2b: Number of Unscheduled Admissions/Hospital Bed Days by Age Group *



*Based on most recent complete 3 month data period (>=95% complete)

Situational Analysis:
This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. Fig 3.2a illustrates what was a challenging trend away from the target trajectory over the years to 2019-20, but the pandemic significantly reversed this trend during 2020-21, reflecting the reduction in emergency hospital admission, described above. The "bounce-back" during 2021-22 has been sustained into quarter 1 of 2022-23 and has taken emergency bed days back to pre-Covid levels and off-target. This is linked to the increasingly complexity and frailty of people from East Dunbartonshire admitted as an emergency, and the impact of their experience during the pandemic on their suitability/safety for immediate discharge home

Improvement Actions:
As in normal circumstances, our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days is avoided. This continues to be an important component of managing hospital capacity through the pandemic and towards recovery. Improvement activity continues to include daily scrutiny of emergency admissions and proactive work with identified wards to facilitate safe discharge. This operates alongside proactive work to support people currently in our services who are at greatest risk of admission via activity such as falls prevention, polypharmacy management and anticipatory care planning. In the Covid context, as we move through recovery and remobilisation, the balance will be to ensure diagnosis and treatment are optimised and that time in hospital is absolutely necessary and for clinical reasons. As referenced above, new developments are being progressed to support the turnaround of patients who present to emergency departments who can be supported towards a planned rather than emergency episode of care by tailoring community support at home.

3.3 Delayed Discharges

Rationale: People who are ready for discharge will not remain in hospital unnecessarily.
Aim = to minimise

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

	Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Quarterly Target (2022-23)
No. Bed Days	**1,072**	**1,036**	**1,438**	**1,742**	**Full Q1 not available**	**1,210**

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

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

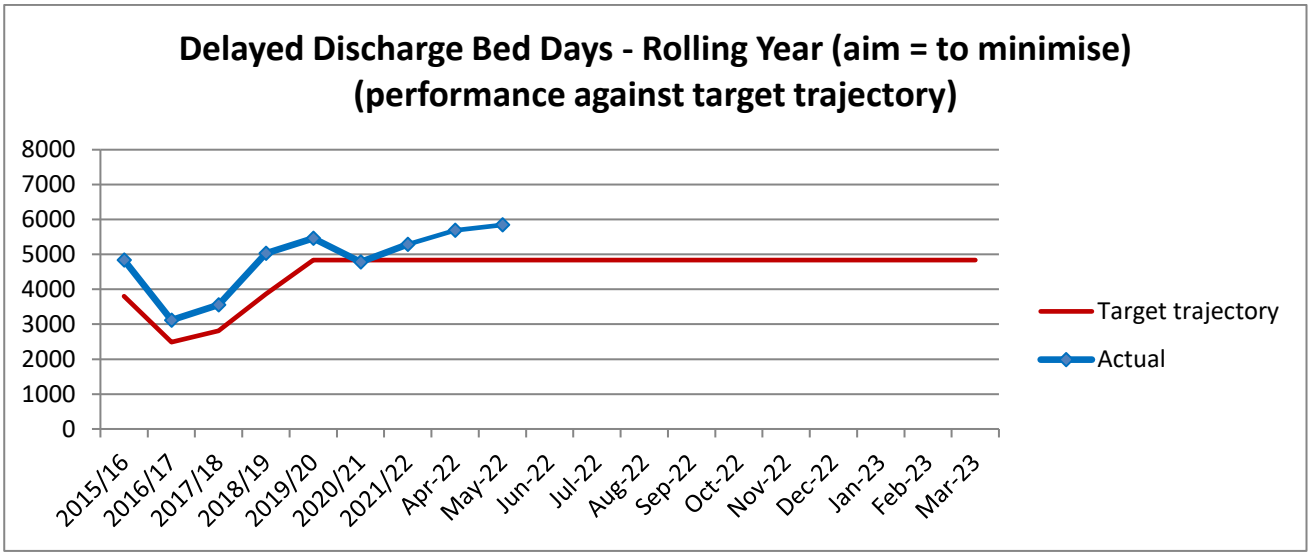
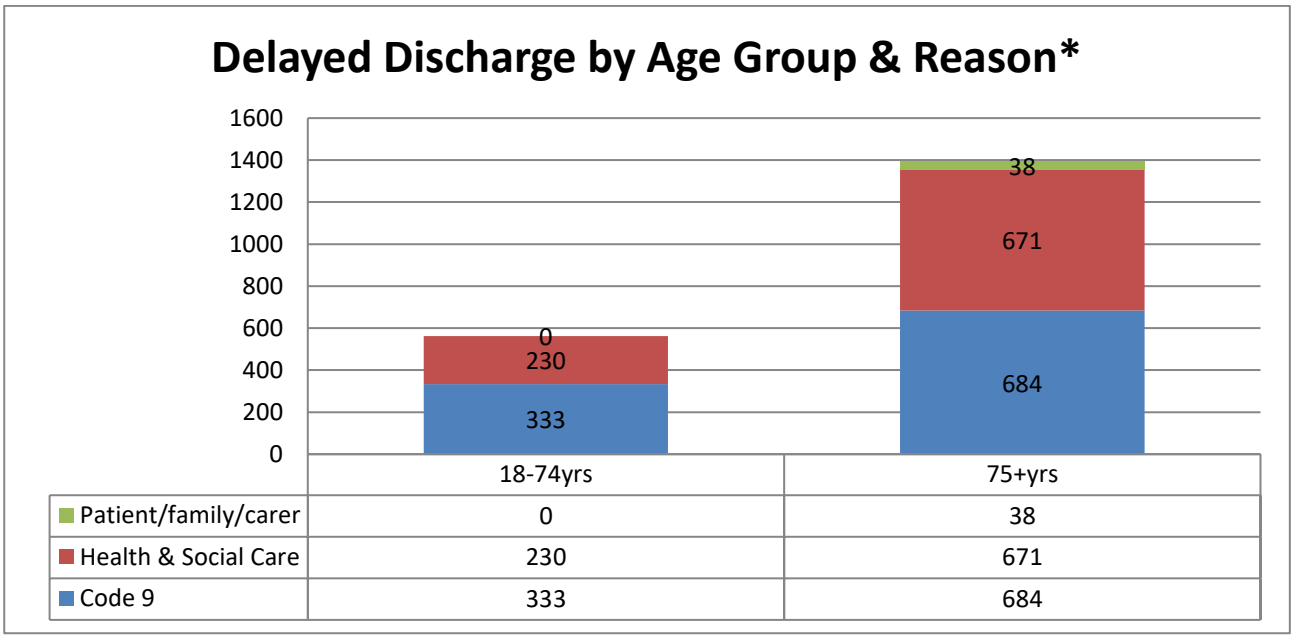


Figure 3.3b: Number of Delayed Discharges by Age and Reason



	18-74yrs	75+yrs
Patient/family/carer	0	38
Health & Social Care	230	671
Code 9	333	684

*Based on most recent complete 3 month data period

Situational Analysis:

Facilitating discharge from hospital when a patient is clinically fit to return home is an important component of the health and social care whole system. This ensures that people are supported safely at home where possible, reduces the loss of independence and allows hospital resources to be used for people in need of clinical care. This has been a particular focus during the period of the pandemic. 2020-21 was characterised by a marked reduction overall in delayed discharges due to Covid-19 emergency planning. National data is only available to May 2022, but the fig. 3.3a illustrates the very challenging circumstances that continue to be experienced nation-wide with discharge planning, due to outbreaks in hospital and follow-on community-based care services. External scrutiny from the NHSGG&C Discharge Team continues to reflect their assurance that all is being done by EDHSCP in relation to delayed discharges. They recognise the specific challenge for us regarding complex cases (particularly where patients are subject to Adults with

Incapacity legislation), because there is sustained throughput of our delayed patients, unless there are specific circumstances.

Improvement Actions:
Use of electronic operational activity "dashboards" continues to enable local oversight of community patients who have been admitted to hospital so that we can respond more quickly, prior to these patients being deemed fit for discharge. We can also see patients who have been admitted who are not currently known to us, again allowing us to intervene early. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. Home for Me continues to coordinate our admission avoidance and discharge facilitation work (including discharge to assess) across a range of services, and us being expanded through recent Winter System Pressures funding as far as recruitment allows. We continue to work closely with care homes and other registered care providers to provide intensive support and assurance to support their recovery from the pandemic and return to more normal levels of activity.

3.4 Accident & Emergency Attendances

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

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

Q1 2021-22	Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Quarterly Target (2022-23)
6,991	7,308	6,214	6,422	Full Q1 not available	6,740

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

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

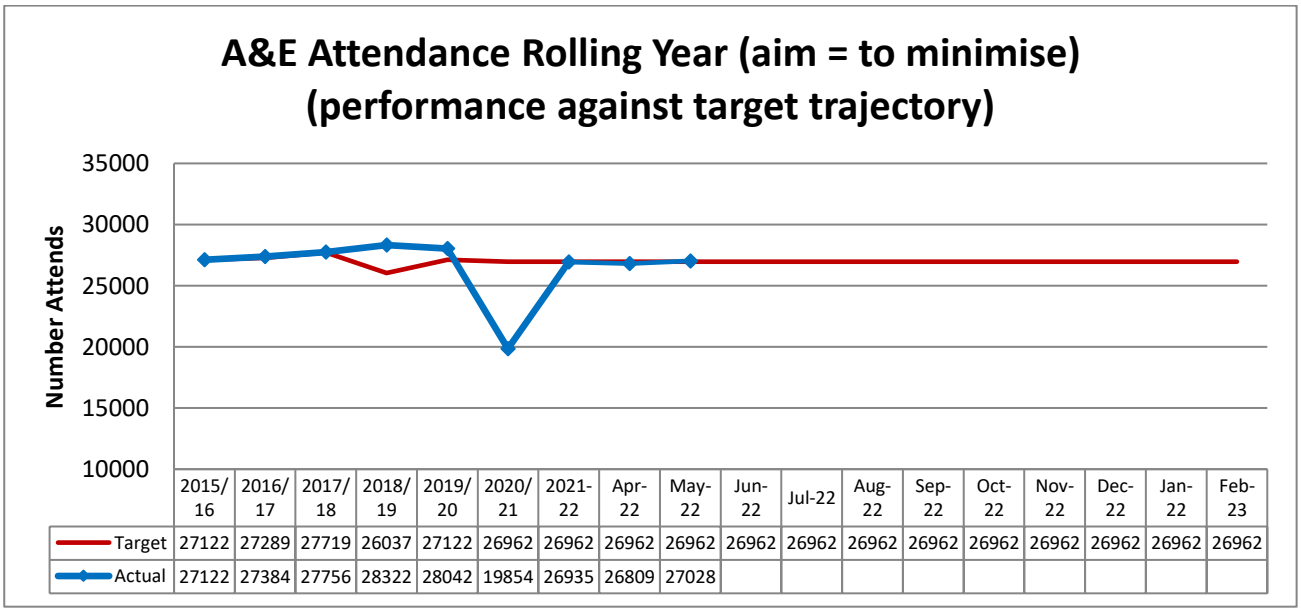
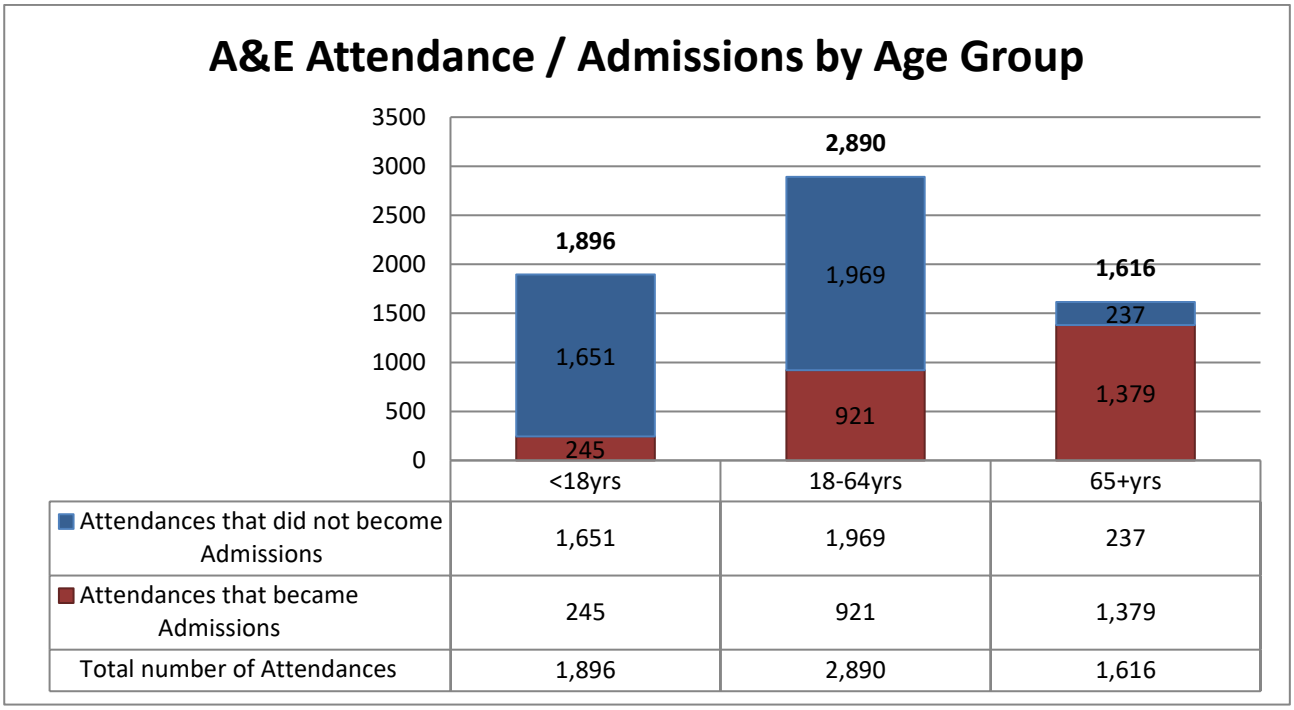


Figure 3.4b: A&E Attendances Admitted to Hospital by Age Group



	<18yrs	18-64yrs	65+yrs
Attendances that did not become Admissions	1,651	1,969	237
Attendances that became Admissions	245	921	1,379
Total number of Attendances	1,896	2,890	1,616

*Based on most recent complete 3 month data period (>=95%)

Situational Analysis:
Pre-Covid, East Dunbartonshire had the second lowest level of emergency department attendances across Greater Glasgow and Clyde and this continued since then, despite the considerable impact that the pandemic has had on attendance numbers. There was a very steep reduction in attendances during the first year of the pandemic due to a combination of public messaging and reduced community circulation. Over 2021-22, attendances returned to pre-Covid levels (as shown at 3.4a), with levels currently on-target.

The data at 3.4b shows the proportion of those who attended A&E who were subsequently discharged, suggesting that a significant number of those in the younger age-groups attending A&E could have had their needs met in the community or via self-care. In order to address this on a national level "Right Care, Right Place" is now operating across Scotland. Scotland's new approach to urgent care has those with non-life threatening conditions who would usually visit an emergency department first, asked to call NHS 24 day or night on 111 through the NHS Board's Flow Navigation Hub. People can also continue to call their GP practice for urgent care or access help online from NHS Inform.

In common with emergency admissions and associated days in hospital outlined above, a similar pattern of substantial interruption was experienced during 2020-21, with emergency non-Covid-19 emergency attendances reducing markedly. National data is only available to November 2021, but is can be seen across the unscheduled care metrics that activity is increasing.

Improvement Actions:
From an HSCP perspective we continue to progress all developments supporting the transformation of patient access to the right advice and support from the appropriate professional and/or alternative community resources. Additionally, as referenced above,

we are improving our response to people attending hospital following emergency conveyance or self-presentation – initially at the QEUH with plans to expand to the GRI.

3.5 Local Data Updates and Benchmarking

As indicated at the start of this section, the data reported in this report is provided as part of a national publication by Public Health Scotland (PHS). Data linkage and verification results in a time-lag, which explains why the most recent reporting month is January 2022 for a number of these core indicators.

In order to provide a local update to these figures, the table below is included here. This table is populated with NHSGGC data, which applies a slightly different methodology to PHS but is accurate for use as proxy data to show more up to date figures. The table compares our performance for the reporting year to date against target and against other HSCP's in Greater Glasgow and Clyde. As indicated above, the Covid-19 pandemic continues to significantly impact the pattern of unscheduled care during the reporting period:

East Dunbartonshire HSCP Unscheduled Care
Data Summary: April to June 2022

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG*	Rank in GGC (most recent month)
Emergency Dept. Attendances (18+)	4,665	4,919		2
Emergency Admissions (18+)	2,319	2,351		3
Unscheduled bed days (18+)	23,175	20,181		3
Delayed discharge bed days (all ages)	1,989	1,210		4

* RAG rating used:
Green: equal to or ahead of target (ahead of target is 'positive')
Amber: off-target by less than 10% (off-target is 'negative')
Red: off target by 10% or more

(Source: NHSGGC - East Dunbartonshire HSCP Analysis)

SECTION 4
Social Care Core Indicators

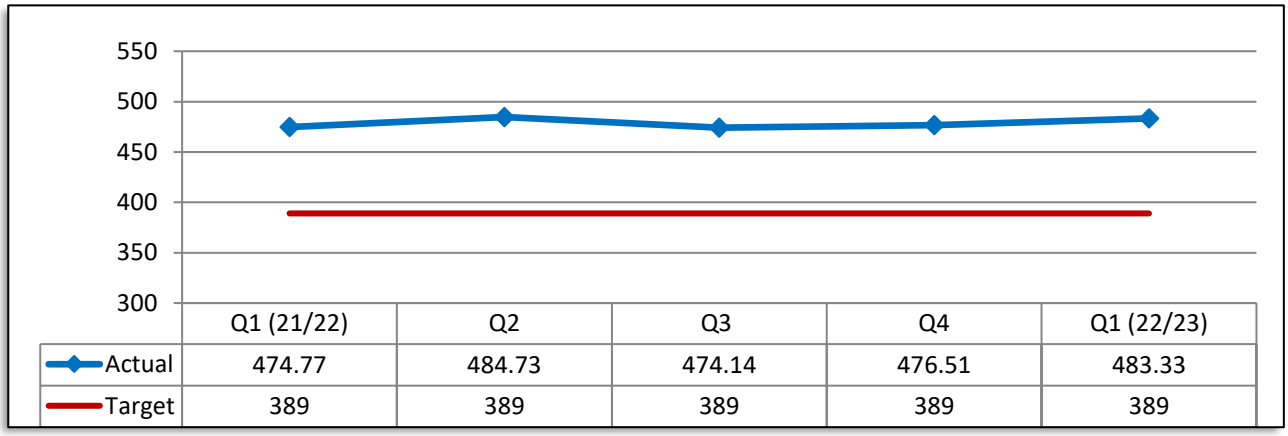
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in the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

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

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

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

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



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22/23)
Actual	474.77	484.73	474.14	476.51	483.33
Target	389	389	389	389	389

Situational Analysis:
This indicator was first established nationally to measure the extent of community-based support, in comparison with institutional care. The number of homecare hours per 1000 population over 65 is ahead of target for 2022-23 quarter 1. Whilst this demonstrates success in supporting people in the community, the increase is also a result of rising demand and complexity. Our analysis on the reasons for this rising demand point to the disproportionate increase in people aged 85+ in East Dunbartonshire, which has been the highest in Scotland over the past 10 years at +5% per year. We are projected to continue to have the fastest growing increase over the next 10 years. People aged 85+ overall have the greatest level need in terms of volume and intensity of older people's health and social care services. Approximately 40% of people 85+ in receipt of at least one social/personal care at home service.

Improvement Action:
Care at home is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in

their preferred place of care and reducing the number of people living in long term care are all dependant on care at home.

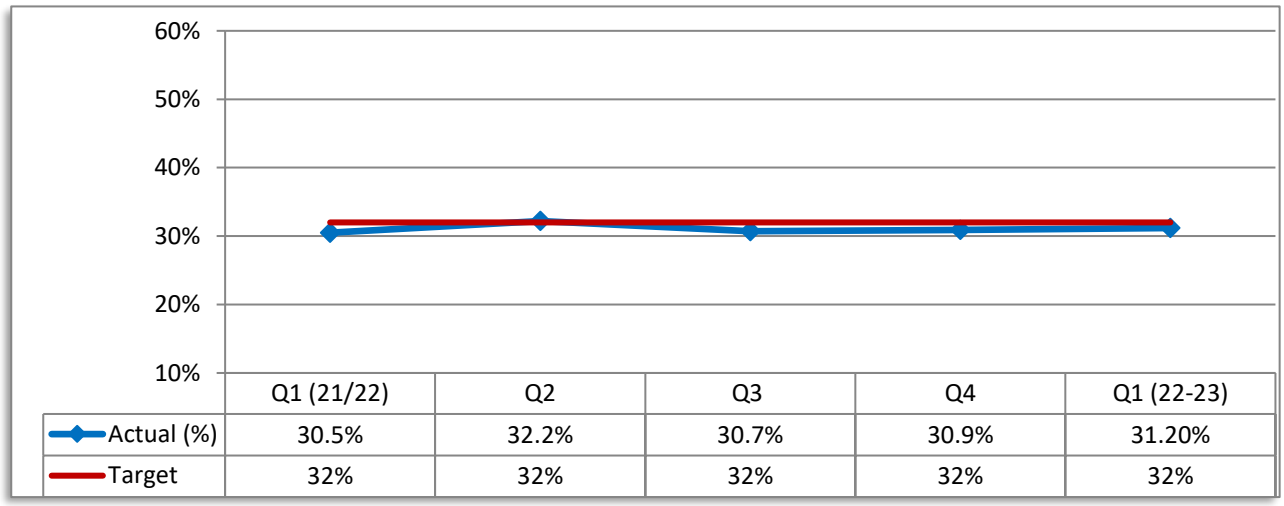
Implementation of the revised organisational structure and service delivery model resulting from the strategic review of care at home is complete. Some remedial changes resulting from the benefits realisation process that were delayed due to the Covid-19 pandemic, have now also been put in place. These have included adjustments to the direct care: leadership ratio for senior carers and a significant increase in care package review capacity.

The HSCP is working to our Covid-19 transition and recovery plan for homecare services to inform the way through and out of the pandemic. This will ensure that services continue to be available for people with eligible needs and maximises care in the community. The service continues to experience a sustained demand for service from customers who are presenting with more complex needs or whose needs have escalated or significantly changed, resulting in enhancements to the care package provided, and some customers have experienced a delay in their care package starting which is atypical in the East Dunbartonshire system, which illustrates the capacity pressures described throughout this report, and which are being actively managed by the service

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

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

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



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	30.5%	32.2%	30.7%	30.9%	31.20%
Target	32%	32%	32%	32%	32%

Situational Analysis:
This indicator is on target for Q1, 2022-23. The indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a measure of intensive support. Our policy is to support people with intensive care needs in the community as far

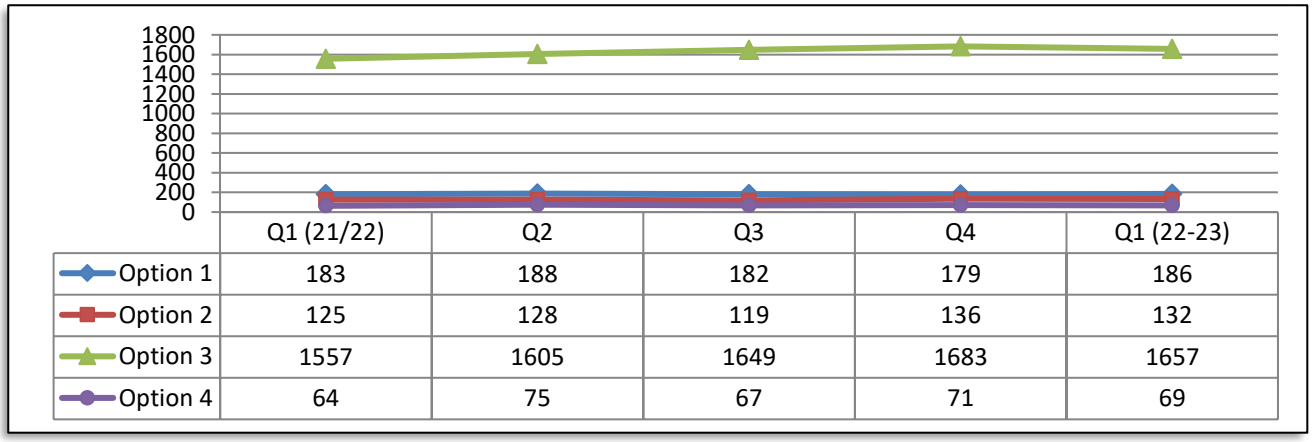
as possible, traditionally the aim has been to maximise this value. However we also have to be mindful of the need to maximise independent living using "just enough" support rather than creating over-dependency. We have been consistently around target for this indicator but have reported a slight dip over the past two quarters, which may be a consequence of Covid-19-related demand, and the resultant impact on capacity in our own internal care at home service and amongst our commissioned providers.

Improvement Action:
Our intention is to maintain good, balanced performance in this area, addressing capacity challenges and maximising rehabilitation and reablement opportunities wherever possible for customers. Increased capacity to undertake reviews of externally commissioned packages of care will address our challenges in supporting new customers and those with fluctuations in need.

4.2b Systems supporting Care at Home

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

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



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22-23)
Option 1	183	188	182	179	186
Option 2	125	128	119	136	132
Option 3	1557	1605	1649	1683	1657
Option 4	64	75	67	71	69

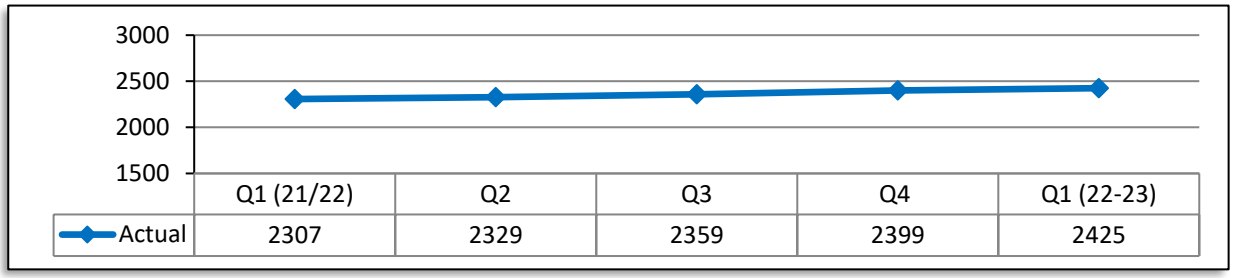
Situational Analysis:

The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice. This quarter has seen a decrease across options 1 and 4, and an increase in option 2 and 3. The issues relating to the recruitment of social care staff and Personal Assistants may be becoming a barrier just now to options 1 and 4, where the customer has more responsibility for sourcing the support independently and they may perceive that there is a benefit in options 2 and 3 where the agency has the responsibility to cover carer absence.

Option 1 – The service user receives a direct payment and arranges their own support
Option 2 – The service user decides and the HSCP arranges support
Option 3 – After discussing with the service user, the HSCP decides and arranges support
Option 4 – The service user uses a mixture of options 1-3.

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

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



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22-23)
Actual	2307	2329	2359	2399	2425

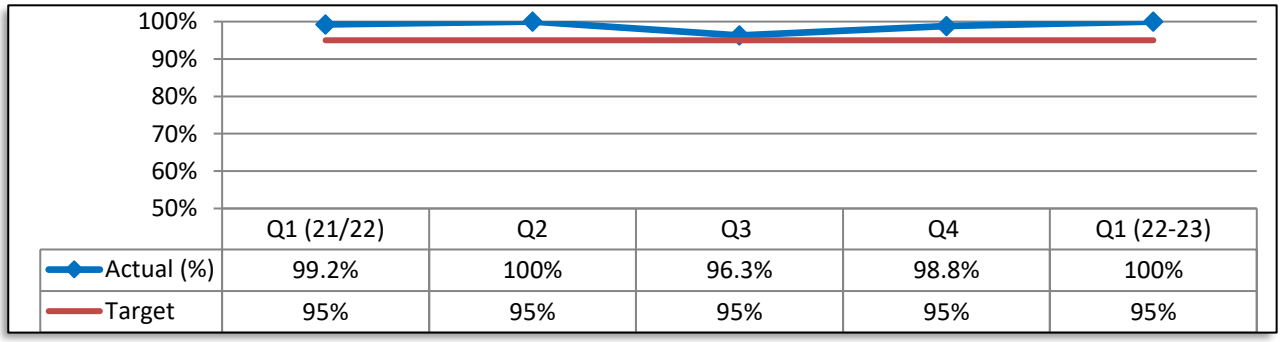
Situational Analysis:
There has continued to be a gradual increase in the number of people aged 75 and over with a telecare package. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

Improvement Action:
We continue to implement the actions of our Digital Health and Social Care Action Plan, seeking to link traditional telecare with telehealth monitoring and technology enabled care. The specification for a shared alarm receiving solution across all 32 Local Authorities is in the final stages which includes a shared data set for monitoring and reporting. The programme of work to transition telecare from analogue to digital channels is also progressing.

4.3 Community Care Assessment to Service Delivery Timescale

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

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



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	99.2%	100%	96.3%	98.8%	100%
Target	95%	95%	95%	95%	95%

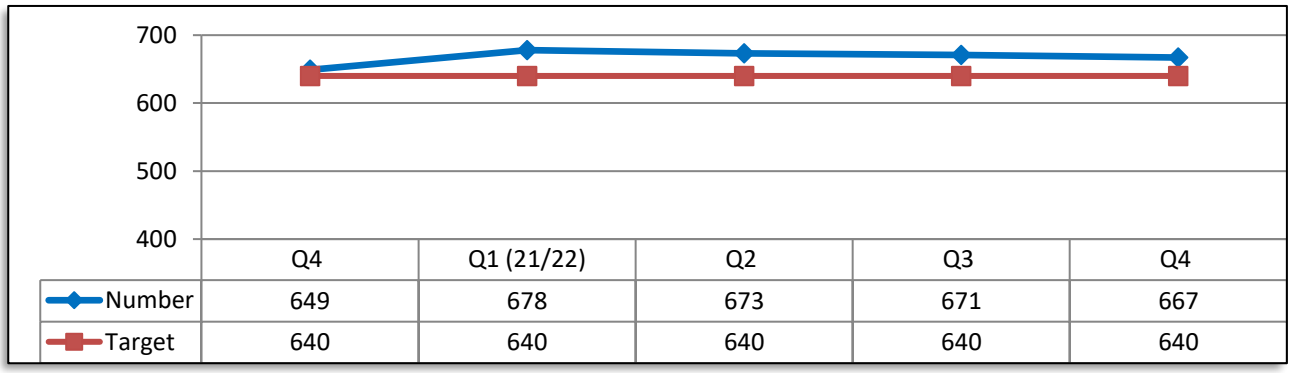
Situational Analysis:
The HSCP has reported consistently high levels of compliance against this indicator. In Q1 2022-23, performance was 100% against this target. Indeed, many people receive services well within the 6 week target from the completion of their community care assessment.

Improvement Action:
The focus is to continue to deliver high levels of performance in this areas.

4.4 Care Home Placements

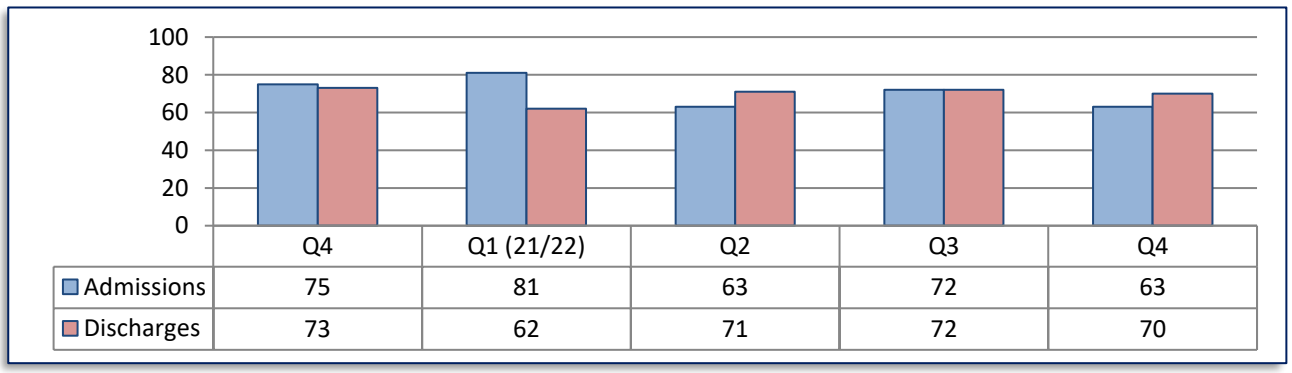
Rationale: The focus of the HSCP is to maximise opportunities for people to live active, independent lives for as long as possible which will prevent avoidable long term care placement. Aim = monitor care home placement numbers/maintain baseline

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



	Q4	Q1 (21/22)	Q2	Q3	Q4
Number	649	678	673	671	667
Target	640	640	640	640	640

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



	Q4	Q1 (21/22)	Q2	Q3	Q4
Admissions	75	81	63	72	63
Discharges	73	62	71	72	70

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

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

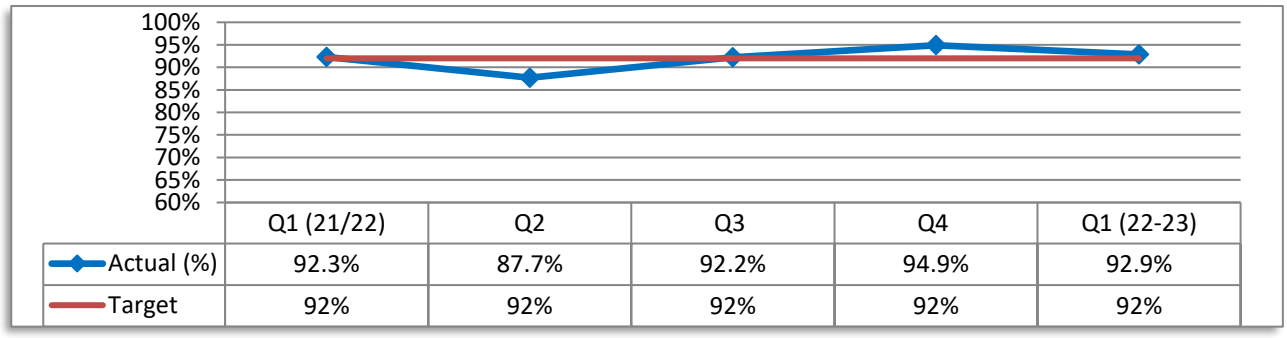
The availability of care home admission and discharge data is generally subject to time lag, due to transactional processes and recording, so the most recent data relates to January to March 2022. Admissions to Care Homes are still below pre-Covid levels and continue to be affected by outbreaks of Covid-19 which results in the Care Home being closed to admissions, or to staffing shortages impacting on the ability to accept new residents.

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

4.5 Adult Protection Inquiry to Intervention Timescales

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

Figure 4.5 Percentage of Adult Protection cases where timescales were met (Aim = to maximise)



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	92.3%	87.7%	92.2%	94.9%	92.9%
Target	92%	92%	92%	92%	92%

Situational Analysis:
Quarter 1 has reported on-target performance. This shows positive recovery from a dip below target during the middle part of 2021-22, which was due to the impact of Covid-19 on staffing levels within the operational teams and a sharp increase in referrals.

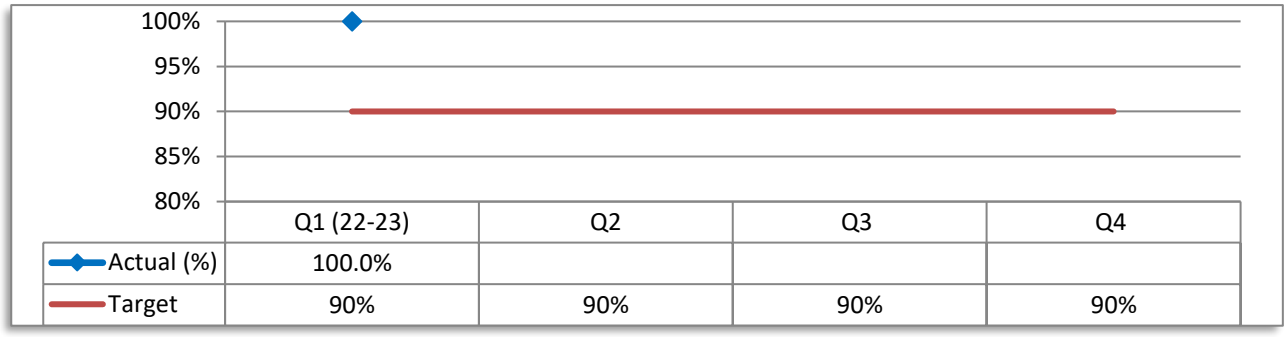
Improvement Action:
Continue to pursue achievement of compliance with target timescales. Performance is regularly scrutinised by the Adult Protection Committee to identify improvement opportunities and these are progressed where possible. An updated national performance reporting framework has been developed with testing underway during 2022. Any necessary adjustments to reporting will be made once the framework has been agreed for implementation.

4.6 Adult Social Work: Service User Personal Outcomes (*new measure for 2022-23*)

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

Figure 4.6 Percentage of adults in receipt of services who have had their personal outcomes fully or partially met

(Aim = to maximise)



	Q1 (22-23)	Q2	Q3	Q4
Actual (%)	100.0%			
Target	90%	90%	90%	90%

Situational Analysis:
Quarter 1 has reported strong performance for this new indicator, at 100%, well above the target of 90%.

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

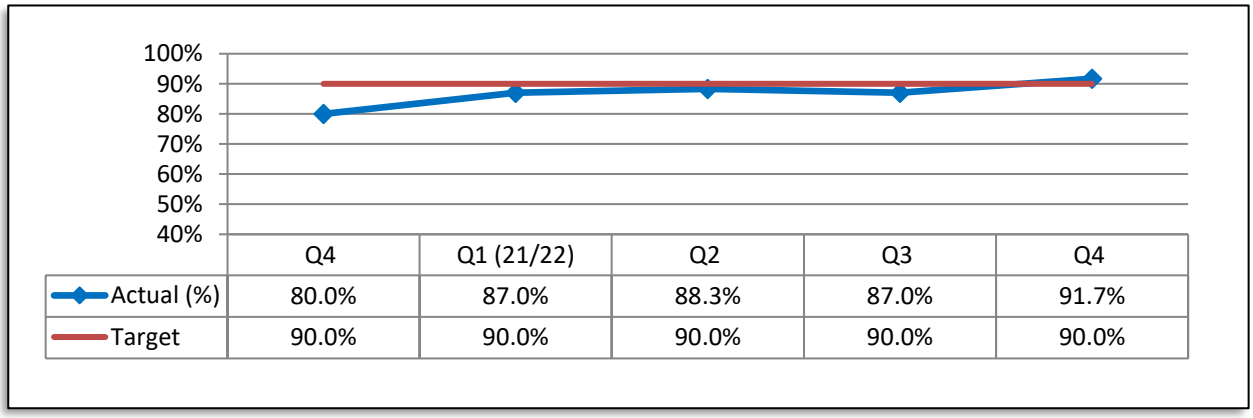
SECTION 5
Local Delivery Plan (Health) Standards

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

5.1 Drugs & Alcohol Treatment Waiting Times

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

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



	Q4	Q1 (21/22)	Q2	Q3	Q4
Actual (%)	80.0%	87.0%	88.3%	87.0%	91.7%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

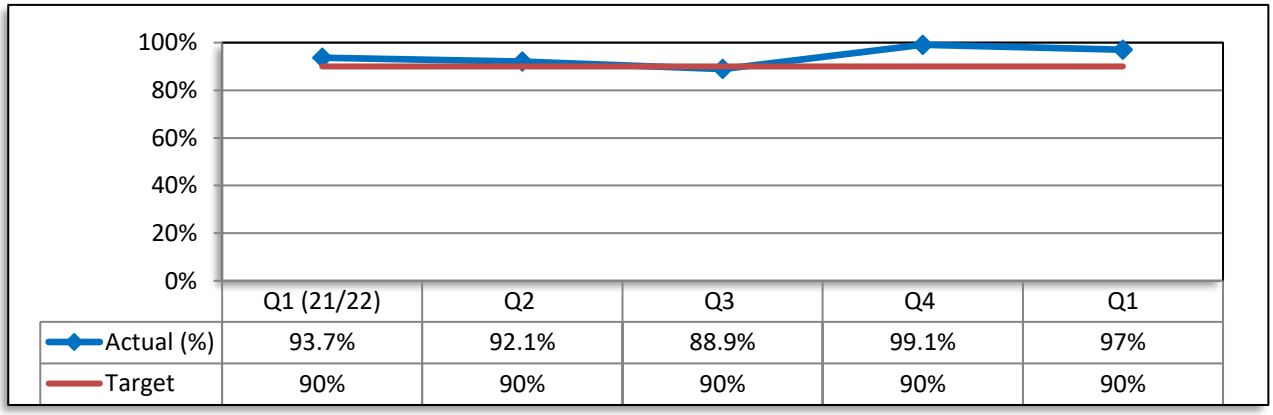
Situational Analysis:
2022-23 Quarter 1 waiting time performance data had not been published at the time of preparing this report, so the most recent data relates to January – March 2022. Performance was on target for this quarter which demonstrates steady improvement over the last 12 months despite the service continuing to operate with Covid-19 restrictions and impacts of staffing availability.

Improvement Action:
The team will continue to work to maintain and further improve performance in this area in the longer term.

5.2 Psychological Therapies Waiting Times

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

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



	Q1 (21/22)	Q2	Q3	Q4	Q1
Actual (%)	93.7%	92.1%	88.9%	99.1%	97%
Target	90%	90%	90%	90%	90%

Situational Analysis:

This includes the Community, Primary and Older People's Mental Health Teams. The performance standard is measured as the percentage of people seen within 18 weeks from referral to delivery of service. The service has delivered comfortably above target by this measure for the past 6 months, despite the pressures presented by the pandemic. This level of performance was achieved whilst the service has been experiencing recurring recruitment challenges over Clinical Psychologists and Covid-19 restrictions, when alternative mechanisms for providing support were used, which met the needs of the people being supported.

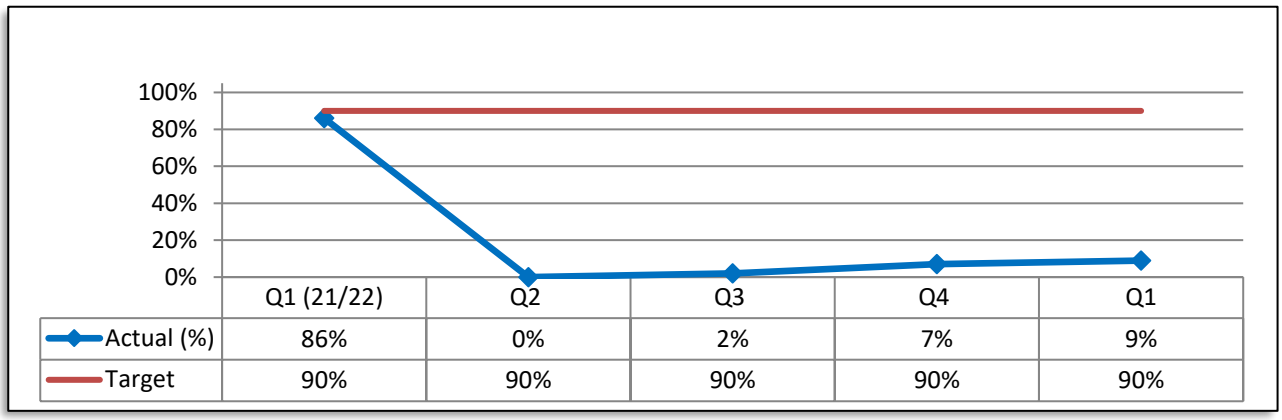
Improvement Action:

The Mental Health Teams have developed service continuity plans and recovery and transition plans to inform the way forward, to ensure that people continue to have access to therapeutic support. This will continue to include maximising digital methods where this works for patients.

5.3 Dementia Post Diagnostic Support

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

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



	Q1 (21/22)	Q2	Q3	Q4	Q1
Actual (%)	86%	0%	2%	7%	9%
Target	90%	90%	90%	90%	90%

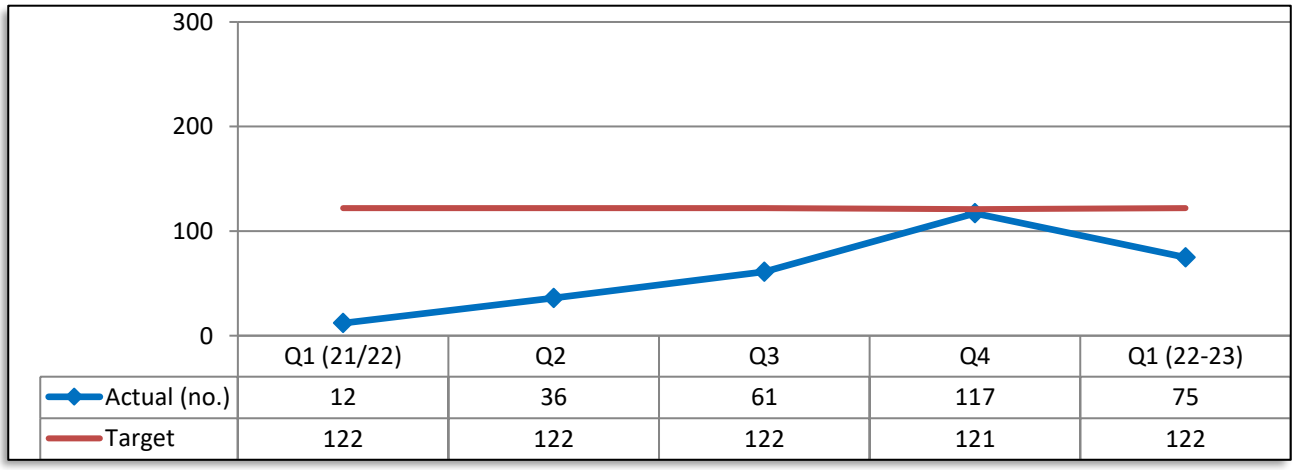
Situational Analysis:
This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. In the early part of 2021-22, the service was operating almost at target levels, but was severely impacted later in the year by non-Covid related staffing issues, which persisted into quarter 1 of 2022-23.

Improvement Action:
Work is ongoing to return performance to target levels. The HSCP is currently undertaking a review of PDS provision, including recruitment, making use of the newly allocated Scottish Government funding for PDS.

5.4 Alcohol Brief Interventions (ABIs)

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

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



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22-23)
Actual (no.)	12	36	61	117	75
Target	122	122	122	121	122

Situational Analysis:

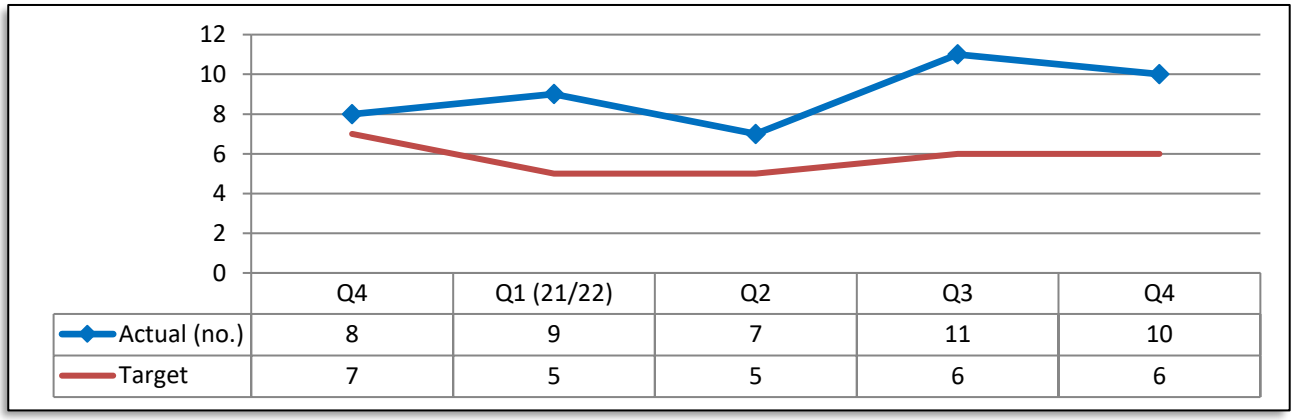
Fig 5.4 shows that the delivery of ABIs significantly reduced during 2021-22 due to the severe impact of Covid-19 restrictions on these therapeutic interventions. Performance improved over the course of the year, but it continues to be challenging as can be demonstrated with off-target performance during quarter 1 of 2022-23. The target overall for 2022-23 is to deliver 487 interventions over the full year.

Improvement Action:
Recovery plans continue to be used to inform the return to previous levels of service. Alternative engagement methods will be maximised, such as use of digital.

5.5 Smoking Cessation

Rationale: To sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas. This target sets out the key contribution of NHS Scotland to reduce the prevalence of smoking. Smoking has long been recognised as the biggest single cause of preventable ill-health and premature death. It is a key factor in health inequalities and is estimated to be linked to some 13,000 deaths and many more hospital admissions each year.

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



	Q4	Q1 (21/22)	Q2	Q3	Q4
Actual (no.)	8	9	7	11	10
Target	7	5	5	6	6

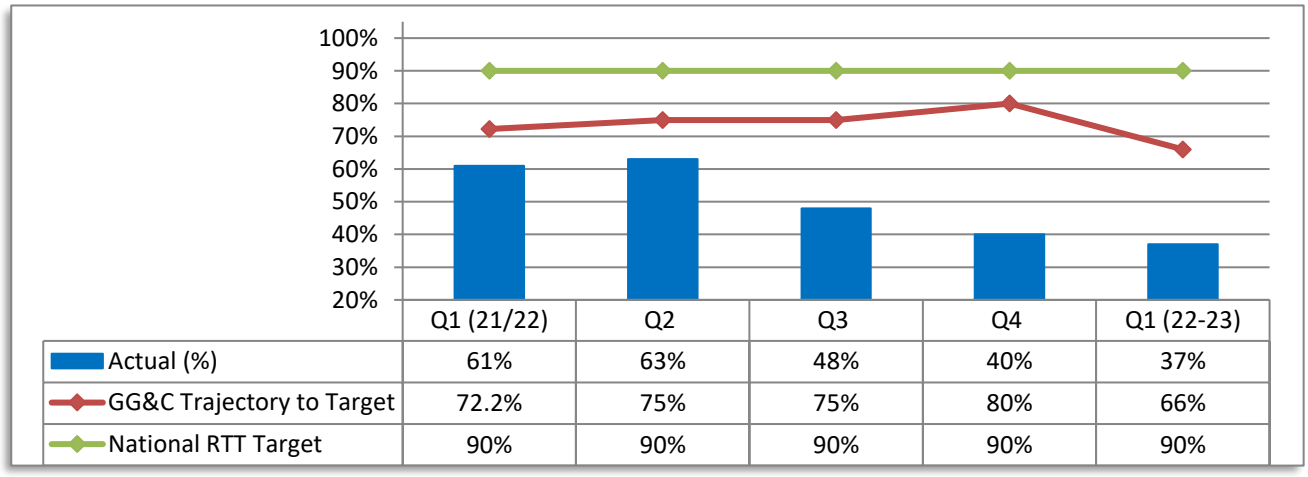
Situational Analysis:
Targets for smoking cessation are set centrally by NHSGGC. Data is generally 3 months behind, so Fig 5.5 shows the most recent data available. Performance was impacted by the pandemic with constraints particularly affecting successive waves. Nonetheless, the target of 22 quits was exceeded during 2021-22, with a total of 37 quits achieved

Improvement Action:
Although referral numbers and intervention mechanisms were detrimentally affected during the pandemic in 2021-22, the target was nonetheless met during this period which is a credit to the service. As we move through and out of the pandemic, the objective will be to continue to increase referrals and reinstate normal intervention methods, when safe to do so. Alternative methods of intervention will continue to be used on a blended basis as some “virtual” approaches have been found to be successful.

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

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

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



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	61%	63%	48%	40%	37%
GG&C Trajectory to Target	72.2%	75%	75%	80%	66%
National RTT Target	90%	90%	90%	90%	90%

Situational analysis:

NHSGGC CAMHS aims to prioritise improvement on the Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Increases in demand, and increases in complexity of cases, over the last 18 months in particular have had a significant impact on clinical capacity. We are working to resolve this as efficiently and safely as possible. During Quarter 1 in East Dunbartonshire, 58% of children *on the waiting list* had waited for less than 18 weeks. While 37% of *children seen*, or otherwise discharged from the waiting list, had waited less than 18 weeks. [1] The percentage of patients seen or discharged from the waiting list in less than 18 weeks has thus fallen again. This is a result of a focus on those children waiting longest. It should, however, be highlighted that the total number of children discharged from the waiting list month on month continues to increase substantially (For 2021/22 Q2 – 83, Q3 – 139 of which 67 waited less than 18 weeks, Q4 – 171 of which 69 waited less than 18 weeks, and for 2022/23 Q1 – 260 discharged with 95 waiting less than 18 weeks).

[1] While the majority of young people discharged from the waiting list are discharged because they receive treatment, some are discharged for other reasons (e.g. the young person may have refused or opted out of service or the service was unable to contact the young person). Recent procedural changes have resulted in more accurate recording of these discharges.

Improvement Actions:

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

- Focus on waiting list and RTT targets continues. First treatment appointment activity levels are increasing, as noted above.
- The CAMHS Mental Health Recovery and Renewal Programme Board is meeting to oversee plans to utilise the Phase 1 funding to improve waiting times in CAMHS, deliver the full revised CAMHS service specification, and increase the transition timescales up to age range 25 years for targeted groups. Workforce planning in relation to Phase 1 of MHRR funds agreed and recruitment ongoing.
- CAMHS Waiting List Initiative resource agreed with Chief Officers and staff in post. The plan has been revised, and trajectories have been remodelled using a Public Health Scotland Tracker tool. CAMHS Waiting List Initiative Group meet bimonthly to monitor performance of the plan.
- Comprehensive review / validation of the current waiting list to ensure up to date information is available in relation to those who have had lengthy waits, to establish any reduction or escalation of difficulties, and/or any additional supports that may be beneficial. The letter to families has been amended with invite to call and book an appointment, with choice of when and how families would like to be seen (within limits of distancing requirements).
- While the Waiting List Initiative continues, the focus on long waits, and increased demand and increased complexity of presentation, mean improvement and return to national RTT has been extended to Spring 2023.
- Regular performance updates supplied to CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload. Regular monitoring of CAMHS clinical caseload management available to the service on a monthly or as required basis.
- Scottish Government funding has been provided to HSCPs for the development of community mental health and wellbeing Tier 1 and 2 resource for children and young people.
- Ongoing use of NearMe and remote/digital group options, to increase numbers of children seen and clinical capacity. A Clinical Psychologist has been appointed to lead on the delivery of digital groups, which will improve uptake, and ensure children, young people and families are appropriately identified for this form of treatment.
- There is an increased focus on DNA rate for choice appointments, data has been reviewed and an audit of actions undertaken to identify any weakness in appointing process. Triage calls added to operational guidance to engage with families ahead of first appointments. SMS text checked and delivered, voice message reminders setup.
- Ongoing implementation of the revised RTT guidelines. GGC CAMHS now use a model where the clinician stops the clock when they start treatment, which is mainly first contact.

Agreed Trajectory until March 2023

The timeframe for both RMP3 and RMP4 targets has passed. The targets for 2022/23 are included in the table below. Please note that this trajectory is for GGC CAMHS and not specific to East Dunbartonshire. Specialist Children's Services leadership and CAMHS management are closely monitoring this progress and aim to keep the service on track for a return to achieving the national RTT target.

Figure 5.6a Targets for CAMHS

	2022										2023		
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual % of CAMHS patients seen <18 weeks (inclusive)	61.2%	53.2%	54.5%	65.8%									
NHSGGC Projection/ Target	-	62%	64%	66%	68%	72%	76%	78%	80%	82%	82%	84%	85%
National RTT Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

SECTION 6
Children's Services Performance

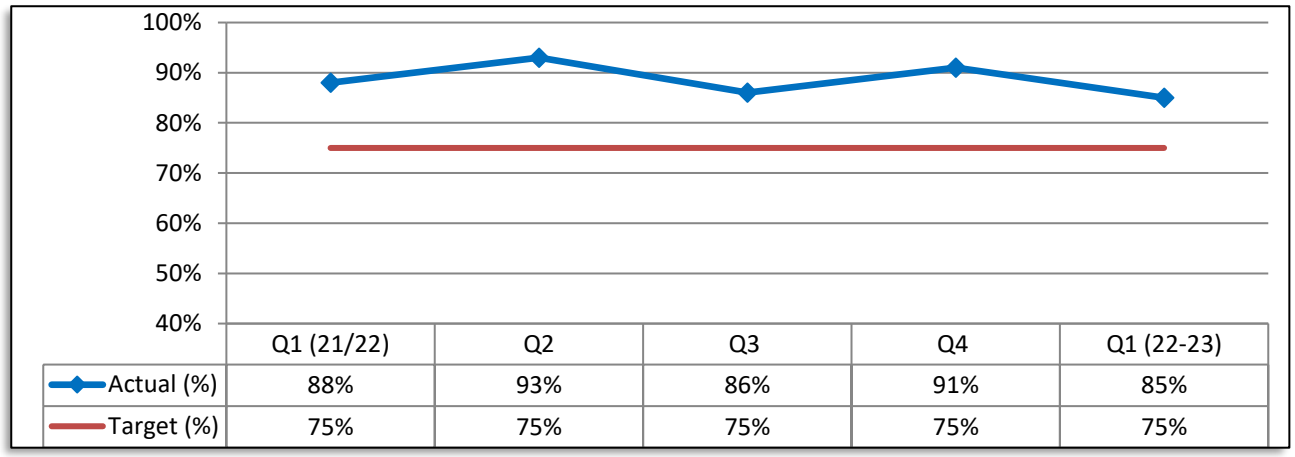
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

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

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

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

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



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	88%	93%	86%	91%	85%
Target (%)	75%	75%	75%	75%	75%

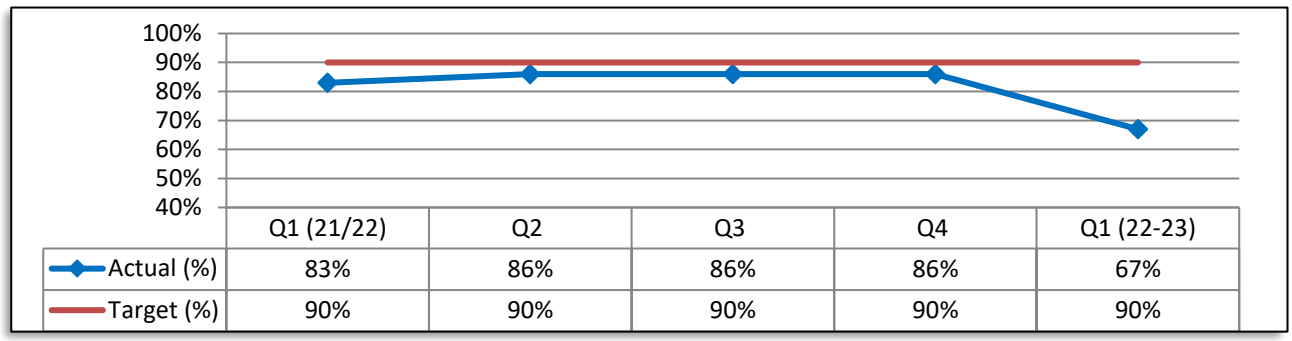
Situational Analysis:
Quarter 1 demonstrates continued performance above target. The details are that 11 out of 13 ICA reports submitted to SCRA arrived within the target timescale.

Improvement Action:
Maintain good performance.

6.2 Initial Child Protection Case Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

Figure 6.2: Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral (aim = to maximise)



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	83%	86%	86%	86%	67%
Target (%)	90%	90%	90%	90%	90%

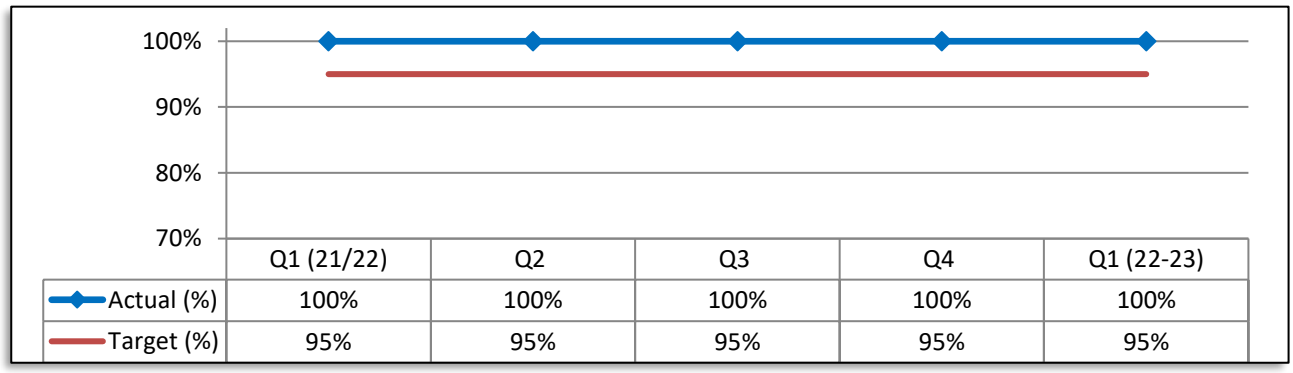
Situational Analysis:
Performance in Quarter 1 has declined below target. 9 Initial Child Protection Case Conferences were held during Quarter 1; 6 were within timescale. All 3 case conferences outwith timescale were rescheduled to enable partner agency and parental attendance.

Improvement Action:
To continue to maximise performance at or above target levels.

6.3 First Child Protection Review Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

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



	Q1 (21/22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	100%	100%	100%	100%	100%
Target (%)	95%	95%	95%	95%	95%

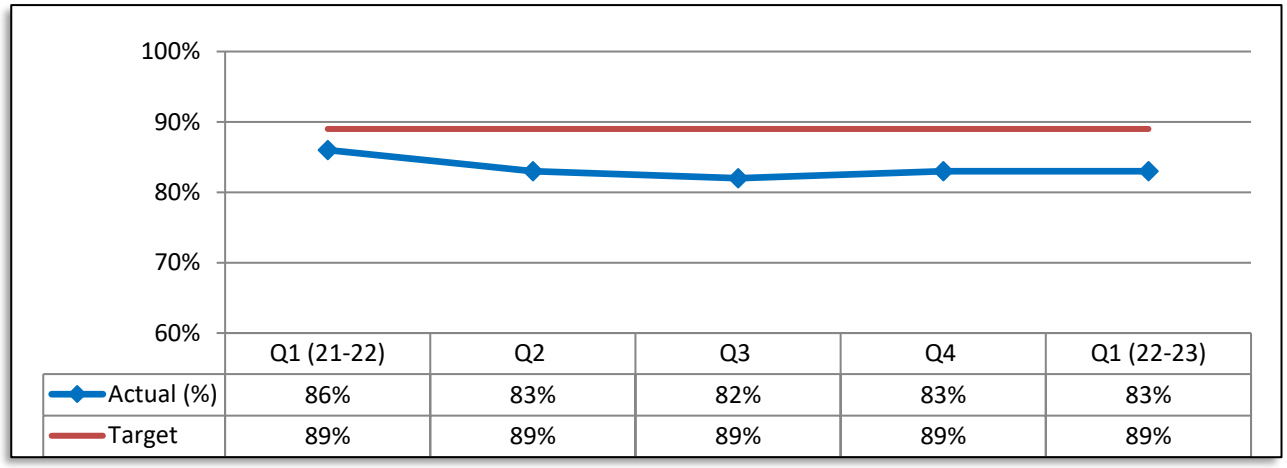
Situational Analysis:
Performance in Q4 continues to be above target at 100%, with all 7 Child Protection Reviews within the quarter taking place within timescale.

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

6.4 Balance of Care for Looked After Children

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

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



	Q1 (21-22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	86%	83%	82%	83%	83%
Target	89%	89%	89%	89%	89%

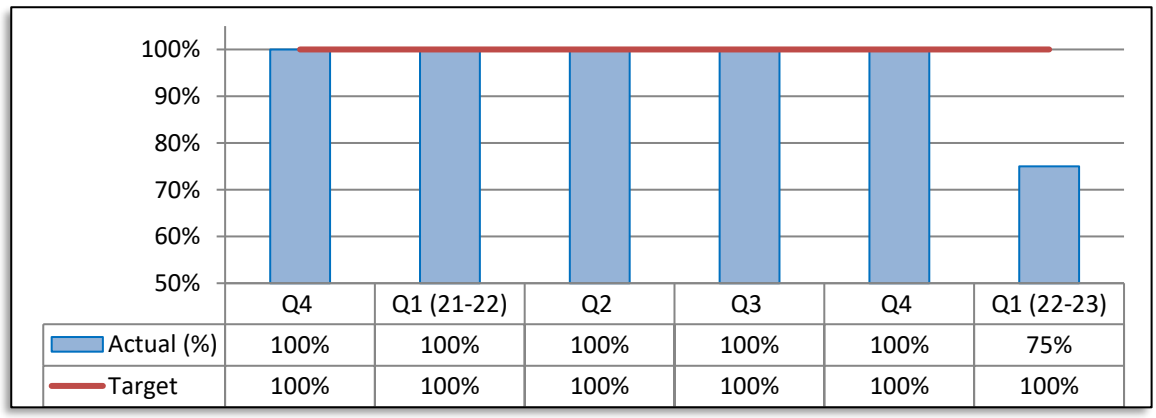
Situational Analysis:
Performance in 2022-23 quarter 1 has been exactly consistent with the previous quarter and off-target.

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

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

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

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



	Q4	Q1 (21-22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	100%	100%	100%	100%	100%	75%
Target	100%	100%	100%	100%	100%	100%

Situational Analysis:
Performance in quarter 1 is below target. There were 4 first LAAC Reviews held during the quarter and 3 took place within the target timescale. 1 LAAC Review was outwith timescale to enable partner agency attendance.

Improvement Action:
To maintain high levels of performance.

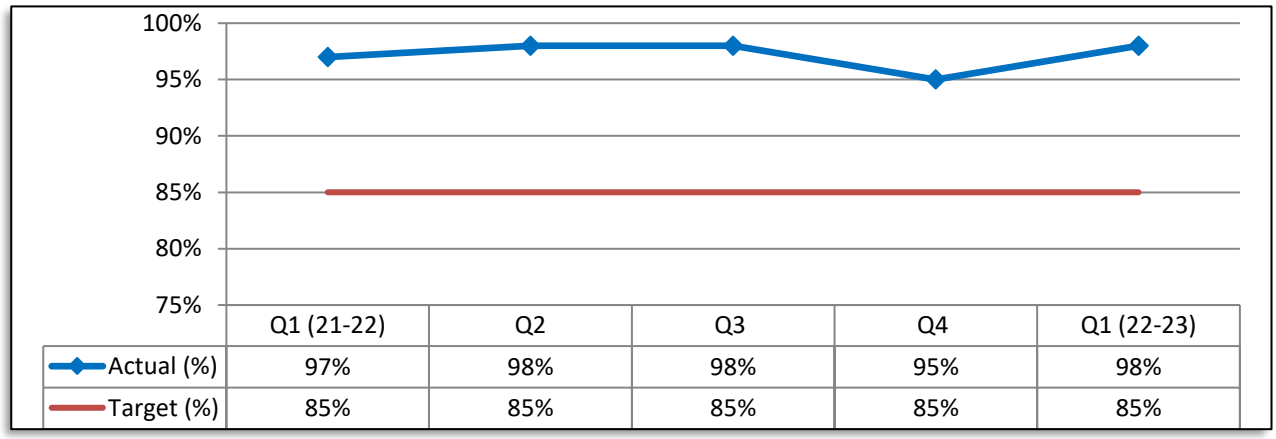
6.6 Children receiving 27-30 month Assessment

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

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

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

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



	Q1 (21-22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	97%	98%	98%	95%	98%
Target (%)	85%	85%	85%	85%	85%

Situational Analysis:
This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target. Q1 performance continues to be above target performance.

Improvement Action:
Monitor and continue to maximise performance. Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement

plans to be developed where required. Covid-19 service recovery planning is in place and will be followed to support these actions.

SECTION 7
Criminal Justice Performance

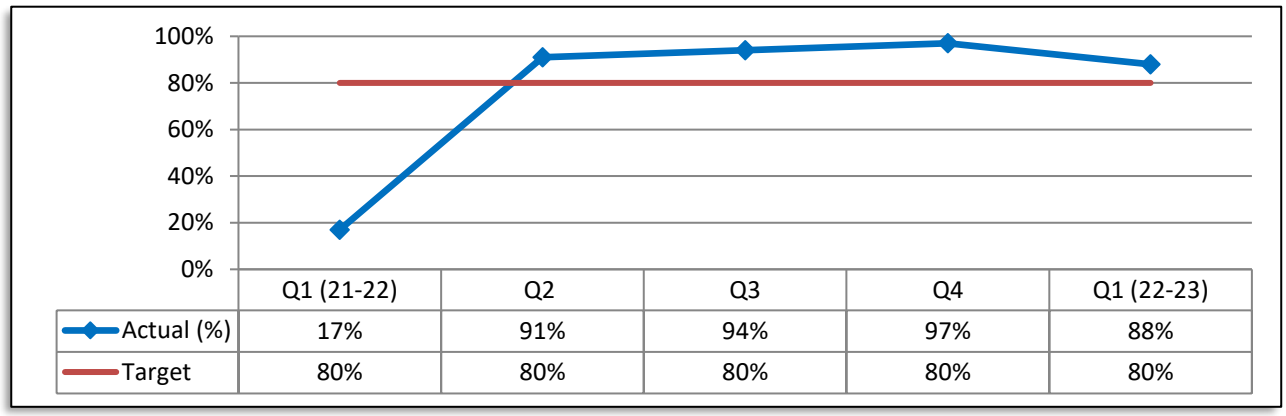
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

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

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

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

Figure 7.1: Percentage of individuals beginning a work placement within 7 days (aim = to maximise)



	Q1 (21-22)	Q2	Q3	Q4	Q1 (22-23)
Actual (%)	17%	91%	94%	97%	88%
Target	80%	80%	80%	80%	80%

Situational Analysis:

25 people were due to begin work placements during Q1 and 22 of these started within timescale. There is a challenge with full compliance on this performance metric, because service users may be unable to commence due to a further conviction, ill health with GP line, employment contract clashing with immediate start or if they are subject to an existing order which means the new order cannot commence until the original one is completed. These factors are out with the control of the service.

During 2020/21 and 2021-22, work placements were suspended by the Scottish Government during two extended periods due to Covid-19 public health constraints. This had a consequential impact on the achievement of this target, for reasons out with the control of the service. The lifting of the national suspension and additional resource funding has resulted in performance returning to above target for the 2021-22 reporting year and also in quarter 1 of 2022-23.

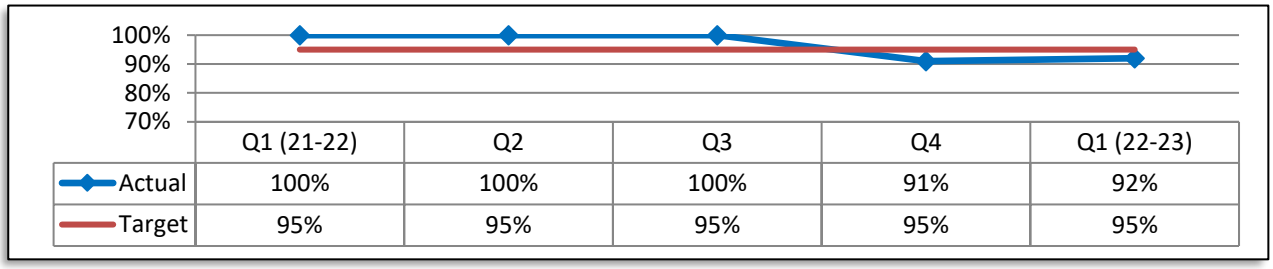
Improvement Action: The focus will be on the recovery of services in line with national and local public health guidance**.**

7.2 Percentage of CJSW Reports Submitted to Court by Due Date

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

Figure 7.2: Percentage of CJSW reports submitted to Court by due date (aim = to maximise)

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



	Q1 (21-22)	Q2	Q3	Q4	Q1 (22-23)
Actual	100%	100%	100%	91%	92%
Target	95%	95%	95%	95%	95%

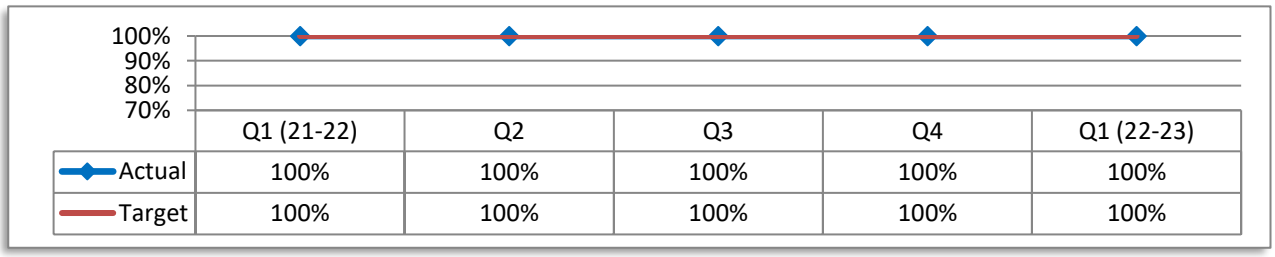
Situational Analysis: Performance in Quarter 1 is slightly off-target for this indicator. 52 reports were submitted to Court during the quarter and 48 were within target timescale. 4 reports were submitted on the day they were due but after the 12 noon deadline; they were all accepted by the Court.

Improvement Action: Monitor and improve performance.

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

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

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



	Q1 (21-22)	Q2	Q3	Q4	Q1 (22-23)
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

Situational Analysis: Performance continues to be on target with all 86 reports being within the target timescale.

Improvement Action: The service will continue to maximise performance levels.

SECTION 8
Corporate Performance

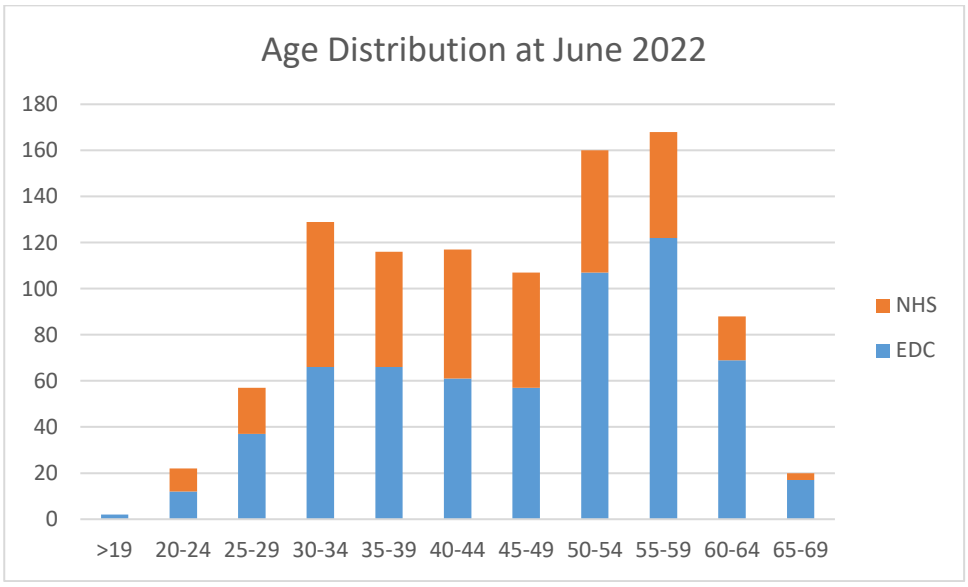
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount				WTE			
	Sept - 21	Dec- 21	Mar - 22	Jun-22	Sept- 21	Dec- 21	Mar- 22	Jun - 22
NHSGGC	341	351	354	370	286.53	295.6	297.8	313.23
EDC	605	605	623	616	509.53	507.88	526.7	527.18
Total	946	956	977	986	796.06	803.48	824.5	840.41

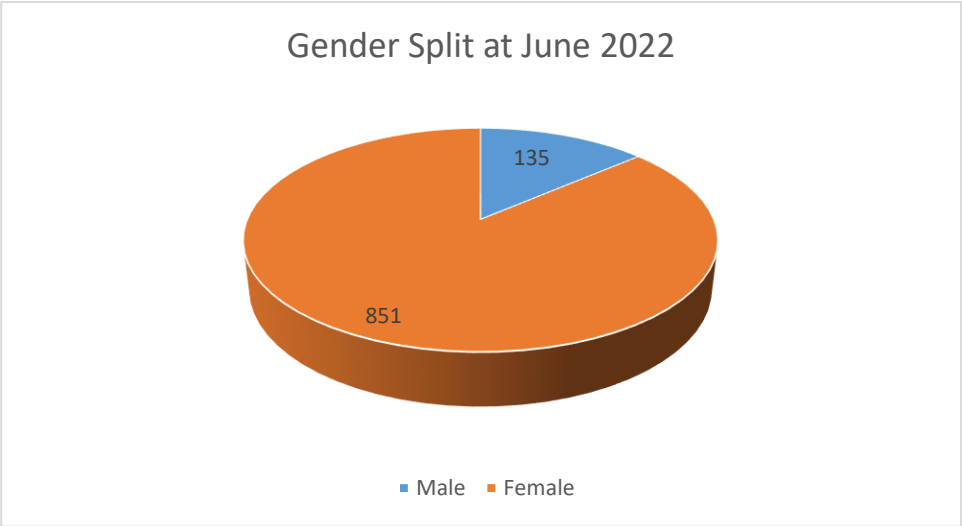
The picture on workforce shows an increase overall since September 2021 of 40 with an overall increase of 44.35wte staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff with some staff increasing their hours.

8.2 HSCP Staff by Age profile



The age profile shows that the majority of staff remain aged over 45yrs and that we have a very low number of staff less than 25 yrs. of age (24). This age range is not unexpected within the services that the HSCP provides, although as identified above, this high percentage of older staff might impact on the number of requests for a more flexible employment option.

8.3 Gender Profile



The gender ratio of female to male employed staff has remained constant since the 4th Quarter of 2021-22, with 86% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within EDC has been slowly reducing since the start of 2022.

Overall absence is decreasing within the HSCP but remains challenging. All absence is managed in line with EDC policy.

The main contributing factor in Health and Social Care for higher absence is aligned with staff moving from short term to longer term absence due to health conditions. There is a notional absence threshold of 4% across both East Dunbartonshire Council and NHSGGC.

Sickness / Absence %		
Month	**EDC**	**NHSGGC**
Oct 21	9.88	4.76
Nov 21	11.19	6.48
Dec 21	13.41	6.01
Jan 22	10.43	5.24
Feb 22	9.74	5.60
Mar 22	9.78	5.03
Apr 22	9.61	4.65
May 22	9.52	4.51
Jun 22	unavailable	5.17
Ave	**10.44**	**5.27**

8.5 KSF / PDP / PDR

KSF Activity	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22
Actual	46.2	42.4	40.2	42	44	44	44	44	44	45	45	49.7
Target	80	80	80	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. Due to Covid-19 our progress towards the target figure was paused but whilst some work is being done it is likely to be the final quarter of 2022-23 before we return to target, and we are building it around Wellbeing.

8.6 Performance Development Review (PDR)

PDR		
Quarter	**% recorded***	**Target %**
Q2	36.20	75
Q3	37.48	80
Q4	70.08	85
Q1 22/23	14.26	65

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

Covid-19 impacted the number of PDRs undertaken within East Dunbartonshire Council with new ways of working requiring managers to adapt processes. Managers are encouraged to complete and upload PDRs as soon as possible to ensure ongoing work is captured.

* With the focus being on maintaining key service delivery PDR may have not been carried out or recorded as usual. Where formal PDRs have not been completed managers have been encouraged to undertake wellbeing and shorter term objective setting conversations.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 9.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15TH SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/09**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCE OFFICER, Tel: 07583902000**
SUBJECT TITLE:	**FINANCIAL PERFORMANCE BUDGET 2022/23 – MONTH 3**

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the financial performance of the partnership budget as at month 3 of 2022/23.

2.0 RECOMMENDATIONS

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

2.1 Note the projected outturn position is reporting a surplus on budget of £2.05m as at month 3 of the financial year 2022/23 (after adjusting for anticipated impact of movement to / from earmarked reserves).
2.2 Note and approve the budget adjustments outlined within paragraph 3.2 (**Appendix 1**)
2.3 Note the HSCP financial performance as detailed in (**Appendix 2)**
2.4 Note the progress to date on the achievement of the current, approved savings plan for 2022/23 as detailed in **(Appendix 3)**.
2.5 Note the anticipated reserves position at this stage in the financial year set out in (**Appendix 4)**.
2.6 Note the summary of directions set out within (**Appendix 5)**

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Budget 2022/23

The budget for East Dunbartonshire HSCP was approved by the IJB on the 24th March 2022.This provided a total net budget for the year of £199.034m (including £38.514m related to the set aside budget). This included £0.449m of agreed savings to be delivered through efficiencies, service redesign and transformation to deliver a balanced budget for the year and moving forward into future financial years.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2022 which has increased the annual budget for 22/23 to £200.037m. A breakdown of these adjustments are included as **Appendix 1.** These adjustments related largely to an increase in the NHS rollover budget based on the month 12 final budgets (budgets based on month 10), adjustments related to inclusion of Private Sector Housing Grants (delegated function to the HSCP) and SG funding related to Whole Family Wellbeing.

3.3 Partnership Performance Summary

The overall partnership position is showing a year end surplus on directly managed partnership budgets of £2.05m at this stage in the financial year, adjusting for anticipated balances to be taken from earmarked reserves of £12.7m. It is early in the financial year and there remain a number of uncertainties at this stage due to the volatility of significant elements of the HSCP budget related to cost and demand pressures as the year progresses, uncertainty around recurring funding allocations from SG for a number of strategic policy areas and the consequential impact this may have on the use of the IJB reserves.

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

Partner Agency	Annual Budget	Projected Year End Expenditure	Projected Variance - Mth 3
East Dunbartonshire Council	71,517	69,937	1,580
NHS GG&C	128,520	128,048	472
TOTAL	200,037	197,985	2,052

3.5 This shows an under spend on Social Work services and delegated housing functions of £1.580m and an under spend on community health services of £0.472m.

3.6 There is no further funding expected in this financial year from SG to support ongoing Covid-19 related expenditure, this will be met entirely from the residual reserves balance held by the HSCP. However, each HSCP area is required to account for ongoing Covid-19 related expenditure to SG which is subject to scrutiny and challenge to ensure this continues to be used appropriately. There was a Quarter 1 submission made at the end July 2022 related to the period to 30th June 2022. The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire at Quarter 1 was £7.987m to be funded through current Covid reserves of £9.963m A copy of the Quarter 1 return and breakdown of costs is set out below:

Total HSCP costs - East Dunbartonshire		
Workstream Mapping	£000s	**2022-23 Revenue Total**
2. Vaccinations	Flu Vaccination & Covid-19 Vaccination (FVCV)	**200,984**
3. Workforce and Capacity	Additional Staff Costs (Contracted staff)	**265,943**
3. Workforce and Capacity	Additional Staff Costs (Non-contracted staff)	**66,765**
4. PPE, Equipment and IPC	Additional Equipment and Maintenance	**513**
4. PPE, Equipment and IPC	Additional PPE	**3,201,465**
5. Social Care and Community Capacity	Additional Capacity in Community	**134,061**
5. Social Care and Community Capacity	Children and Family Services	**1,181,423**
5. Social Care and Community Capacity	Social Care Support Fund Claims	**2,763,320**
6. Primary Care	Additional FHS Contractor Costs	**24,380**
7. Miscellaneous	Digital & IT costs	**3,253**
7. Miscellaneous	Loss of Income	**136,576**
7. Miscellaneous	Other	**7,899**
Total Covid Costs - HSCP - All		**7,986,581**

3.7 There remains significant uncertainty in the projected Covid-19 related costs as the SG have a number of workstreams in train to drive these costs down including changes to the provider sustainability criteria, changes to the PPE Hub model, changes to Covid-19 guidance which will impact on continuing costs being incurred. This remains an area of volatility for the HSCP. The balance of reserves funding will be used to support un-scheduled care in line with the funding allocation letter (to keep people within the community, to avoid unplanned admissions and impacts on delayed discharges) and discussions are ongoing with health board colleagues to establish the extent of this requirement for 2022/23. It is expected that Covid-19 reserves will be fully utilised in 2022/23.

3.8 Financial Performance - Care Group Breakdown

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

Care Group	Annual Budget 2022/23 (£000)	Projected Variance - Mth 3 (£000)	Reserves Adjustment (£000)	Revised Projected Varaince - Mth 3 (£000)
Strategic & Resources	188	(706)	327	(379)
Community Health & Care Services	52,319	(460)	2,280	1,820
Mental Health, Learning Disability, Addictions & Health Improvement	29,419	(970)	1,443	473
Children & Criminal Justice Services	16,060	(111)	79	(32)
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,229	141	0	141
FHS - GMS / Other	30,902	0	0	0
FHS - Prescribing	21,072	6	0	6
Oral Health - hosted	10,311	(3,600)	3,600	0
Set Aside	38,514	0	0	0
Covid	23	(4,908)	4,931	23
Projected Year End Variance	**200,037**	**(10,608)**	**12,660**	**2,052**

3.9 The main variances to budget identified at this stage in the financial year relate to:

- Strategic & Resources (over spend of £0.379k) – the overspend relates to payroll costs for the Council's Planning & Commissioning Team which was subject to a

service review which determined additional staffing resources were required to support the work of the HSCP in relation to contracting and strategic commissioning. As posts move to be filled this is creating a cost pressure. Discussions are ongoing with the Council as to the recurring funding source to meet these costs going forward.

- Community Health and Care Services – Older People / Physical Disability (underspend of £1.8m) – there continues to be reduced levels of care home placements, supported living packages and care at home services purchased from the external market due to the continuing impacts of Covid-19. Numbers are continuing to recover to more normalised levels and work to mitigate recruitment issues across the care at home market is underway including a pay uplift to staff in line with the Scottish Living wage. This mitigates pressures within the in-house care at home service and pressures in relation to equipment to support people to remain at home along with additional adult winter planning funding to increase capacity in this area.

- Mental Health, Learning Disability, Addiction Services (£0.473m under spend) – this largely relates to an under spend in elderly mental health services due to nursing vacancies held in anticipation of the north east element of this service transferring to North Lanarkshire. There are also underspends due to vacancies across learning disability health services and maternity leave in the health improvement team. There are expected to be cost pressures due to challenging turnover savings in adult social work payroll budgets which is being mitigated due to an ongoing reduced number of care packages across residential, daycare, care at home and supported living services, consequential reduction in transport costs as a result of the Covid-19 pandemic. There is expected to be a continuing upward trend on the resumption of care packages across respite and daycare during the year for services which had ceased during the peak of the pandemic.

- Children and Criminal Justice Services (overspend of £0.032m) – the over spend in this area is due to challenging turnover savings across Children's Social Work payroll budgets and use of agency staff within Lowmoss Prison, this is offset to some extent through savings in community paediatrics.

- Housing Aids and Adaptations, Fleet and Care of Gardens (underspend of £0.141m) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate. – there has been a continuing underspend in relation to fleet recharges related to a downturn in transport provision needed as a consequence of Covid and a reduction in services requiring this type of transport.

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

3.11 Savings Programme 2022/23

There is a programme of service redesign and transformation which was approved as part of the Budget 2022/23. Progress and assumptions against this programme are set out in **Appendix 3**.

3.12 Partnership Reserves

As at the 1st April 2022, the HSCP had a general (contingency) reserves balance of £3.1m. Depending on the final outturn position for 2022/23, there may be an

opportunity to further this reserves position with any underspend that materialises at year end. This will provide the HSCP with continuing financial sustainability into future years and an ability to manage in year unplanned events and afford a contingency to manage budget pressures without the need to resort to additional partner contributions as a means of delivering a balanced budget. There will be a number of factors which will have an impact on the year end position such as the pay uplift yet to be agreed for NHS and Social Work staff, contractual pressures for care providers due to the cost of living pressures (non-payroll) and variations in Covid costs to name a few.

3.13 In addition, the HSCP had earmarked reserves of £23.9m which are available to deliver on specific strategic priorities. A breakdown of these reserves is attached as **Appendix 4**. It is expected, at this stage that £12.7m will be required in year to support expenditure across a number of policy areas and this will be updated as spending plans become clearer as the year progresses, particularly in relation to Covid-19 and Adult Winter Planning funding with plans in development for the use of the balance of these reserves.

3.14 **Financial Risks -** The most significant risks that were managed during 2022/23 are:

- Pay negotiations are ongoing for both health and social work staff. A pay uplift of 2% was built into budget assumptions for 22/23 with current negotiations in excess of this assumption. There may be some additional funding to support agenda for change pay uplifts, however any further funding to support local authority pay settlements is not expected to cover the full extent of the pay uplift proposed. Discussions are ongoing on what, if anything will transfer to HSCPs to meet the cost uplift for Social Work staff. A 1% increase on pay budgets equates to approximately £462k (£294k relates to social work staff). Current financial estimates of the financial impact to the HSCP are in the region of £700k based on the proposed uplift to pay of 5% for local authority staff. This will have an impact on the current reported financial position.
- The cost of living crisis and the impact this is expected to have on care provider cost pressures with escalating fuel, energy and insurance costs being key areas which are expected to hit during 2022/23. There is not expected to be any further funding from SG to support these areas specifically and it will fall to HSCPs to consider and address any local impacts to ensure provider sustainability. This could have an impact on the current reported financial position.
- The ongoing impact of managing Covid as we move through the recovery phase and the recurring impact this may have on frailty for older people, mental health and addiction services moving forward increasing demand for services.
- Delivery of a recurring savings programme identified as part of the budget process for 2022/23. This includes challenging turnover savings across Social Work payroll budgets which may be mitigated though ongoing recruitment difficulties in certain areas across the service.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. There is an Un-scheduled Care Commissioning Plan which sets out the key areas for investment across HSCP areas to improve delayed discharge and hospital attendance figures with funding within earmarked reserves to mitigate potential funding of these pressures.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on kinship payments, external fostering

placements and residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.

- Funding allocations for the Primary Care Improvement Programme (PCIP), Action 15 and other SG initiatives may be curtailed and offset against balances held in reserve. This presents significant issues where plans have been developed and commitments made against these reserve balances which may now have to be reviewed. This includes use of reserves to address accommodation issues in delivery of the PCIP and temporary posts employed to deliver on other areas of strategic priority. The ability to meet full programme commitments is compromised by short term funding allocations made in this way.
- The non-recurring nature of SG funding allocations makes planning and delivery problematic, particularly creating recruitment difficulties to temporary posts.
- Representation for additional funding from our commissioned care providers related to cost of living pressures were not included in the financial allocations from SG at the time of setting the budget (there related to pay uplift only), therefore will represent a cost pressure for the HSCP if these are upheld.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – The financial performance to date is showing that the budget is projected to underspend at year end by £2.1m. The current position would enable the HSCP to further its general reserve in line with the HSCP Reserves policy to provide a contingency to manage in year pressures and support ongoing financial sustainability.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – The sustainability of the partnership in the context of the current financial position and potential to further general reserves will support ongoing financial sustainability. In order to maintain this position will require a fundamental change in the way health and social care services are delivered within East Dunbartonshire going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.14.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

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

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

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 – Budget Reconciliation 2022/23
8.2 Appendix 2 – Integrated HSCP Financial Performance at Month 3

8.3 Appendix 2a – NHS Financial Performance at Month 3
8.4 Appendix 2b – Social Work Financial Performance as at Period 3
8.5 Appendix 3 – HSCP Savings Update 2022/23
8.6 Appendix 4 – HSCP Reserves 2022/23
8.7 Appendix 5 – Direction Template

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 10.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15TH SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/10**
CONTACT OFFICER:	**DR PAUL TREON, CLINICAL DIRECTOR TELEPHONE 0141 232 8237**
SUBJECT TITLE:	**CLINICAL & CARE GOVERNANCE ANNUAL REPORT 2021 - 2022**

1.0 PURPOSE

1.1 The purpose of this report is to share the Annual Clinical and Care Governance Report for period April 2021 – March 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Clinical and Care Governance Annual Report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Clinical and Care Governance Group minutes highlight:

a) The Annual report provides a highlight of activities undertaken within the HSCP services, and hosted services; relating to service development/improvements. The report focuses on 3 main areas: Patient / Service User Safety (striving to deliver excellence in service safety – reviewing and improving service); Clinical & Care Effectiveness (use of evidence based approaches to build on user experience/preferences); and Person-Centred Care (improvement based on user formal/informal feedback).

b) The report summarises the incidents reported and complaints received by the HSCP and hosted services, detailing the top 5 categories for each. Additionally the Significant Adverse Event responses are outlined. The incidents and complaints information has supported the choice of presentations delivered to the Clinical & Care Governance Group throughout the year; offering professional advisors the opportunity to scrutinise the response, and receive assurance from heads of service / service managers.

c) The 'Key Inspections & Reviews' notes the completion of actions following the 2019 strategic planning effectiveness inspection. Additionally a summary of the Drug Related Deaths in Scotland 2020 is included, with particular focus on East Dunbartonshire and the local response plan.

d) The report provides 3 case studies; focusing on particular areas of note; the Multidisciplinary approach to supporting the closure of a Care Home; pilot work relating to improved oral health in vulnerable families; and the positive impacts of the new District Nurse Advanced Nurse Practitioner role.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None**.**

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.

6.3 **NHS GREATER GLASGOW & CLYDE** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1** – East Dunbartonshire HSCP Annual Clinical & Care Governance Report 2021-2022.

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire

Health and Social Care Partnership

Annual Clinical & Care Governance Report
April 2021 - March 2022

Report by: Dr Paul Treon, Clinical Director, East Dunbartonshire HSCP

East Dunbartonshire Council
www.eastdunbarton.gov.uk

NHS Greater Glasgow and Clyde

1. Introduction

1.1 East Dunbartonshire Health and Social Care Partnership (HSCP) was formed in 2015 and covers the geographical boundary of East Dunbartonshire with an estimated total population of 108,750 as of June 2020 (National Records of Scotland).

1.2 The Governance within East Dunbartonshire HSCP is overseen through a bimonthly meeting of the Clinical and Care Governance Group (CCGG), chaired during this period by the Clinical Director (CD), Dr Paul Treon. The membership of the group includes the CD, Chief Nurse (CN), Chief Officer (CO), Chief Social Work Officer (CSWO), Lead Pharmacist, Lead Allied Health Professional (AHP), Heads of Service (HoS), and Relevant Service Managers. The CCGG relates to both the HSCP core services and hosted services; these are the Oral Health Directorate (OHD) and Specialist Children's Services (SCS). The HSCP is represented at the Primary Care & Community Clinical Governance Forum; and also reports to the East Dunbartonshire HSCP Board.

1.3 Each year an annual report reflecting on the clinical & care governance (CCG) of the HSCP and the progress it has made in improving the quality of care is produced. The report is structured around the three main domains set out in the National Quality Strategy: 1. Patient / Service User Safety, 2. Clinical & Care Effectiveness, and 3. Person-Centred Care. This report will describe the main governance framework and demonstrate our work to improve the quality of care in our HSCP through a small selection of the activities and interventions. It is important to note that there is substantially more activity at personal, team, and service level arising from our collective commitment to provide a high quality of care. This report can only reflect a small selection so is illustrative rather than comprehensive.

1.4 This reporting period covers the activity within the HSCP during the ongoing COVID-19 global pandemic; during which services have had to continue to adapt to changing local and national guidance and needs.

2. Patient / Service User Safety

2.1 Teams within the HSCP strive to deliver excellence in patient and service user safety, they seek to continuously review and improve on service delivery with safety in mind. Below are some examples of how teams have employed Quality Improvement (QI) skills, individual and team training, and educational workshops. They also demonstrate how teams worked collaboratively both locally and nationally; between community and secondary care; and with Health Improvement Scotland (HIS) to deliver improvements.

2.2 The Public Dental Service (PDS) reviewed local policy on safe dosing of intravenous (IV) midazolam. The final policy will allow safe use of higher doses of IV midazolam in those patients who require it, preventing unnecessary conversion to general anaesthetic procedures.

2.3 The Alcohol and Drug Recovery Service (ADRS) have updated their recording processes with revised guidance for staff following the launch of DAISy (Drug and Alcohol Information System). Revised guidance aligns to NHS GG&C board wide processes, ensuring appropriate recording across necessary platforms with signposting where required. Public protection cases are dual recorded in CareFirst ensuring that appropriate health and care services have access to required service user information.

2.4 Development of the use of alternative treatment modalities for paediatric dental care was initiated due to restricted access to General Anaesthetic (GA) theatre lists. This QI programme of activity, involving Dental Healthcare Support Workers (DHSWs) working with vulnerable children and families, has demonstrated benefits beyond its initial purpose, replacing potentially harmful interventions with safer approaches. In June 2021 almost 50% of children referred for extractions with GA had been treated successfully with an alternative treatment modality - supported by a cognitive behavioural therapy (CBT) approach.

2.5 Following user feedback the Older People's Mental Health Team (OPMHT) have launched a remote cognitive enhancer pilot. The project seeks to improve access to services and treatment; maximising health and well-being of those living with, and affected by dementia. Over the reporting period 159 patients have been supplied with a blood pressure monitor to enable remote monitoring of specialist medication, creating additional capacity within clinics.

2.6 The Pharmacotherapy Team, based within general practice, have been focusing on workload prioritisation within practices to ensure local practice needs are met in a safe and patient centred way. This has involved a shift of focus to 'process' quality improvement; including aligning, improving and evaluating existing pharmacotherapy work streams with individual practice processes, maximising efficient use of the pharmacy resource.

2.7 The Primary Care Mental Health (PCMHT), Health Visiting and Health Improvement Teams are working collaboratively to improve local perinatal mental health services. This includes the delivery of a joint perinatal group and a counselling service commissioned via the third sector as a test of change.

2.8 General Practices across East Dunbartonshire remained open with evolving triage and access arrangements ensuring urgent care was offered for those who needed it. In person access was maintained for those requiring it, however practice footfall was streamlined to reduce the risk to vulnerable patients and practice staff.

2.9 The District Nursing (DN) Service have introduced the Combined Care Assurance Tool (CCAT) providing an in-depth audit with the identification of key themes and learning outcomes. The service has also introduced clinical governance dashboards capturing data on: service activity and referrals; audit results; Datix (digital incident reporting system) incidences; TURAS (NHS Education for Scotland digital platform) and Learnpro (e-learning management system) compliance; and other service specific indicators.

2.10 Using the quality assurance framework the Care at Home service has developed monthly reporting to aid monitoring of key service quality and efficiency metrics: including registration compliance; staff training and supervision records; and learning from incidents and complaints.

2.11 Skye House (West of Scotland Adolescent Inpatient Unit) have continued the development of clinical pathways relating to: Eating Disorder, Neurodevelopment and Emotionally Unstable Personality Disorder (EUPD). During the reporting period there were just under 200 admissions managed by Skye House.

2.12 Since February 2021 the East Dunbartonshire House Project has supported fourteen care experienced young people into tenancies; by offering the opportunity to plan and prepare in a structured way; make them feel valued and reduce feelings of uncertainty. Care Leavers were supported to take part in a national peer evaluation of other House Projects, with the opportunity to put forward bids for funding to promote mental health and wellbeing: a virtual networking event was held; and an animated film created about the local house project journey.

3. Clinical & Care Effectiveness

3.1 Teams have worked throughout the reported year to continue to deliver services using evidence based approaches and building on experience and patient/service user preferences. Teams have used QI techniques including audit, tests of change and surveys to review services and deliver new initiatives. HSCP Teams also carry out Significant Adverse Event Reviews (SAER) to inform service change and improvements. The examples below show a drive to work to both professionally agreed standards and nationally set targets.

3.2 Promotion of serial prescribing in GP surgeries where patients are issued prescriptions of longer durations, if on appropriate and stable doses of medications. Community pharmacies then dispense medications at the usual frequency. Whilst maintaining safe practice the benefits include improved patient journey, reduced practice administrative workload and reduced practice footfall.

3.3 Following an update to guidance, a hip fracture audit was carried out to evaluate the CRT service's compliance with prioritisation timeframes for patients following hip fracture. It was found that compliance was high and patients received appropriate intervention within the optimum timeframe.

3.4 The Care at Home service introduced the CM 2000 app (Care Management software) to carers' mobile devices allowing uploading of customers' support plan information. This allows live access to the most up to date information for front line carers. This included the re-introduction of home based reviews; providing an opportunity to use the new format to gauge individual views on care and support.

3.5 The Oral Health Directorate have introduced the use of intranasal sedation, following the NHS GG&C 'New Interventional Technique' procedures. Evaluation has shown it to be a more reliable and effective technique than oral midazolam sedation.

3.6 Physical health checks have been improved by the Joint Learning Disability Team, for the monitoring of patients on psychotropic medication; and the ADRS, offering blood screening, electrocardiograms (ECGs) and practical assistance. This ensures both the safe use and monitoring of medication; and a holistic approach to service users who may not be regularly accessing other healthcare settings.

3.7 Specialist Children's Service introduced the (SANSI) St Andrews National Screening Instrument pilot to establish the effects of nutritional screening on referrals to dieticians, speech and language therapists and other AHPs. It also explores the appropriateness and quality of referrals made. Following the successful pilot, additional training has been provided to the nursing team and the tool has been embedded in the admission process to Skye House.

3.8 ADRS are currently working in partnership with Turning Point Scotland on developing a non-fatal overdose response service in conjunction with West Dunbartonshire. Service users are identified by emergency department reports and offered assertive outreach and appropriate follow up. Additionally the 'WAND' initiative encourages service users to participate in 4 key harm reduction interventions: **W**ound care - early identification, treatment and advice; **A**ssessment of injecting risk - including technique and safer injecting advice; **N**aloxone and overdose awareness - supply and encourage to carry on the person; **D**ry blood spot testing for hepatitis C and HIV.

3.9 There has been an increasing demand on the Eating Disorder Service (Specialist Children's Services) placing unprecedented demand on both Tier 3 and Tier 4 specialist services. Scottish Government funding received has been used to introduce an improved triage system to manage risk and prioritise case allocation; improved transition through online Family Based Treatment. An Eating Disorder Reference Group has been established to evaluate the impact of these interventions and inform national groups.

3.10 In response to Scottish Government directives the CAMHS Crisis Team have continued to redesign the service. A Test of Change within the Mental Health Assessment Unit (MHAU) to accept referrals directly from Police Scotland and the Scottish Ambulance Service for young people aged 16-17yrs, has streamlined the journey for young people accessing the service, improved footfall and waiting times through emergency departments and provided more timely crisis mental health assessments. The CAMHS Crisis Team and Intensive CAMHS have introduced provision of a 24/7 emergency response at all hospital sites.

3.11 The 'Promise' appointed an implementation lead and recruited a care experienced young person to act as a participation and development worker. Following a number of engagement and awareness raising sessions across the EDC network a Promise self-evaluation has been introduced. This has

highlighted a number of areas of good practice; and identified a need to deliver a whole system Family Group Decision Making model.

4. Person-centred care

4.1 The services delivered, and hosted, by East Dunbartonshire HSCP aim to use formal and informal patient/user feedback to guide improvement. This section gives some examples of how services have tried to deliver a model of care that keeps the patient /service user as the focus; this includes development of services for harder to reach people, redesign of services to be more user friendly and improved working between teams and disciplines to deliver in a more streamlined manner.

4.2 Joint working between the Community Rehabilitation Team (CRT) and Social Work Community Occupational Therapy (COT) including weekly meetings: ensuring best practice; avoiding duplication; and ensuring right service/right time approach. Use of video technology to facilitate jointly undertaken assessments: seeking to reduce unnecessary referrals; intending to reduce waiting times; and better anticipating if service user expectation can be met or needs to be managed.

4.3 The Community Mental Health Team (CMHT) have developed a structured and evidence based patient group. 'Recovery through Activity' is occupational therapy (OT) led, however, the patient group attending shape the topics discussed; empowering the group.

4.4 The Community Children's Service has launched a Translation Device Pilot in NHS GG&C, with East Dunbartonshire selected as one site. The device will support translation into over 74 different languages helping combat challenges in delivering services to non-English speaking service users.

4.5 Dental Health Support Workers and Health Visitors are collaborating on a pilot study in the Gorbals. This aims to improve the identification of vulnerable children, by dental teams and partners, using EMIS (Egton Medical Information Systems) records.

4.6 Throughout the pandemic CAMHS has made significant use of remote technology to support delivery of service(s), with patients/carers sent an online survey following each video consultation. Feedback captured from over 5000 responses regarding experiences has been overwhelmingly positive; and has been shared with teams to support further development of video consultations.

4.7 Enjoy your baby' is an evidence-based CBT focused psychological therapy programme for the treatment of stress, anxiety and depression for mothers experiencing mild to moderate mental health challenges in the postnatal period (up to 1 year postnatal initially). The programme consists of 5 weekly sessions and can be delivered on a group or 1:1 basis dependent on the needs of the mother. The service is provided in partnership with Health Visiting and Primary Care Mental Health Team.

4.8 The pharmacy team will be engaged in the NHS GG&C Polypharmacy Prescribing Initiative and have committed to support pharmacist-led reviews in all GP surgeries. Reviews will focus on patients on high risk or multiple medications; or with frailty. The aim is to take a person centred and realistic medicine approach: maximising safety; ensuring effective prescribing; and de-prescribing when indicated.

4.9 In line with the Drug Deaths Task Force recommendations, the alcohol and drug recovery service (ADRS) are offering same day prescribing for new opiate substitution therapy patients (weekdays).

4.10 ADRS and the Criminal Justice Service have introduced a senior addiction nurse to work across both services, assisting in the development of a Drug Treatment and Testing Order service within East Dunbartonshire. This will offer service users a local service, rather than travelling to West Dunbartonshire, as has been the case. The nurse will also aim to further improve the integrated service offered.

4.11 The Criminal Justice Team have developed a Peer Navigator project – Wayfinder. The project, targeted at men subject to community based disposals and those returning to the community after custodial sentences, provides a recovery based approach to support that is: person centred; strengths based; and trauma informed. The aim is to support engagement with Justice Social Work, ADRS and other appropriate support services. The Peer Navigator, has lived experience and uses relationship-based practice to develop supportive and meaningful relationships with clients. It is envisaged that relationships will engender hope; build self-efficacy; and enable clients to achieve good life goals/positive outcomes.

4.12 A joint Home First Response service is being developed to address frailty at the front door of the Queen Elizabeth University Hospital. Advanced Frailty Practitioners will work across the primary / secondary care interface to prevent avoidable admission of people in the community or presenting at hospital and facilitate earlier supported discharge to home; with pathways into HSCP frailty services focussed on reablement. The development will be complimented by the further roll out of District Nurse Advanced Nurse Practitioners and the introduction of advanced practitioner roles within the Community Rehabilitation Team (CRT). The service will support patients who are acutely unwell or who are more frail, with complex needs, but who can be cared for in the community.

4.13 GP surgeries have continued to refine approaches to chronic disease management, reviewing recall systems and ensuring priority has been given to those at highest clinical risk. Practices have been working within cluster groups and across the HSCP to ensure best practice, using a patient centred approach, and to reduce duplication of activity.

4.14 The Diabetic Nursing Service has successfully introduced the Libra digital blood monitoring device; improving diabetes control and promoting independence through self-management.

4.15 The Skye House nursing team, along with young people, have developed a handbook called 'Help us to help you'; enabling young people's reflections on aspects of care, safety plans and reminders about 'Decider Skills' to help manage feelings.

5. COVID-19 Specific Responses

5.1 Joint Learning Disability services provided additional support to other services delivering Covid 19 vaccinations for adults with learning disabilities, where required.

5.2 Registered day services for adults revisited risk assessments; and bubbles of support were introduced to allow increased attendance at building based supports. The service utilised the hub in Lennoxtown to provide moving and handling training to staff and linked with other registered services including Care at Home and Accommodation with Support to organise joint training.

5.3 CrossReach Perinatal Counselling Services, Bluebell, has been working collaboratively with East Dunbartonshire HSCP to increase parents' access to robust, safe and effective perinatal therapeutic support within communities. As face to face work ceased during the pandemic, Bluebell offered three online or telephone counselling sessions per week to expectant parents, parents with children under the age of 2, or those experiencing perinatal mental health challenges. Through increasing access to psychotherapeutic support the project has seen improved parent mental health; improvement of children's emotional health and improved parenting.

6. Incident Reporting

6.1 The reporting of incidents forms part of the Risk Management Strategy and is recognised as a means of improving the quality of patient care and minimising risk. The open reporting of even minor incidents allows weaknesses to be identified in the system, customs and practices to be changed and retraining of staff where necessary. All incidents, whether they involve patients/service users, relatives, visitors, staff, contractors, volunteers or the general public are reported. Due to the size and structure of the organisation, incidents are generally reported through two main streams with non-clinical incidents reviewed by a Health and Safety group; and clinical incidents reviewed by clinically focused groups.

6.2 During this reporting period, as reported through the Datix Incident Recording System and EDC Incident Reporting system, there were a total of:

- 286 incidents relating to East Dunbartonshire health services, this is a small increase of 9% from the previous year. The top 5 incident categories accounted for 73% of the overall total number of reported. Pressure Ulcer Care remains the highest category reported.

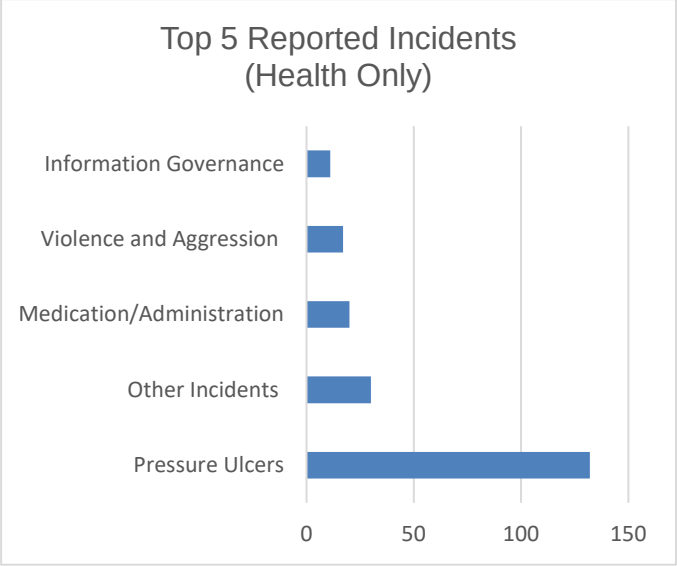
- 72 incidents relating to East Dunbartonshire HSCP Social Care reported through EDC incident reporting system. An increase of 300%

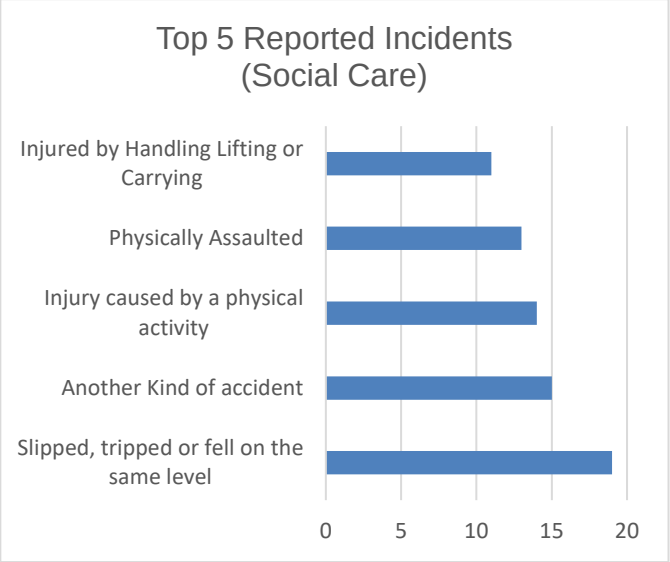
was noted from the previous year; attributed to under reporting in year 2020/2021.

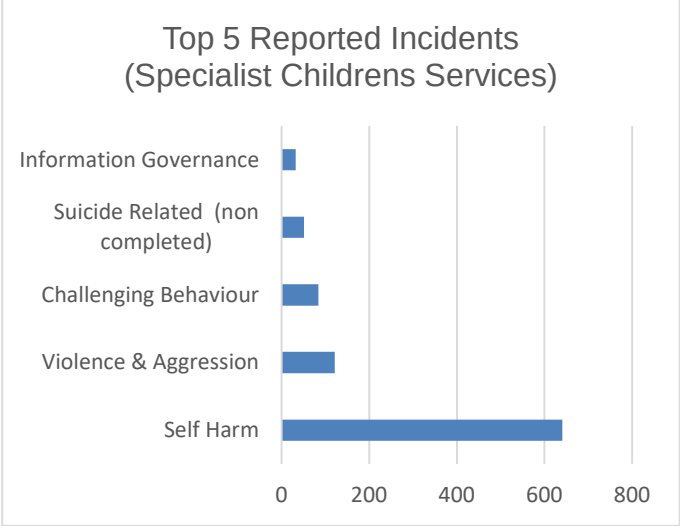
- 1145 incidents were reported relating to Specialist Children's Services an increase of 19% from the previous year.

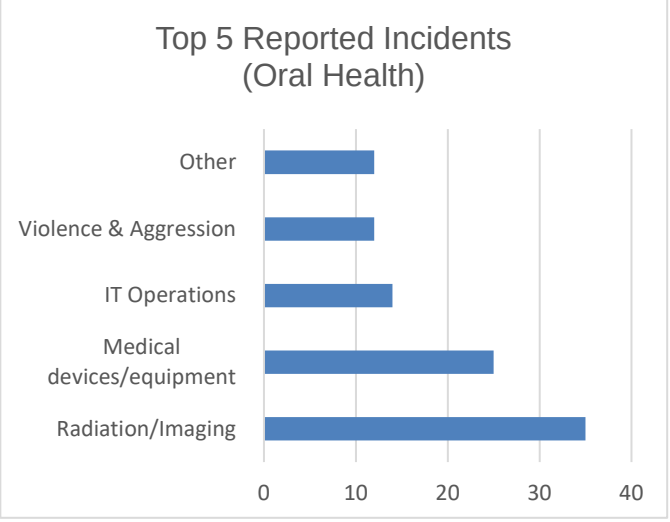
- 151 incidents relating to the Primary Care element of the Oral Health Directorate, an increase of 31% increase from the previous year; attributed to the service remobilising as the pandemic increased. This included a rise in Violence and Aggression reports in line with the overall increase.

6.3 The charts below show a breakdown of the top 5 reported incidents for the HSCP and hosted services:









6.4 During the reporting period the CCGG have received presentations addressing common incident themes to ensure robust review. This has

resulted in incidents common across teams being addressed at high level offering an additional level of scrutiny by and assurance to the CCGG. In addition learning has been facilitated across HSCP services. 'Pressure Ulcers'; 'Drugs and Alcohol Deaths'; and 'Slips, Trips and Falls' were identified as themes to focus on over the reporting period.

6.5 The NHSGG&C Management of Significant Adverse Events (SAEs) Policy describes an SAE as a potentially avoidable untoward event; either related to a serious patient impact or a perceived risk of serious harm to others (e.g. a near-miss). A single briefing note for rapid communication is used.

In line with local SAE protocols, the briefing note system is in place separate to the electronic incident reporting system (i.e. Datix) which supports rapid communication to senior staff. This briefing note will confirm the decision of whether the incident requires escalation to Significant Adverse Event Review (SAER). The purpose of such a review is to determine whether there are learning points or improvements for the service and wider organisation.

As detailed in the Management of SAEs Policy, SAERs should be completed within three months of the incident occurring (or the Service becoming aware); any learning from the review should be shared and actions allocated clear timescales for completion. These actions are monitored via governance structures to ensure that timescales are met and intended improvements are implemented.

NHS GG&C has also introduced a standardised process for obtaining feedback from patient and/or families who have been involved in a SAER.

6.6 6 SAERs were reported across East Dunbartonshire HSCP between April 2021 and March 2022. 3 of these SAERs have since closed with one further review undergoing quality assurance.

6.7 The 6 SAERs identified above were commissioned by the following Services:

Service	Specialty	SAERs
Health & Community Care	District Nursing	1
Mental Health Services	Addiction Services	1
Oral Health	Public Dental Service	2
Specialist Children's Services	Hosted CAMHS	2

The table below provides the investigation outcome codes of the SAERs which have concluded.

Code	Definition	SAERs
1	Appropriate care: well planned and delivered	0

2	Issues identified but they did not contribute to the event	1
3	Issues identified which may have caused or contributed to the event	0
4	Issues identified that directly related to the cause of the event	2

6.8 2 SAERs commissioned during 2021/22 met the threshold for reporting as organisational Duty of Candour. Both reviews met the key elements of the Duty of Candour Policy - both patients received an apology; they were informed of the reviews, and they were asked to contribute. Following conclusion of each review, the report was shared with each patient.

7. Complaints

7.1 East Dunbartonshire HSCP aims to provide the highest quality services possible through the delivery of safe, effective and person-centred care. Whilst the vast majority of service users have a good experience, we do not underestimate the emotional, and sometimes physical, impact on service users and families who have a less positive experience. It is therefore essential that we produce open, honest and empathetic responses to complaints consistently across the partnership. Our complaints policies and procedures help us to listen effectively to what people are telling us about our services, and to act with purpose on what we hear. It enables us to put things right when things go wrong, and to learn and take action so that the same problems do not happen again.

7.2 East Dunbartonshire HSCP and hosted services received a total of 76 complaints. A breakdown for each service is shown below.

Service	**Complaints 2021/2022**	**Complaints 2020/2021**
Health (EDHSCP Board Complaints)	12	6
Social Care	43	34
***Oral Health Directorate (Primary Care)**	8	4
***Specialist Children's Services**	13	53

*numbers are for GGC as hosted services

The number of complaints received, in comparison to the previous year, show just below a 22% reduction overall. However there was an increase in complaints to: Health of 100%; Social Care of 26%; and Oral Health of 100%;

but a significant reduction in complaints to Specialist Children's Services of 75% from the previous year's figures. This could be attributed to a change in service delivery through Covid-19.

7.3 Of the complaints shown in the above table, the following outcomes were determined.

	Upheld		Not upheld	Withdrawn	Consent not received/*Out with time limit	Resolved
	Fully	Partially				
Health	1	6	5	0	0	0
Social Care	12	5	23	1	0	2
OHD	0	4	4	0	0	0
SCS	5	2	5	0	*1	0

7.4 Recommendations of "fully upheld" and "partially upheld" complaints in health related complaints are reviewed by the CCGG to ensure appropriate action is taken.

7.5 Social Care complaints, inclusive of those raised about social work and in house social care services, are also reviewed at the CCGG. All Social Care complaints are reported via the Complaints Management System (CMS). Out with the number, stage, area and outcome of complaint, the system is unable to provide further information in relation to lessons learned and actions taken. The complaints department are currently in discussions to see if the system can be updated to include this information. This will then be monitored at CCGG and mirror the health complaints process.

7.6 The Clinical Care Governance Group meeting bring complaints presentations to the group. In the period of 2021 to 2022 joint learning was facilitated using a social care complaint review.

8. Key Inspections & Reviews during 2021-22

8.1 To ensure services are providing the highest quality of care, the CCGG monitor all inspections carried out by the Care Inspectorate (CI) for all registered services in our area. Following inspection, the CI will grade various dimensions including quality of care & support to quality of management & leadership. If a service is graded 3 or below, the CCGG will review and look at the potential to provide support to sustain a high level of service for service users.

8.2 During 2019 the partnership received an inspection of the effectiveness of its strategic planning. The outcome was published on 30th July 2019 and is

available on the CIs website. Based on the inspection feedback an action plan was developed and all actions have now been completed.

8.3 The Child Protection Committee (CPC) has a multi-agency Performance and Management Information sub group, responsible for monitoring all child protection activity and reporting back to the CPC. This sub group carries out a programme of audit activity throughout the year in order to identify strengths and weaknesses in practice. This group liaises with the Learning and Development Sub Group to ensure lessons are learned. Audit activity in the reporting period included scrutiny of Child Protection Registration and Re-registration and Initial Referral Discussion (IRD).

8.4 Within Adult Services as part of the Adult Support and Protection Action Plan, a targeted Self Evaluation / Audit and analysis of case chronologies was undertaken during the summer of 2021 by Social Work Team Managers and Senior Practitioners. The audit provided evidence of improving practice in this specific area of work, which benchmarked positively in comparison to other local authority area inspections. Practice standards were in line with those reported within our Multiagency Adult Support and Protection Audit. There were particular strengths and good practice recorded in relation to the identification of risk, reporting of outcomes and impact of actions taken; and in respect of the worker's knowledge of the person and case. An action has been developed to take forward areas for improvement in relation to developing more concise recording and enhancing managerial oversight.

Other areas for learning were related to ensuring consistency entering dates relating to events and actions, and ensuring that the outcome(s) for the adult in terms of the Adult Support and Protection (ASP) interventions are also consistently recorded, which may be particularly important in the event of any legal proceedings.

8.5 The report on Drug Related Deaths in Scotland in 2020 was published in July 2021, by the National Records of Scotland (NRS) as part of the drug related death (DRD) reporting framework. In Scotland in 2020 there were 1264 Drug-related deaths, an increase of 4.6%. In NHS GG&C there were 444 drug-related deaths, an increase of 9.9% on 2019; both Scottish and GGC figures represent the highest number of annual drug related deaths ever recorded. In East Dunbartonshire there were 14 drug related deaths representing a 100% increase on the previous year, the highest reported since 2010. In percentage terms this represents the largest increase across NHS GG&C, although a degree of caution should be applied given the comparatively low baseline number; this clearly represents a concerning increase and a tragic premature loss of life and potential within our communities. Average drug related deaths in East Dunbartonshire across a five year reporting period from 2000 indicates that the average DDR rate was 9.5 (five year average).

The 2020 report indicates that the average age of drug related death was 43, with 63% of deaths being in those aged between 35 and 54; with 72% being male. In 93% of deaths more than one drug was present which seems to represent a particular Scottish characteristic or pattern of substance misuse. Opioids were involved in 89% of deaths; with a particularly high number of

benzodiazepines also being present (73%). These findings reflect locality trends and are of significant concern.

Initial review by our ADRS lead and Alcohol and Drug Partnership Coordinator show a number of deaths in East Dunbartonshire where the person was not known to services. Further work is currently being undertaken to fully understand the circumstances of each death. Due to a number of drug related deaths being open to our Mental Health Services in 2021 further review and more detailed analysis of the interface between mental health and alcohol and drug recovery services will take place.

As part of our Drug Related Death Prevention Action Plan there are identified interface issues where a number of drug related deaths are also open to Mental Health Services, requiring development of joint approaches to substance misuse and interface work.

Further reporting will be undertaken on the work to bring together partners and key stakeholders across our Alcohol and Drug Partnership, ADRS, Mental Health and Community Justice services to take forward and implement a locality action plan, aligned to board wide / national initiatives including Medically Assisted Treatment Standards (MAT Standards) Drug Related Death Taskforce initiatives, and enhanced access to Residential Rehabilitation.

9. Key Successes / Case Studies from 2021-22

9.1 The Care Home Liaison Nursing service have developed close working relationships with their social work colleagues over the last few years which has ensured Care Home residents receive safe, effective and person centred care. An example of this is the recent closure of a Care Home in the HSCP. The Provider of the care home service served a 12 week notice during the Covid Pandemic which prompted a multi-agency response to ensure the residents continued to receive appropriate care during this period and to facilitate a safe transfer to another care setting which was suitable for their complex needs. During this period the CHLN's visited frequently for assurance and oversight of care delivery and to offer support and assistance to the Care Home staff. They participated in virtual multi-agency meetings and engaged with the providers of care services to ensure a timely response to any clinical concerns. Through this joint approach, all Care Home residents were placed in a new care setting suitable to their needs before the closure date.

9.2 Oral Health Directorate: The completion of the test of change of ten children involved in the Quality Improvement project working intensively with vulnerable families is currently being evaluated. Initial thoughts are that the improved communication between partners - health visiting, child protection, social work, school nurses lead to a positive impact on all of those children involved. The group membership will now be expanded to also include the child protection team.

9.3 East Dunbartonshire Adult Community Nursing service introduced the new role of District Nurse Advanced Nurse Practitioner (DN ANP) as a test of change. The key aim of the DN ANP role is to improve patient outcomes through the transformation of the District Nursing workforce: reducing avoidable hospital admissions through timely recognition of the acutely unwell adult; promotion of anticipatory care planning with a realistic medicines approach; and transforming the role of the District Nurse through clinical supervision and leadership.

The provision of an advanced practice clinical leader within community nursing services has enabled DN staff to develop and maintain independent prescribing and advanced clinical assessment skills appropriate to scope of practice. DN students are mentored by the DN ANP throughout the V300 prescribing and advanced clinical assessment modules, which are undertake as part of the specialist practitioner qualification (SPQ). DNs are also supported to maintain competencies through reflective discussion, ongoing clinical supervision, and an integrated working approach with the DN ANP. The following case study demonstrates how a DN, who has been mentored by the DN ANP, can positively impact both patient outcomes and the development of a robust community nursing team.

Patient A, known to the DN service for daily diabetic management, was noted to have a 1 day history of mildly increased confusion and thirst. Despite these symptoms being a common sign of poor diabetic control, the DN conducted a thorough clinical examination. After excluding abnormal blood sugar; the DN identified a possible acute kidney injury (AKI) and obtained relevant blood tests. The DN reviewed a previously completed Anticipatory Care Plan; outlining the patient and families' wish for admission to hospital for any appropriate and reversible acute illnesses, and confirmed with the patient that this preference remained. Clinical findings obtained were within normal ranges, including the patients NEWS (National Early Warning System) 2 score. This supported the DN to agree a plan to monitor the patient at home, while awaiting the patient's blood results. The DN liaised with the DN ANP and GP throughout. When a marked deterioration in kidney function was confirmed, stage 3 AKI; the DN, with support from the DN ANP, arranged admission to the Immediate Assessment Unit. The patient returned home after 3 days and remained well.

This example demonstrates how DNs, with support and guidance from the DN ANP, can utilise advanced clinical assessment skills and prescribing knowledge to identify a potentially life threatening, but reversible, condition. The District Nurse also considered the patient's wishes whilst adopting a 'realistic medicine' approach to care.

10. Conclusion

10.1 This is intended as a highlight report to give an overview of the extensive activity taking place within the HSCP and hosted services on a daily basis. CCG arrangements will continue to evolve in line with new guidance to ensure that the residents of East Dunbartonshire continue to be delivered a high level of service; which is safe, evidence based and person centred. The partnership will continue to use a range of tools to aid service review and deliver service

changes: including, but not limited to, Quality Improvement work, SAERs and case studies. The HSCP as a whole will continue to review incidents that occur and complaints received to seek and guide areas for improvement.

10.2 This report covers a period of exceptional activity and change due to the ongoing COVID-19 pandemic. Teams across the HSCP and hosted services have had to show an unprecedented ability to adapt to the evolving situation and rapidly changing evidence and guidance. During this time the HSCP has endeavoured to maintain safe and effective practice, with appropriate levels of governance. The pandemic has brought with it an unrivalled opportunity and requirement for collaborative approaches to problems and shared learning across teams which will benefit the HSCP and wider infrastructure into the future.

10.3 The CCGG continues to evolve in an effort to offer increasing levels of assurance to patients / service users, staff and senior management. The group is working with Heads of Service and Service Managers to embed good governance practices at every level of service delivery; with appropriate service reviews, development and completion of actions; and escalations where appropriate. It endeavours to ensure that learning is shared across teams; and that feedback is communicated effectively.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 11.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15th SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/11**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER TEL: 07583902000**
SUBJECT TITLE:	**HSCP DRAFT PERFORMANCE AUDIT AND RISK MINUTES HELD ON 28TH JUNE 2022**

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the HSCP Performance, Audit and Risk Committee meeting held on 28th June 2022 (attached as **Appendix 1**).

2.0 RECOMMENDATIONS

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

2.1 Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 28th June 2022.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended are the draft Performance, Audit and Risk Committee minutes from the meeting held on the 28th June 2022.

3.2 The main highlights from the meeting were:

- Consideration and approval of the draft HSCP Annual Accounts for 2021/22 setting out the partnership's financial performance for the year as well as the management commentary setting out the context and wider performance of the HSCP over the last financial year.
- An update on the HSCP's internal control systems, governance systems and risk management systems in the year 31 March 2022 which provided reasonable assurances as part of the year end and annual accounts disclosures. An update was provided on the internal audit work over the last year, over the last period and the Internal Audit plan for the year 22/23.
- A final update on performance of the HSCP Annual Delivery Plan 2021/22 and for the first quarter of 2022/23.
- An update to the HSCP Corporate Risk register setting out the key risk and mitigation actions for the partnership.
- An update on the HSCP Directions log and the progress on the actions identified through the IJB from reports setting out the strategic priorities to be delivered.
- An update on the Audit Scotland report on the financial response of the Scottish Government and other public bodies across Scotland during the Covid-19 pandemic.

4 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

This committee provides support to the IJB in its responsibilities for issues of performance, risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered.

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5 MANAGEMENT OF RISK

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

5.1 None.

6 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required. (insert as appropriate)

7 POLICY CHECKLIST

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

8 APPENDICES

8.1 **Appendix 1** – Draft Performance, Audit and Risk Committee Minutes of 28th June 2022.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

Agenda Item Number: 11a. Appendix 1

Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Tuesday 28 June 2022 at 3pm
Location: Via MS Teams

Present:	Calum Smith (Chair)	**CSm**	Ketki Miles	**KM**
	Jean Campbell	**JC**	Gillian McConnachie	**GMcC**
	Caroline Sinclair	**CS**	David Aitken	**DA**
	Derrick Pearce	**DP**	Claire Carthy	**CC**
	Vandrew McLean	**VM**	Alan Moir	**AM**
	Brian Gillespie	**BG**	Susan Murray	**SM**
Minutes :	Siobhan McGinley	**SMcG**		

No.	Topic	Action by
1.	**Welcome and Apologies**	**CSm**
	Chair welcomed the Committee members to the meeting and introductions were made. Apologies submitted from: Ian Ritchie, Jacqui Forbes and Fiona Mitchell-Knight.	
2.	**Minutes of last meeting**	**All**
	Minutes of the meeting held on the 31 March 2022 were reviewed. Minor typos noted in the header and in the body of the minute at Item 2, year should be 2022, not 2021. Errors now corrected by SMcG. SM sought clarification on the last sentence of paragraph 2 of the Mental Welfare Commission Report and queried whether it should state '…..all vulnerable adults who agree to an advocate' as opposed to stating all vulnerable adults as this suggests they will be appointed one regardless. CS advised that those vulnerable adults who lack capacity and are unable to make a decision would be appointed what's referred to as non-instructed advocacy service. Anyone who doesn't wish to be appointed an advocate would not have one forced upon them. Regarding Item 7, SM asked whether the seminar had taken place. This will be part of the development sessions scheduled for the year ahead. JC agreed minute, KM seconded.	**SMcG**
3.	**Draft Annual Accounts 2021/22**	**JC**
	This is the 7th set of annual accounts presented for the attention and approval of the Committee and onward submission to Audit Scotland to progress with their audit process. In line with local authorities' compliance regime, our IJB is required to submit these draft accounts to external auditors no later than 30th June each year and following approval today they will be passed to Audit Scotland to begin the audit process. The draft accounts also require to be published for inspection and they will be uploaded to the website on 1st July for any comments prior to finalising. JC highlighted the Year End Performance set out within the accounts. The Partnership generated a surplus in year of £14.1m against the available funding for 2021/22. Underspend largely relates to funding received in year from Scottish Government and what has not been spent will go to earmarked reserves. It relates primarily to £10m which was received in the final quarter relating to Covid and from other initiatives throughout the year where the full year allocation was received for PCIP, Mental Health Strategy, Children's Mental Health Wellbeing and ADRS funding. Adjusting for movement within the reserves provides for a £3.1m underspend on budget which has been tracked and reported to the IJB throughout the year so the outturn on the performance is as expected.	

	In terms of the Partnership's reserves position, we will further our general reserves position to £3.1m in year which sits in line with our reserves policy and reflects the figures for a Partnership of our size and complexity. We are for the first time in line with our own reserves policy, this provides some financial sustainability going into future years and will help to manage any unplanned expenditure. We are in a position where we now carry significant earmarked reserves which are aligned for a specific purpose. The overall earmarked reserves total just under £24m. Contained within the report is the assessment against the Good Governance Framework with which we are largely compliant. The Qualities Impact Assessment Report requires updated and this will be done over the next few months. The Best Value Framework which assesses how the Partnership is expected to deliver best value and evidence is also available for members to consider. Approval awaited on The Annual Governance Statement contained within the annual accounts. SM commended the level of reserves and how this Partnership compared to other HSCPs. JC advised that we are broadly in line with Partnerships of a similar size i.e. East Renfrewshire and added that all were in the same position with regard to Covid funding. Larger Partnerships would be expected to hold significantly greater reserves. SM queried how the reserves would be utilised once absorbed into the HSCP. JC advised that the reserves have all been earmarked for specific purposes specified by Scottish Government including a PCIP reserve, MH Action 15, ADP which will be used for these specific purposes. We have been able to create some specific reserves to take forward partnership strategic priorities which include Accommodation redesign and transformation. KM provided further assurance having attended the NHS Board meeting where the annual accounts were signed off, that the IJBs are in line from a reserve perspective and any monies are being scrutinised and monitored. **Recommendations Agreed by all.**	
4.	**HSCP Annual Internal Audit Report to June 2022**	**GMcC**
	GMcC confirmed that reasonable assurance can be placed on the HSCP's internal control systems, governance systems and risk management systems in the year 31 March 2022 however, risks were identified in current and previous years in relation to contractual arrangements for Social Work Commissioned Care. That said, significant progress has been made in terms of a risk based approach in bringing contractual documents up to date, noted as further action required. The provision of reasonable assurance is important as it supports the governance statement within the draft accounts. Internal Audit has sought to be more flexible around demands and requests during what has been another challenging year. Home care audit work was deferred, governance and social work charging was progressed. Some additional unplanned consultancy work was undertaken over specific areas. Appendix 2 contains more detail on the follow up work and the number of outstanding Audit actions which have fallen compared to last year. Appendix 3 details the Audit work undertaken since last Committee meeting. Appendix 4 contains the internal audit plan for the year, the resources available have been approved by the EDC Audit and Risk manager. Initial planning and preparation work for 2022/23 has commenced. **Recommendations Agreed by all.**	
5.	**HSCP Delivery Plan 2021 22 Update**	**JC**

	This is a standard report in relation to the one year delivery plan 2021/22 and the first quarter 2022/23. There were a total number of 27 projects for 2021/22, 11 of those were at green status at year end and closed off, one was amber and one red. There were 14 projects delivered and completed. A total of 31 projects have been agreed for the year 2022/23. At the moment 26 are considered green and 5 at amber and none at red. The 5 at amber status are impacted by a delay in recruitment or progress of a service review. One project has been completed so far this quarter. **Recommendations Agreed by all.**	
6.	**HSCP Corporate Risk Register Update**	**JC**
	This update requires to be brought to this Committee for scrutiny and thereafter to the IJB for oversight bi-annually. Risks have been updated and the Risk Register is reviewed twice yearly, taken to the Performance and Audit Committee and HSCP IJB meetings. There are 21 risks on the register, informed by team or service level risks and requiring escalation to a corporate level. There were 3 risks removed, 2 relating to Covid and 1 relating to pressures on the ADRS Service. There was 1 additional risk added for recruitment and retention of GP staff. CS highlighted the rolling recruitment pressures across services, as well as additional winter funding which has created pressure across the HSCP. 10 risks are noted as being high risk out of the 13 related to the normal business of the HSCP. DA added that there we are struggling to recruit to core posts, DP further explained that the increase in the living wage has had an impact on the benefits threshold and teams are looking at work patterns which may be more attractive in recruiting to teams. AM agreed that the job market was extremely competitive in particular for pay and opportunities. CS explained there is little difference in pay and conditions across health boards, but there was variance across social care and in particular across neighbouring local authorities. JC confirmed that the Brexit has had very little impact locally and this had been removed but will continue to be monitored particularly in relation to price increases in certain areas such as prescribing. JC will reissue the risk register in an excel format. **Recommendations Agreed by all.**	**JC**
7.	**HSCP Directions Log Update**	**JC**
	JC confirmed this was first submission of the Directions Log to the Performance and Audit Committee. Directions are the mechanism to highlight to NHSGG&C and East Dunbartonshire Council how the objectives of its Strategic Plan, and any other strategic decisions taken during the lifetime of the plan, are to be delivered. Similar to the twice yearly submission of the Risk Register, the Directions Log will be brought to the Performance and Audit Committee and HSCP IJB forums. It is important that both meetings have oversight of the actions to be taken and those which have been completed. There was a total of 18 Directions issued for 2021, the status of the Directions are noted as: • Current 10 • Complete 4 • Superseded 4 • Revoked 0 For 2022, there were 6 Directions issued across the two IJB meetings held so far in 2022, the status of the Directions are noted as being: • Current 4 • Complete 0	

	• Superseded 2 • Revoked 0 **Recommendations Agreed by all.**	
8.	**Audit Scotland – Scotland's Financial Response to Covid-19**	**JC**
	JC spoke to the Audit Scotland response to Covid-19. Sets out in detail the financial response throughout the period of the pandemic. JC detailed the key messages from the report, as also set out in the covering report as well as the recommendations contained within the report. • The Scottish Government worked collaboratively and at pace with local and UK government to direct significant public spending in difficult circumstances. It is critical that lessons are learned about what worked well, and what did not to improve the public sector response to any future crises. • The Scottish Government streamlined governance arrangements to direct funds quickly, but it is hard to see how some financial decisions were reached. • The Scottish Government directed a large proportion of funding to councils and other public bodies who had existing systems and local knowledge to enable them to spend quickly. • The Scottish Government has managed its overall budget effectively but some Covid-19 funding remains unspent. • It is vital for transparency and financial planning that the Scottish Government and other public bodies are clear about how one-off Covid-19 funding has been spent, including where spending commitments may last for several years - • More work is needed by the Scottish Government to show how the wide range of Covid-19 spending measures have worked together to address the harms caused by the pandemic. **Noted by all**	
9.	**HSCP PAR Agenda Planner September 2021 – September 2022**	**All**
	Provided for update and consideration by committee members.	
10.	**A.O.C.B**	
	Nil of note.	
	Date of next meeting	
	Tuesday 27th September 2022 at 2pm	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 13.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15TH SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/13**
CONTACT OFFICER:	**DR PAUL TREON, CLINICAL DIRECTOR TELEPHONE 0141 232 8237**
SUBJECT TITLE:	**CLINICAL & CARE GOVERNANCE GROUP MEETING HELD ON 23rd APRIL 2022.**

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Clinical and Care Governance Group meeting held on 23rd April 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Clinical and Care Governance Group Meeting held on 23rd April 2022.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Clinical and Care Governance Group minutes highlight:

a) The lead AHP for the HSCP provided an update to the group on the Falls and Frailty Programme being delivered across the 6 NHS GG&C partnership areas. The presentation focused on Care Homes Falls pathway; multi-disciplinary interface work; and anticipatory care planning.

b) The group was assured by a recent inspection at Ferndale Residential and Outreach Units.

c) The group noted a rise in children requiring support for mental health difficulties; alongside local commitments to improve Tier 1 & 2 mental health services for children, and the Mental Health & Well Being in Primary Care work stream which will work across age groups.

d) AN update on Medical Assisted Treatment (MAT) standards with provided, including improvement to prescribing availability and the introduction of a Drug Treatment & Testing Officer. There is ongoing work to partnership working with Turning Point and West Dunbartonshire in relation to approaches to non-fatal overdoses.

e) The Oral Health Directorate highlighted some challenges regarding midazolam availability and defibrillation cartridges – measures to ensure safe use were discussed and agreed including training and signage.

f) Summaries of complaints, incidents, significant adverse events were reviewed; and updates on Public Protection were provided.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None**.**

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.

6.3 **NHS GREATER GLASGOW & CLYDE** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1** - Clinical & Care Governance Group minutes of meeting held on 23rd April 2022.

Agenda Item Number: 12a Appendix 1

Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 20th April 2022, 9.30am
Microsoft Teams Meeting

Members Present

Name	Designation
Paul Treon	Clinical Director, Chair
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Caroline Sinclair	Interim Chief Officer
Tara Dunseith	Clinical Director, PDS
Leanne Connell	Interim Chief Nurse for HSCP
Fiona Munro	Lead AHP for HSCP (and deputising for Derrick Pearce)
Derrick Pearce	Head of Community Health and Care Services
Karen Lamb	Head of Specialist Children's Services
Claire Carthy	Interim Head of Children and Families and Criminal Justice
Vandrew McLean	Corporate Business Manager

In Attendance

Name	Designation
Lorraine Arnott	PA/Business Support

Apologies

Name	Designation
Fraser Sloan	Clinical Risk

No.	Topic	Action by
1.	**Welcome and Apologies**	
	PT welcomed all and announced members present and reminded those in attendance of the recording of the meeting. Apologies noted on page 1.	
2.	**Minutes of Previous Meeting**	
	Minute of previous meeting agreed and approved.	
3.	**Matters Arising**	
	PT highlighted the main issue arising from the last meeting was the discussion around Specialist Children's Services leaving the ED Clinical Care Governance Group and reporting directly to the Primary Care Clinical Care Governance Group. It had been decided at the Primary Care Clinical Care Governance Group that is a more clinical reporting group and less operational, therefore Specialist Children's Services alignment needs to be thought through more; until such time Specialist Children's Services will continue to report into this group. Once clarified which Chief Officer will take on the role of overseeing Specialist Children's Services and the governance of, it will thereafter move over to whichever HSCP and Chief Officer take over governance.	
4.	**Actions / Outcomes Log**	
	CF reviewed the Actions & Outcomes Log • **Core Audits** – LC advised that DN Core Audit is complete, this had been resumed a few months ago. Will be replacing core audits with CCAT which has now commenced within the DN service. HV is still ongoing. • **Child Death Review/Child Death Hub –** CC informed that she represents the CCG Group at the meeting of this Board; there is a National meeting scheduled in the next few weeks however there have been no local meetings at present. Ongoing. • **Datix Reporting Categories** – VMcL sent round the up to date position around 30th March to Heads of Service under their care groups. Still some issues relating to OPMH and Adult Mental Health Services in relation to categories and how they are set up. • **HSCP Complaints Reporting Process** – sent round initially to Mental Health services. Will send through Jean Campbell as the lead for Complaints to take to the next SMT. Only minor tweaks made to the process and flowchart. • **SCR Review** – CC advised that the draft report has now been sent to the Legal Department for comment. Awaiting legal advice before publication and action planning. • **Heads of Service Governance** – Ongoing • **Information Governance** – VMcL has made request to Information Governance around training, still sitting with them as a pending request. Ongoing. • **Ongoing cleansing exercise and request Team Leads to clarify team details –** VMcL happening as part of the report that has gone out to Heads of Service. Complete. • **Learning Outcomes –** VMcL advised that information had been circulated via Core Briefs in relation to locating training modules for Complaints and for Datix Reviewer and Manager training. For services to ensure training has been picked up and undertaken. • **Issues and impacts of COVID** – PT informed that there does not appear to have been much discussion on of late. DP updated the group that there has been clarification from Scottish Government that the COVID Funding that had been in place	

	to meet the additional costs of COVID is ceasing. Jean Campbell is currently working through a process with Heads of Service to consider the implications and in order to maintain services and to address the back log from waiting times incurred during lockdown. Will provide update in due course. • **Defibrillator Pads –** Was previously resolved however TD advised the group that they have since received a medical alert that the conducting gel may have dried up. Risk involved. Advice given is to not order any replacement cartridges, and not to open up the cartridges and to go ahead and use the cartridges. Will continue to discuss this at Agenda Item 15.	
5.	**Falls and Frailty/ACP and End of Life Care**	
	FM shared a presentation on the Falls and Frailty Programme. The programme has been launched across all 6 partnerships through the Unscheduled Care Delivery Group. The five main workstreams being: Identification and Screening; Anticipatory Care Planning; Falls Prevention; Frailty at the Front Door; and Co-ordination and Integration of Community Models. Frailty is one of the most pressing issues in terms of management of people going forward. Further detail in relation to the five workstreams was given. Pilot done around falls pathway for Care Home residents: Test phase launched in November with seven care homes across GGC; the process for reporting was updated. Initial test phase has been deemed successful and will now be rolled out to all GGC care homes. Challenges current policy of conveying all residents who have had a fall. Introduction of the Multi-Disciplinary Interface Team: Have agreed through the Unscheduled Care Group to develop a Hub and Spoke model with frailty practitioners (band 7 advance practice level) at the centre of this. Frailty practitioners will support front door assessment, with each HSCP to have an allocation of practitioners. ED hope to have three working as a virtual team - anyone presenting at the front door will be linked with frailty practitioner to support early discharge and ensure person safety direct from the front door. Consultant AHP appointed who is working closely with the Lead ANP for education for nursing. Also linking with Glasgow Caledonian University around modular education, including simulation training, to support and enable these clinicians initial and ongoing development. Job description and recruitment process also being undertaken. Anticipatory Care Planning (ACP) is a more dedicated piece of work ongoing through the Macmillan nursing team and has been more developed that other workstreams. Have a number of ACP Champions locally, supporting the impact of good anticipatory care planning for individuals and families by encouraging teams to consider ACP as part of their interventions. Also working closely with ADL Smart Care who have developed the Life Curve; discussing the compression of functional decline, based on practical issues. Life Curve promotes self-management with small aids and improve quality of life. All workstreams have a lead, DP is Board wide lead for workstream 5 (Falls & Frailty and End of Life & Palliative Care). This will take a number of years to become established and make an impact, potentially changing how care is delivered going forward. PT commented that Frailty Practitioners are a good addition to allowing for people to be cared for in the correct places and settings. In relation to patients being turned around discussion will need to be undertaken with GP colleagues to advise of the reasons and routes to readmission if required. FM informed that planned emergency care is the initial part and is hoped will be rolled out across the whole programme. Also, currently know there are people who may have been able to have been kept at home, now practitioners will pro-actively identify the people that are known locally that can be supported at home. Ensure good communication with Primary Care colleagues. LC shared with the group of a recent	

	example of where planned intervention was negotiated. PT suggested that this topic would be worth further discussion at an upcoming Leadership Forum. Will liaise with DA prior to the next Forum. **ACTION:** Kathleen Halpin / Michelle Dalgarno to present at Leadership Forum – promoting benefits of ACP/eKIS across HSCP teams.	**PT**
6.	**Incident Trends**	
	Non Clinical Incidents - 13 incidents reported • 2 Breach of confidentiality • 2 Property loss and damage • 2 Application errors resulting in direct patient safety, IT issues • 2 Incidents that have been witnessed under Witness category • 7 out of the 13 have been finally approved. Clinical incidents - 42 incidents reported • 29 pressure ulcer care • 3 medication incidents • Loss of control drugs, wrong dose & wrong formulation, and failure & fault with medical equipment also. Social Care Incidents • Adult Services had 17 incidents with various different reasons • Children's Services had 10 incidents with various different reasons • Other Services 1 incident • Highest categories are slip trips and falls, and physically assaulted by a person. Specialist Children's Services • KL updated on 2 incidents at present. 1 related to Skye House (resolved at Stage 1) and 1 related to delay in referral to Neurology in Royal Hospital for Children (resolved at Stage 2).	
7.	**Complaints & Whistleblowing**	
	VMcL advised that one complaint reported under Health Visiting. Sent out final Stage 12 reply on 14 April. Complex complaint required a lot of input from Complaint services and HR. 6 in total since 1st January 2022, and appears to have slowed down slightly. No reporting statistics for EDC Complaints due to problems with reporting systems at present. Will circulate retrospectively once received. KL advised that Specialist Children's Services have received two whistle blowing submissions within the past 6 months for Skye House. Will bring responses to this group at the next meeting. No whistle blowing submissions for either EDC or Board at this time. **ACTION:** SCS Whistleblowing submissions to next meeting.	**KL**
8.	**SPSO Updates**	
	SPSO update attached with papers. PT highlighted the model Complaints Handling Procedures and Key Performance Indicators. VMcL advised that she will pick this up with JC however are robust in handling complaints. **ACTION:** Discuss complaints Handling with Jean Campbell.	**VMcL**
	GOVERNANCE LEADS UPDATES / REPORTS	
9.	**Children & Families/Criminal Justice**	

	Report contained within agenda. CC advised that there was not much further to report to the above. She did however advise the members of recent inspection carried out within Ferndale Residential Unit and Ferndale Outreach services. Inspected on Children's Experience: Compassion, Dignity and Respect (very good); Children Get the Most out of Life (excellent); Children's Health Benefiting from Care and Support (very good); and Assessment and Care Planning (excellent) also. CC noted that these were very positive inspections for both services. She also reported that there had been an increase in children requiring support for mental health difficulties; increased attendance at Emergency Dept; anxiety; and eating disorders across GG&C. Improvement program aligned with CAMHS - locally have a commitment to improving Tier 1 and Tier 2 services for children and young people. Also through Mental Health and Wellbeing in Primary Care looking at how services can be better streamlined for children and young people. Also successfully commissioned a service, the Compassionate Distress Response Service, as an additional support for teenagers. KL discussed the workforce plan to support these workstreams, and highlighted the issues in recruiting staff to ensure that the programme needs are met.	
10.	**Criminal Justice Services**	
	Report contained within agenda. CC informed that there were no exceptions to report at this time. Service is stable at present. Due to the suspension of unpaid work hours during the last 2 years there is a backlog. This is being monitored carefully and it is not anticipated that anyone will breach their order. Various models using digital and online group work, and also looking at different ways to engage with people on orders. Have tried various approaches to bring down hours, and is being managed very well.	
11.	**Community Health & Care Services**	
	Report contained within agenda. DP commented that the new template used had been approached slightly differently from all services under Community Health & Care service, and pulled the report into one document. He advised that he would appreciate feedback after the meeting on the layout of the report. He informed the members that there is currently a District Nursing incident that has moved to an SAER and is ongoing. Noted the ongoing work with the DN OOH Test of Change to extend core hours, to increase clinical effectiveness and deliver more person centered care, is going well. Significant amount of work also in relation to Falls and particularly the Test of Change with Telecare Responder Service for individuals who have fallen at home who can be stablised and made safe and picked up by Falls Practitioner the next day. Specific work also in relation to falls with Whitefield Lodge where a very high number of falls were reported within a month. Pilot of Promoting Positive Behavior Training within Care at Home and new online Dementia Training for Care at Home staff also available at present. Two incidences of patients being discharged from hospital without prior agreement of care home to have package of care in place; have been logged on Datix and there has been learning opportunities looked at in relation to these incidences. With regard to the new templates, PT advised that the purpose of them was to be more in line with the Terms of Reference of the group and less in line with the Annual Report. The new templates also take the group through why service developments are being done and how improvements will be evaluated. He informed that ultimately the individual reports should be looked at by Heads of Service at Team meetings, and appropriate items are escalated to the C&CGG.	
12.	**Commissioned Services**	

	Report contained within agenda. DP updated on behalf of all services. Escalations to note were two care providers moving to the RAG status in the reporting period, but did not result in any hand back of care packages to in-house services. There are Scottish Living Wage uplift implications for the providers, due to complexities involved in implementing the uplift particularly where it relates to people's benefits. CoSLA are in discussion with Social Security Scotland and also with wider DWP around the implications of this. The Care Inspectorate are still unable to engage in the weekly Operational Response Group and there was no Care Inspectorate participation in the most recently scheduled liaison meeting with Strategic Commissioning Manager and Care Inspectorate, will raise with Lead Inspector when next meet and will continue to note as an ongoing issue in weekly Operational Response Group notes.	
13.	**Joint Adult Services**	
	Report contained within agenda. DA updated on the template also, and agreed that further discussion on the reports would be of benefit after the meeting. He updated that Project Lead has been appointed to oversee the Learning Disability Strategic Review and move to the new Day Care Centre at the Allander Leisure Centre Complex scheduled to take place October/November. Will be significant change in terms of day service offering provision to adults with learning disabilities in East Dunbartonshire. Slightly different models of delivery; issues which will relate in terms of governance. He also highlighted the work on Medical Assisted Treatment standards; big feature of the work of the clinical team and those within the social care side of the team. Have introduced additional prescribing to 5 day prescribing improving prescribing services. Also introduced new Drug Treatment and Testing officer to support the work of the Alcohol Drug Recovery and Criminal Justice team. Furthermore, he informed the group that in response to non-fatal overdose incidents, ADRS is working in partnership with Turning Point and West Dunbartonshire HSCP, to have a more consistent and robust approach to the management of non-fatal overdoses. Lastly in terms of reporting, treatment waiting times are more consistently reported now as a result of the Drug and Alcohol information system Daisy in place. The target for ADRS team is for 90% of all people to be seen from referral to treatment within 3 weeks. Last return suggested that the team achieved 87%. Working on better recording and reporting. With respect to the Ukrainian Refugee Settlement, he advised that there has been extensive material published by Scottish Government which has been circulated through social work networks and public protection networks, may not have filtered through to clinical representatives and keen for this information to be circulated as widely as possible.	
14.	**Oral Health – Primary Care**	
	Report contained within agenda. TD also keen for feedback on completion of the new reporting template, and also advised that the professional leads will use the same template at their meetings to allow for escalations to be in the correct manner. Five incidents reported for Primary Care OHD in the last month, two of which were needlestick, no severity four or five incidents reported. On SAER outstanding, ongoing for five months and Raymond Carruthers will chase. She highlighted three items from the report to discuss in more detail; buccal midazolam; AED cartridges; and update on AGP procedures and de-escalation of risk mitigation. Now have a secure supply of buccal midazolam with reasonable expiry date. Have had to	

	revert to use the vials rather than using pre-drawn syringes. Have shared a training package in relation to this but she informed that there is still a risk attached to this, primarily due to infrequent use. Have explored appropriate risk mitigation with regard to this, and asked if this was something that could be discussed further with the group. PT acknowledged that there are challenges around dental staff drawing up rather than using pre filled vials but was assured that appropriate training and been explored and initiated. Further discussion then took place with CF ensuring discussions have taken place with the Chief Pharmacy Officer. LC also suggested that if training and guidance is available then staff may also benefit from the opportunity to practice the process. Processes need to be robust locally and as safe as they can be. In relation to the AED cartridges she asked the group if this issue is affecting other services. LC advised that there needs to be a robust process in place for regularly checking the defibrillators in each of the sites. Safety action notice advises to use the pads even though they may appear discolored or congealed and suggests that a document is left with the device so that anyone using it for the first time would see what pads are safe to use. Challenge is the issues around securing a supply of the pads. Need to identify someone to laminate poster and keep alongside the device and work with first aiders in each site to make sure they are fully briefed on the safety action notice. Actions are to identify someone in each of the sites to make sure that everyone who uses the buildings, that could potentially use the device, is aware of the safety action notice. **ACTION:** LC/TD will link with VMcL to find out what supply of pads are available within the HSCP and to ensure the safety action notices are laminated and available to anyone who may find themselves in a position where they would need to use the device. Also making the first aider information identifiable in each of the sites. With regard to AGP procedures, TD advised that the Chief Dental Officer indicated that some of the risk mitigations could be de-escalated, and bringing Scotland in line with the 4 nation's guidance. Will still be able to screen patients for a respiratory or non-respiratory pathway, however there is no longer the need to wear Level 3 PPE and for the fallow period following an aerosol generating procedure. Have engaged with staff as there has been some anxiety around this; SOPs will be written up in line with personal risk assessments. Next steps are to confirm SOPs, share them and adjust the clinical templates - this will start to improve capacity in AGP procedures again.	**LC/TD/ VMcL**
15.	**Specialist Children's Services**	
	Report contained within agenda. KL reiterated the earlier comments made on the new template. Referral rates have continued to increase; Board wide performance review continues in terms of HSCPs being asked to respond to plans to reduce the waiting times and the focus on children waiting over 52 weeks; and children at 40 plus weeks. Key to delivering this is increasing clinical capacity within the teams. In terms of SAER, there is a SCS Review Group and there are no new incidents to report in the past month. Adult Mental Health have commissioned a programme of work being led by Catriona Philips that is looking at outstanding SAE across the mental health services. Looking to put in place a robust process to be able to complete a fairly large number of SAE that are predominantly sitting with Adult Services. She also informed the group that funding was received 18 months ago to develop an Infant Mental Health Team and to expand the remit of the Maternal and Neonatal Psychological Interventions Team. Infant Mental Health Team now up and running and guidance document available in terms of referral to some of these new services. With regard to supporting practitioners and the wider support for	

	Children and Young People's mental health she informed the group of progress report in relation to Lets Introduce Anxiety Management (LIAM) Programme. East Dunbartonshire have had 170 children through the program and feedback received has been very positive.	
16.	**Mental Health**	
	Report contained within agenda. LC updated the group and highlighted ongoing work with Perinatal Mental Health with Health Visitors, Mental Health and Health Improvement. Delivery groups jointly focusing on working with new fathers. Working on an EQUIA for service changes and is important to be included in the project plan. Regular Trauma meeting and getting peer support workers in Mental Health involved in looking at re-doing an environmental audit around the building which would include clinical rooms and reception as there have been numerous changes due to COVID. Overall services have been busy, however no breaches within CMHT and continue to work hard on waiting times. LD have had gap on psychology therapies; funding to recruit to backfill the gap due to waiting times. No complaints at present to report. Challenges noted, relating to suicide and adverse events, in getting investigators to assist - meaning SCIs may take longer to report back on. Training staff on this to ensure more investigators to help with some of the waits in relation to this.	
17.	**Business Support**	
	Report contained within agenda. VMcL updated on pertinent issues in relation to change of structure with regard to how staff are supporting clinical teams. Set up series of meetings with staff to improve communication, co-ordination and information given to staff. Also set up Business Support Team newsletter to keep staff aware of developments within the HSCP. Only pending issue is around clinical typing to support mental health teams in relation to system issues and working between EDC IT and NHS IT. Have had to use overtime to deal with backlog as a result. Is on risk register for e-Health and also on local team risk register and will continue to monitor as has financial impact and delay in patient letters being sent out.	
18.	**Primary Care & Community Partnerships Governance Group update**	
	CF updated on meeting that took place in March. Controlled Drugs team were discussing a case they had been investigating and the risks around private prescriptions. She detailed the case that had been referred to. Looking at processes in community pharmacies for verifying private prescriptions. Also ongoing investigation with GMC and the General Pharmaceutical Council of private GP practice and concern with how they verify with NHS practices regarding private prescriptions.	
19.	**Board Clinical Governance Forum update**	
	No update at this time.	
	RISK MANAGEMENT	
20.	**Clinical Risk Update**	
	No update at this time. Next update due September.	
21.	**SAE Actions**	
	No update at this time. Next update due September.	
22.	**Corporate Risk Register**	
	CS advised that the risk register has been round Operational Heads of Service for refresh and update, will go to next SMT with a view to being put to the HSCP Board meeting on 30th June for its six monthly update. Any updates to go through the next SMT meeting, however have already made a number of fairly substantial changes to it due to changing COVID position, Brexit and other aspects.	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
23.	**Quality Improvement Projects within HSCP**	
	Nothing to report at present.	
24.	**Quality Management Framework**	
	LC highlighted in terms of professional registration for NHS staff there has been an update to	

	policy and are reviewing current processes in line with the new update to the policy. Discussions arranged for next week with Chief Nurses and the Director for AHPs to try and minimise duplication of effort with checking professional registration. She suggested the benefits of updating assurance around registration across HSCP staff, not limited to NHS employed staff and finding a way to update Clinical Care Governance on a reviewed position for registration checks. LC will link with CS in relation to processes for SSSC regulated professions. She updated on the Care Home Support Team are now focusing on the development of their outcomes using the quality management framework tools and will be looking to develop a suite of outcome measures.	
	PUBLIC PROTECTION	
25.	**Child Protection**	
	CC reported that activity remains at a high level, there are 29 names on the Child Protection register, down 5 from last report.	
26.	**Adult Protection**	
	DA highlighted the Ukrainian Refugee Resettlement information circulated. Feedback from last Adult Protection Committee: new police G Division Team established and in operation - will help re-establish closer relationships with the police. Adult Protection Committee: 2021 Case File Audit Self-Evaluation findings were reported - good qualitative work still being undertaken against all of the measures in terms of How Well Adults are Protected and How Good is Our Service (HGIOS). May be useful to have Kirsty Kennedy report findings to a future Clinical Care Governance meeting. HGIOS report showed a small decline in referrals received however remains a high level of activity. Consistently strong performance measures, 92% being met in accordance with the standards.	
27.	**PREVENT** **Counter-terrorism**	
	1 PREVENT case technically closed, and currently in the case closure review period, due review in a further 3 months to consider if the case remains closed or is re-opened in order to engage a PREVENT intervention provider with the work of the person released from custody next week.	
28.	**MAPPA / Management of high risk offenders**	
	CC reported on MAPPA: two people have transferred in to Glasgow and one has completed their order, total of social work managed cases and police managed cases numbers are now down to 62 in East Dunbartonshire. Of the social work cases all 26 are managed at Level 1, all considered at lower level of risk. Two people awaiting sentencing so may increase slightly over the next couple of weeks.	
29.	**MARAC** **Domestic Violence**	
	CC advised MARAC conferences are continuing. Has moved to a digital platform and takes place monthly, chaired locally by police colleagues, attended by Adult Services, Children Services, Health Services, Women's Aid and Housing. Heather McDonald, Advice and Response Team Manager is currently attending the MARAC, referrals are being managed by Women's Aid and Housing so nothing high risk at present.	
	INFECTION CONTROL	
30.	**Infection Control Minutes**	
	Nothing to report on at this time.	
	ESCALATIONS	
31.	**Items to be escalated to HSCP Board**	
	No items to be escalated.	

32.	**Items to be escalated to NHS G&C C&CGG**	
	No items to be escalated	
	GENERAL BUSINESS	
33.	**Primary Care Chaplaincy Scotland Service Evaluation**	
	PT informed members this item was for noting only. Local GP Dr McDonald along with Chaplain from within practice set up service and have expanded to cover a few other practices on a voluntary basis. They are keen to evaluate the expansion of the service, and are also keen to share that evaluation with this group. The service is involved with some of the Mental Health and Wellbeing discussion locally.	
34.	**eMARs**	
	CF gave brief update with regard to eMARs. She advised that currently Home Care teams use paper MAR sheet; not an ideal system and difficult to keep an audit trail. EDC have purchased an eMAR system and in addition there are a number of other aspects to the programme that allow for recording visits and plan scheduling and similar. Pilot running to look at prescribed creams, when cream is to be administered by Home Carers this is added to the eMAR system and Home Care staff record when this has been applied. Hoping to expand to all medication once established if well evaluated. Various different aspects within the system to be given further consideration.	
35.	**AOCB**	
	Nothing of note.	

Date of next meeting – 29th June 2022, 9.30am via MS Teams

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 13.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15th SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/13**
CONTACT OFFICER:	**DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233**
SUBJECT TITLE:	**HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF 9th JUNE 2022**

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 9th June 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the HSCP Strategic Planning Group draft minutes of 9th June 2022.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended is the draft minute of the Strategic Planning Group held on 9TH June 2022.

3.2 The main highlights from the conversations within the meeting related to:

- Developments around the Older People's Social Supports Strategy;
- Challenges in the provider sector around recruitment, retention, ability to sustain qualification levels and costs;
- Ongoing challenges around clinical and workforce accommodation to deliver on service commitment and efforts to address these;
- Progress to date on the Integrated Cancer Partnership; and
- The development of the new workforce strategy.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 STATUTORY DUTY – None

6.2 EAST DUNBARTONSHIRE COUNCIL – None.

6.3 NHS GREATER GLASGOW & CLYDE – None.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1: Draft Strategic Planning Group Minutes of 9th June 2022.

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 9th June 2022 via MS Teams

Present

NAME	Designation
Derrick Pearce	CHAIR – Head of Community Health & Care Services
Fiona McManus	Carers Representative
Alison Willacy	Planning, Performance & Quality Manager
Joni Mitchell	Partnership Development Officer, EDVA
David Radford	Health Improvement & Inequalities Manager
Kathleen Halpin	Senior Nurse
Lisa Dorrian	General Manager – Oral Health/ Lead Officer, Dentistry NHSGG&C
Fiona Munro	Service Manager/Lead AHP
Sharon Gallacher	Commissioning
Iain Marshall	Independent Sector Rep (Director of Care – Pacific Care)
Jean Campbell	Chief Finance and Resource Officer
Sarah Abbott	Independent Sector Rep
Vandrew McLean	Corporate Business Manager
Claire Neil	Housing
Fiona Robertson	Housing
Richard Murphy	

Minutes: Catriona Burns

1.	Introductions & Apologies	Actions
	Apologies: Karen Albrow; Caroline Sinclair; Claire Carthy; Joni Mitchell DP advised of a change to the running order of the agenda to accommodate diary commitments of those presenting.	
2.	**Notes of Previous Meeting**	
	The minutes were reviewed and subject to the amendments requested by FM were agreed. LD will check if the list sent by FM has been received.	
3.	**Matters Arising**	
	There were no matters arising to address	
6.	**Older Peoples Social Support Strategy**	
	DP advised that this paper is presented for SPG input prior to presentation to the IJB on 30th June 2022. RM shared the presentation included in the agenda. RM advised this work commenced in 2020 but was suspended. It aligns with the strategic priorities in Strategic Plan 22-25. A full Strategic Needs Analysis was carried out along with significant	

	engagement with stakeholders, staff, carers and wider public service users, mainly older people who have been using building-based supports. RM explained the detail of the review which aimed for more person-centred community led support, seeking to address social isolation for people who do not meet the criteria for building based support, developing opportunities in localities and communities. Occupancy levels were also reviewed. RM detailed the options presented for consultation. The preferred option from the consultation events was Option 2, 2 centres with the development of community and locality-based supports and using existing networks in localities. Consultation will take place from July – September 2022, service reviews will be undertaken before any change to provision. Following analysis of the consultation and development of a delivery plan, this is planned to be presented to the IJB in November 2022. RM thanked Kelly Gainty, SDS Adult Community Lead who has carried out a great deal of work from leading the consultation to developing the paper and would have presented today but is on annual leave. DP acknowledged the extent of the engagement carried out to develop the 3 options and to arrive at the preferred option. The next step is to seek formal approval from the IJB to formally consult for a 3 month period as this represents significant service change. FM advised that K Gainty presented to the PS&UC group which was highly informative and helpful. The Friendship Circle was one of the options discussed with KG, which had been running successfully for 25 years but has ceased due to a range of factors, including lack of suitable premises, age of volunteers. DP noted that several informal social supports have not recommenced following the pandemic and these are a core part of the categories. Ian advised that Scottish Care have commenced work resulting from a national concern on the number of day care places that are being removed in some places up to 50%. The worry is that the impact on services users, families and carers is not being taken into consideration. HSCP's are under severe financial constraints and this is being viewed as a soft option and rely more on Third Sector and Voluntary Groups to provide services for people with less severe needs. Concerns are that people are moved out of traditional services into the community could be put at risk should there be further waves of Covid. Also the benefits of Respite are not understood fully.	

	DP noted that the Scottish Care research has been factored in and will be a key part of the engagement. DP said that the view is to maintain day services places for those whose needs require building based services and develop alternative services. AB shared the experience of Primary Care in that the impact has so far been absorbed by families until people are at a critical standard of need and publicising early intervention. DP confirmed a submission will be made to the next IJB requesting a formal consultation period at which point the SPG will be contacted as formal consultees. The final delivery plan will be presented to the SPG in October 2022.	
4.	**Updates**	
4.3	**Independent Sector Update**	
	Ian advised the key issues facing the Sector are recruitment and cost pressures. Recruitment within nursing is a challenge and high numbers of staff have been lost to the NHS. Recruitment of nurses from overseas in being considered by providers. Cost pressures due to fuel, energy cost rises, and the possible removal of the Covid Sustainability Funding add to the worries for providers who may have to close doors. Removal of restrictions are seeing visitors returning with appropriate measures in place, residents are going on outings and things are returning to normal. Sarah reported that staff are moving from Care at Home to jobs where they do not require to use their cars. The Care Inspectorate are reported to be downgrading services rather than supporting. SSSC qualifications are beginning to expire, with a recent report stating that 51% of the workforce don't have the qualification. This is due to lack of capacity to deliver the training. Scotland Excel has created additional barriers for providers due to services not being inspected. The fluctuations of capacity needs are causing problems for planning. There are no staff off with Covid which is positive. **ACTION – SG & DP to liaise with Sarah re provision** SG advised that she is part of the working group for the next round of Scotland Excel and several the points raised will be taken into account. Scottish Living wage letters have been issued and the uplifts will be implemented as soon as possible. SG noted that providers in other areas are closing due to cost pressures and staffing challenges.	
4.1	**East & West LPG Update**	

	DP advised that work to move to a locality model is progressing and locality Groups will recommence as soon as possible. F Munro reported that clinical discussions on patients with complex needs continues in all 3 localities. This is clinician led and benefits are being seen for all involved. Social Work teams have moved into locality models alongside Health teams. KH advised that work is ongoing to bring the Out of Hours service in house using a locality model. Services are being aligned with Homecare which has many of the same clients. As yet there is no implementation date, but this is being used as a Test of Change and services are being delivered 3 nights each week.	
4.2	**3rd Sector Update**	
	No update available	
4.4	**Communications & Engagement**	
	FM had previously advised that KG presented the Older Peoples Social Support Strategy to the last meeting. FM shared a presentation on the use of Artificial Intelligence in cancer diagnosis. A pilot has concluded, and AI is now being used to speed up the time taken to review chest x-rays. It can take up to 12 weeks from initial appointment to results back to the GP. AI is being used to prioritise any potential abnormal results on the day to be fast-tracked to Radiographers review. The aim is to cut the process to 2-3 weeks. This commences in July across the GG&C area. The PSUC group were asked to share this information and reassure that all x-rays will be reviewed by a radiographer. Covid sheets continue to be shared with around 500 organisations. There are 3 new PSUC members being inducted shortly. FM highlighted a report Equal Expert & Valued which is a report on the Carers Representative on the IJB's across Scotland. This is a benchmarking exercise showing how well Carers Representatives are supported on various Boards and Planning Groups. This item will be discussed at the next Board and East Dunbartonshire is sighted as an area of good practice, i.e., training, information readily provided when requested, assistance in recruitment, all policies are submitted to Carers Group for consultation. FM reported that K Albrow received funding from EDVA to start a signing group for the parents and grandparents of Campsie View and Merkland school children. This takes place in Cairns Church,	

	with the children attending and participating. FM mentioned one child who cannot play the violin but plays like Nicola Benedetti. All are involved and are getting a great deal of enjoyment.	
4.5	**Housing Update**	
	CM advised that the Local Housing Strategy Draft has been delayed and it is intended to have this available for consultation by the end of June. Following finalisation of the Housing Need & Demand Assessment, both will be submitted to Scottish Government for approval. All documents will be shared online for comments. CM advised that this can be shared at the October SPG. A major review of the Allocations Policy will commence after the summer and a working group will be established, when input from the SPG will be requested. **ACTION – CB & DP to schedule for October**	
4.6	**Primary Care Update**	
	DP advised that the latest tracker has been submitted to Scottish Government on the delivery of the new GP Contract and feedback is awaited. The detail will be shared with the IJB on 30th June 2022 and it is intended to plan an event to reengage with the primary care community and show what has been delivered with the Primary Care Improvement Fund and to reflect on the ongoing challenges. James Johnstone is the new Primary Care Transformation Manager will take up post in August. AB advised that face to face consultations for direct booking are provided, increased the number of telephone consultations which translate into face-to-face consultations. There are over 100 extra patient contacts per day and increased home visits over pre pandemic baseline. Triage of work in ongoing and all staff are fatigued. LD advised that payments for high street dental practitioners changed in April. PDS & GDS are working to support practitioners back to pre-Covid numbers. LD commented on practices which were deregistering of patients. The situation is being monitored regarding bulk deregistration. Changes to social distancing within Public Dental Service areas within acute sites. Risk assessments are being undertaken locally to ensure safe working. Communications are imminent to dental practices and PDS on dental care for refugees.	
4.7	**Improving the Cancer Journey in East Dunbartonshire**	

	DR reported that the partnership has been running for 5 months. A target of 25 new patient contacts per month is the expectation after 12 months. East Dunbartonshire is achieving an average of 18 per month. 132 referrals have been received from a variety of sources. Re-engaging with GP colleagues is a future action. The concerns raised are, exhaustion, fatigue, worry and finance. CAB colleagues have generated almost £50k of benefits for clients. A relationship has been established with Low Moss Prison to develop a pathway for referrals. The service will be formerly launched in August in East Dunbartonshire with local and national politicians in attendance. AB commented on hesitation from some patients to engage early and agreed to actively promote. Further discussion ensued on additional support to be provided. **ACTION – DR will share a sample of the letter issued.**	
5.	**Draft Workforce Strategy**	
	TQ apologised for the late circulation of the document. The draft will be submitted to the IJB in June. The process commenced in June 21 and following a pause in November 21 by Scottish Government, it was decided to proceed with a 3 year plan. This aligns the Workforce Strategy with the Strategic Plan. TQ acknowledged the recruitment issues caused within the Independent Sector caused by NHS/ Local Authority recruitment. Training capacity issues in connection with SSSC registration were not known and TQ may contact Sarah for further information if required. TQ gave the detail of the strategy and solutions proposed to the challenges presented. TQ asked for comments on the strategy. FMu commented that new graduates require a lot more support because their education was impacted by the pandemic. KH acknowledged the challenges faced by Health Care Support Workers who wish to progress to become registered nurses. They have had to leave their posts to do the Undergraduate course which causes a financial barrier. An OU course is available however this is difficult to gain a place. KH noted that this needs to be addressed to prevent staff leaving. LD reported comments from other forums that students are not fully prepared for interviews etc. due to lack of exposure. SG commented that the recent Local Authority Homecare recruitment has had a severe impact on the local providers. **ACTION – All to submit comments to TQ.**	
6.	**Property Strategy & Accommodation Proposals**	

	JC, Chief Finance Officer and Vandrew McLean, Corporate Business Manager joined the meeting to provide an update on the work relating to accommodation issues across HSCP. A report will be presented to IJB in due and SPG are being asked for comments and views. Traditional clinical accommodation is limited within East Dunbartonshire and work is ongoing with NHS and Council colleagues to look at funding streams and also alternative accommodation proposals. VM shared a presentation, slides to be attached. Following the review of property needs, usage etc., a final Property report will be issued towards the end of June, and this will form the HSCP's short medium and long term requirements for accommodation. Ongoing work is the new Adult Day Care facility at Allander, upgrade of treatment rooms in Milngavie Clinic which will start in June 2022. Feasibility studies on Milngavie Clinic and Woodlands Resource Centre to look at opportunities for additional services. Non-patient facing staff to move from Milngavie Clinic to Milngavie Enterprise House. Retail units in each locality are also considered and are being progressed as appropriate. Vacant units within Stobhill are also considered. JC reported on the funding streams available for accommodation challenges however as future settlements are looking bleak, it is important to utilise every opportunity. A reserve has accumulated within PCIP funding and this can be used for refurbishing. Previously the IJB have approved the use of reserves of £1.5m for general accommodation and we are seeking to increase this to £2m. A business case will be prepared for the IJB requesting £2m to support the refurbishment of retail units within the Bishopbriggs area. JC gave details of additional funding received. VM gave the details of the short, medium and long term options of plan with the proposed relocations and redesigns. VM asked for comments. AB highlighted a high number of empty units available in the Bearsden & Milngavie area. JC advised that there is a property in Milngavie that is under consideration and various options have been proposed for this. The GP premises in the area are not suitable for further expansion. **ACTION – JC and AB to liaise out with the meeting.**	
8.	**AOB**	
	AW advised that the consultation on Health & Social Care Strategy Older People's consultation end date is next week, communications have been sent to all stakeholders. The HSCP will respond, however the SPG are all are invited to submit an opinion.	

	DP highlighted that this is a national consultation from Scottish Government, and this has a number of common themes with our own Older People's consultation.	
9.	**Dates of Next Meeting**	
	Thursday 1st September 2022 at 10am via MS Teams	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 14.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**15th SEPTEMBER 2022**
REPORT REFERENCE:	**HSCP/150922/14**
CONTACT OFFICER:	**TOM QUINN, HEAD OF HUMAN RESOURCES TELEPHONE 07801302947**
SUBJECT TITLE:	**STAFF PARTNERSHIP FORUM MINUTES OF MEETING HELD ON 29th JUNE 2022.**

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Staff Partnership Forum meeting held on 29th June 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Staff Partnership Forum Meeting held on 29th June 2022.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Staff Partnership Forum minutes highlight:

a. Tom Quinn spoke to the final draft of the 2022-25 East Dunbartonshire HSCP Workforce Plan. Tom updated that the Plan would be presented to the IJB on 30 June 2022 and then forwarded to both NHSGGC and Scottish Government for comment before the final version is present to the forum and IJB in September 2022.

b. Caroline Sinclair gave a brief introduction to the recently launched National Care Service Bill, advising of the forthcoming reviews/consultations on a) The inclusion of Children Services with a National Care Service and b) the inclusion of Criminal Justice Social Work in the National Care Service

c. Tom Quinn highlight the successful outcome from the 2022 iMatter survey and the very encouraging results received, which demonstrated that although we had a small drop in % return rates our overall rating for staff satisfaction increased. Tom asked that all encourage and support local teams to now complete and upload their action plans.

d. Derrick Pearce updated on the work being undertaken to conclude the changes to the District Nursing Service core hours and thanked our staff side representatives for their involvement. Derrick updated that staff have been offered 1:1 meetings at start of August and that hopefully the service will implement the revised hours from 19th September 2022.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) –

1. Statutory Duty

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None**.**

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – Meets the requirements set out in the NHS Reform Act 2002.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1** – Staff Partnership Forum Minutes of Meeting of 29th June 2022

Minute:

Staff Forum, Wednesday 29 June 2022

Item	Subject	Actions
1.	**Welcome & Confirmation of Attendees** Caroline Sinclair welcome all to the forum and the follow apologies noted: Gary McNally (resigning from forum), Lynne Scott, Margaret McCarthy, Alistair McDonald, Simon McFarlane (also resigning from the forum), David Aitken, Margaret Hopkirk and Craig Bell	
2.	**Minutes of 25th May 2022** The above minute was approved as correct. Matters arising – Jean Campbell updated that the HSCP had submitted 2 outline Business Cases for the proposed accommodation in both Milngavie and Bishopbriggs Andrew McCready advised that he is now invited to the Mental Health in Primary Care Group	
3	**Current Situation on COVID-19 /LRMT** Derrick Pearce provided an update to the forum on the current situation in East Dunbartonshire and wider, Derrick highlighted the rise in community cases due mainly to the new variant which was behaving as predicted so for. Derrick also advised a similar rise in staff absence due to covid but that services were coping at present with some needing to use their local service continuity plan. Derrick advised that NHSGGC had seen a significant increase in hospital admissions and some increase in numbers in ICU. Key word being to remain vigilant going forward. Claire Carthy updated on the LMRT indicating that the group had agreed to go to 6 weekly meetings, although it was stressed that this could revert back to 3weekly if the situation didn't improve the next meeting was scheduled for the 7 July 2022. Andrew McCready asked for an update on Care Homes within the area, Derrick advised that at this time, he was not aware of any Care Home closed to patients or with suspected cases but that the review meeting was later that day and if anything changed he would update the forum.	DP to update if any change in the Care Homes
4	**Draft Workforce Plan 2022-25 update** Tom Quinn spoke to the already circulated draft workforce plan and thanked everyone for their contribution. Tom highlighted a number of key elements including, the turnover rate and the impact that this might have in a small area, whilst also being mindful of the overall effect on the Care Sector continuum within East Dunbartonshire, Tom further spoke of the age demographics within the HSCP and looked at the use of Modern and Graduate apprenticeships to try and address the age demographic. Tom then spoke of the need to try and develop a plan to better use social media platforms, schools and further education establishments to promote the Care Sector as a rewarding career. Tom outlined the next stages of	TQ to bring back final draft before

	development of the plan, highlighting that it would go to the IJB later that week and then to Scottish Government, it had already been sent to NHSGGC, once comments have been received then the final version would come back to the Forum and IJB in Aug or Sept before being published on the HSCP website. Members highlighted some addition areas that could be reinforced including, impact of the NHS Pension scheme, the opportunity to utilise the Retire and Return provision within NHSGGC and that we should look to encourage our Service Users and Carers Group to assist us with our video publicity materials for social media platforms.	final submission
5	**iMatter 2022-23** Tom Quinn spoke to an already circulated paper highlighting the differentials between the scoring outcomes in 2021 and 2022. Tom highlighted that the 2022 report whilst showing a small drop of 4% in the numbers completing but still at 65% we had equaled (3) or bettered our results from 2021 and he gave a big Thank You to all who had completed. Tom highlighted the significant increase in the overall experience score from 7.1 to 7.3 and also to the increase across the Staff Governance Factors. Tom highlighted that we have the challenge of ensuring real engagement with the action planning component given we are entering the school holiday period but advised that we will continue to promote the action planning process across all teams and asked that staff side colleagues also encourage staff to complete.	All to encourage staff to participate in action plan process
6	**Enhancing our Community Health and Care Locality Management model** Derrick Pearce spoke to a small test of change process underway to increase the locality management capacity with the health component of the Community Health & Care Services. Whilst also providing a direct link with the Director of AHP for NHSGGC to reinforce AHP leadership in the HSCP. Whilst it is acknowledged that we should have engaged with partnership earlier in the process, which we will now address, the staff directly involved were offered the opportunity to have staff side engagement. The need for this increased management capacity is mainly due to our drive to maximize the benefits of locality working, ensure that we make maximum use of proposed new premises within the 2 localities and that staff are fully appraised of these developments. Derrick and Tom will seek staff side engagement and support for this test of change.	Tom/Derrick to engage with staff side reps
7	**Update on proposed changes to DN model** Derrick Pearce spoke about the work being undertaken in the current test of change for District Nursing services in East Dunbartonshire. Derrick highlighted that the pilot had gone well and everyone seemed happy to participate and we had now agreed a process to go live, hopefully in September 2022. At the recent working group it was agreed that once our staff side colleagues had agreed the staff letter these would go out offer the opportunity for 1:1 meetings during August 2022. Draft letters will be sent to staff side colleagues this week.	DP/KH to send Draft letters
8	**Finance Update** Jean updated the forum on the draft financial position for 2021-22 (draft accounts to be approved by the IJB on 30 June 2022), Jean then spoke to	

	the position with regard to reserves and that covid expenditure had now stopped. Jean advised that the Draft accounts could be accessed from the IJB website from 1 July 2022 East Dunbartonshire HSCP IJB Draft Accounts	Papers on the website
9	**Staff Governance – NHSGGC Committee** Tom Quinn advised the forum that the HSCP was due to give a reassurance presentation to the NHSGG Staff Governance Committee in August 2022. Tom further advised that the presentation would be circulated to the forum.	TQ to circulate the agreed presentation
10	**Learning Disability Annual health checks** Caroline Sinclair advised that David Aitken had asked that the forum was updated on the recent DL about annual health check-ups for a person with a learning disability. Whilst this had been in place for a number of years, it is being updated and we now need to review how we ensure compliance.	DA to update a future forum
11	**Performance Report** Caroline spoke to the already circulated Performance Report, highlighting that this is a draft and contains only the local information that we have available as a number of factors which HIS provide the data is not available at this time. It was felt that we need to highlight what we could at this time as the reporting period is April 2021- March 2022. Scottish Government has acknowledged the limited information available and has revised the final publishing date accordingly. Caroline highlighted that some areas had been significantly impacted by covid restrictions, particularly Dementia Post Diagnostic Support, ABI in Primary Care, CAMHS waiting Times and Justice-Unpaid Work. Once the full report is available we will bring it back to the forum.	CS – Full report to be share with forum when available
12	**Wellbeing Bus – East Dunbartonshire HSCP Locations** Tom Quinn spoke to an already circulated paper that highlighted the locations for the NHSGC Wellbeing Bus which is open to all staff within the 6 HSCP and NHSGGC staff. Tom did advise that these were the predicted locations but to check locally as some details might change.	All to check local availability
13	**Staff Wellbeing – Thank You pack** Tom Quinn advised that a small “Thank You” bag will go out to staff across the HSCP hopefully over the next 2 weeks.	TQ
14	**AOCB** Andrew McCready in congratulating Caroline on her appointment as Chief Officer requested an update on the timescale to get the other posts that had been interim resolved. Caroline advised that HR (both EDC /NHSGGC) were meeting to look at the posts involved and to development a recruitment strategy.	Further details to follow
15	**Items for information** National Care Service Bill	

	Caroline spoke briefly to the recently launched Bill for which a link had been circulated in the agenda, advising that much work was still to be undertaken including 2 reviews – One for the inclusion of Children Services within the National Care Service and the second on the inclusion of Criminal Justice Social Work within the National Care Service. Our News (June 2022) Copy of the June edition of Our News was circulated for information.	
	Date of Next Meeting: 1pm on 17 August 2022 – MS Teams	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

Agenda Item Number: 15.

East Dunbartonshire HSCP Board Agenda Planner
Meetings
January 2022 – March 2023

Update: 15.08.22

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Board Agenda Planner (CS)
HSCP Board Agenda Items – 20th January 2022
Performance Reports
Financial Reports
Transition/Recovery Planning
ADP Annual Report
Oral Health Performance Report
Sexual Health Service Review Implementation Plan **–** tbc
HSCP Board Development Session – 25th February 2022
Financial Planning 2022/23 Stage 2 Consultation of the Strategic Plan
HSCP Board Agenda Items – 24th March 2022
Topic Specific Seminar – (Oral Health?)
Performance Reports
Financial Reports
Transition/Recovery Planning

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

Agenda Item Number: 15.

Unscheduled Care Delivery Plan
HSCP Board Agenda Items – 30th June 2022
Older Adults Support Strategy
Update on Property Strategy and Delivery – Jean Campbell – to be confirmed
Directions Log update – Jean Campbell - to be confirmed
HSCP Corporate Risk Register – Jean Campbell
HSCP Board Development Seminar – 18th August 2022 (tbc)
Introduction to the HSCP
National Care Service Bill
HSCP Board Agenda Items – 15th September 2022
Topic Specific Seminar – Update on the New Allander – David Aitken
HSCP 3 Year Workforce Plan – Tom Quinn
Annual Performance Report – Alan Cairns
Annual Clinical & Care Governance Report – Paul Treon
Commissioning Spend
Integrated Children's Services Plan 2023-26
Equal, Expert and Valued report 2022 – D Pearce to be confirmed
HSCP Board Development Seminar – 20th October 2022 (tbc)
Adult Services
Mental Health & Learning Disabilities
Oral Health
HSCP Board Agenda Items – 17th November 2022
CSWO Annual Report 2021 – 2022 – Caroline Sinclair

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair

Agenda Item Number: 15.

Older People's Social Support Strategy – Derrick Pearce
Carers Strategy 2023-2026 – David Aitken
Un Scheduled Commissioning Plan Update – Derrick Pearce
Learning Disability Strategy – David Aitken
HSCP Board Development Seminar – 22nd December 2022 (tbc)
Children & Families & Criminal Justice
Care & Community Services
HSCP Board Agenda Items – 19th January 2023
Topic Specific Seminar – Frailty Update – Derrick Pearce
HSCP Public Health Strategy – Derrick Pearce
HSCP Board Development Seminar – 16th February 2023 (tbc)
Finance update 2023/24
HSCP Board Agenda Items – 23rd March 2023