

For meeting on

**25 MARCH 2021**

# Agenda **2021**

## **East Dunbartonshire Health & Social Care Partnership Board**



Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 25<sup>th</sup> March at 9.30am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

**Chair: Susan Murray**

East Dunbartonshire Health and Social Care  
Partnership Integration Joint Board

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

## A G E N D A

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 21<sup>st</sup> January  
2021

Item	Report by	Description		For Noting/ Approval
<b>STANDING ITEMS</b>				
1.	Chair	Declaration of interests	<b>verbal</b>	<b>Noting</b>
2.	Martin Cunningham	Minute of HSCP Board held on 21 <sup>st</sup> January 2021	<b>1-8</b>	<b>Approval</b>
3.	Caroline Sinclair	Chief Officer's Report	<b>verbal</b>	<b>Noting</b>
<b>STRATEGIC ITEMS</b>				
4.	David Aitken	ADP Strategy and Annual Action Plan	<b>9-44</b>	<b>Approval</b>
5.	David Aitken	Older People and Adult Mental Health Strategies – Programme Update	<b>45-52</b>	<b>Noting</b>
6.	Claire Carthy	Integrated Children's service plan 21/23 Plan – For Approval	<b>53-80</b>	<b>Approval</b>
<b>GOVERNANCE ITEMS</b>				
7.	Jean Campbell	Records Management Plan	<b>81-112</b>	<b>Approval</b>
8.	Jean Campbell	Financial Performance Budget – Month 10 2020/2021	<b>113-132</b>	<b>Approval</b>

9.	Jean Campbell	Financial Planning and Budget Setting 2021/2022	133-156	Approval
10.	Alan Cairns	Q3 Performance Report	157-192	Noting
11.	Jean Campbell	East Dunbartonshire HSCP Draft Performance Audit and Risk Minutes held on 5 <sup>th</sup> January 2021	193-198	Noting
12.	Paul Treon	Clinical and Care Governance Minutes held on 2 <sup>nd</sup> December 2020	199-208	Noting
13.	Derrick Pearce	Strategic Planning Group Minutes held on 17 <sup>th</sup> December 2020	209-214	Noting
14.	Tom Quinn	Staff Forum Minutes held on 25 <sup>th</sup> January 2021	215-220	Noting
15.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	221-224	Noting
	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 24<sup>th</sup> June 2021**

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

Minute of virtual meeting of the Health & Social Care Partnership Board held on  
**Thursday, 21 January 2021.**

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

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

Non-Voting Members present:

<b>C. Sinclair</b>	Interim Chief Officer and Chief Social Work Officer- East Dunbartonshire HSCP
<b>J. Campbell</b>	Chief Finance and Resource Officer
<b>L. Connell</b>	Chief Nurse
<b>G. Cox</b>	Service User Representative
<b>A. McCready</b>	Trades Union Representative
<b>C. Bell</b>	Union Representation
<b>A. Meikle</b>	Third Sector Representative

**Councillor Susan Murray (Chair) presiding**

Also Present: <b>A. Cairns</b>	Planning, Performance & Quality Manager
<b>M. Cunningham</b>	Corporate Governance Manager
<b>V. McLean</b>	Corporate Business Manager – East Dunbartonshire HSCP
<b>J. Robertson</b>	Chief Finance Officer – East Dunbartonshire Council
<b>L. Tindall</b>	Organisational Development Lead

## **OPENING REMARKS**

The Chair welcomed everyone to the meeting.

## **APOLOGY FOR ABSENCE**

An apology for absence was submitted on behalf of Dr P.Treon, Clinical Director.

## **ANY OTHER URGENT BUSINESS**

The Chair thanked everyone for their ongoing efforts and collaboration throughout the pandemic and the current lockdown and stated that due to extreme pressure on staff, only reports requiring decisions should come before the Board. As such, she asked that all Members of the Board ensure they have read the papers prior to the meeting and are prepared with questions.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
**21 JANUARY 2021**

The Chair thanked C.Sinclair for the monthly updates which keep the Board informed.

The Chair also passed on thanks from a local lady who turned 102 years of age on 14<sup>th</sup> February and who had recently received her COVID vaccination. The lady wished to thank everyone involved and talked about the efficiency of the process and the reassurance vaccinations had provided in her lifetime to combat deadly diseases.

The Chair, on behalf of the Board, thanked C.Sinclair, her team and all staff involved for all the work undertaken in relation to COVID-19 and specifically in the current climate when working under severe pressure. She stated everyone was very grateful for their ability and dedication.

**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 – 12 NOVEMBER 2020**

There was submitted and approved a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 12 November 2020.

**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:-

- Mass Vaccinations;
- Supporting care homes, nursing and social work;
- Monitoring of Business Continuity Plan; and
- Resumed Day Service provision for older people and people with disabilities.

A. Meikle, EDVA, offered the use of volunteers who could assist with the roll out of the mass vaccination programme. The Interim Chief Officer undertook to ensure the local authority lead was aware of the offer.

There followed questions and discussion around possible effects of Brexit and locations being used for mass vaccination programme.

The Board noted the information.

**4. PRIMARY CARE IMPROVEMENT PLAN YEAR 3**

A Report by the Head of Community Health & Care Services, copies of which had previously been circulated, providing the Board with an update to the Health and Social Care Partnership Board on the East Dunbartonshire Primary Care Improvement Plan (PCIP) Implementation Tracker. Full details were contained within the Report and attached Appendix.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
**21 JANUARY 2021**

The Board noted the PCIP was submitted by the HSCP on the 23<sup>rd</sup> October 2020 to the Scottish Government. The Implementation Tracker was used to provide assurance that implementation was progressing as set out in our Primary Care Improvement Plan (PCIP).

Following consideration, the Board agreed as follows:-

- a) to note progress against the key commitments in the new GMS contract and Memorandum of Understanding;
- b) to note the impact of the local Covid response on continued implementation of the Primary Care Improvement Plans and the need for plans to adapt to new ways of working in the short and long term as a result; and
- c) to note the remaining challenges in terms of overall affordability, workforce and premises.

**5. HSCP STRATEGIC PLAN REVIEW 2018-21**

A Report by the Interim Chief Officer and Chief Social Work Officer, copies of which had previously been circulated, setting out for approval a formal statutory review of the Strategic Plan 2018-21, as a preparatory step in advance of the replacement of the substantive Strategic Plan in April 2022. Full details were contained within the Report and attached Appendix.

Discussion was had in relation to the Board seeking assurances that the items contained within sections 2 and 4 would be fully developed and that they would be more specific in relation to success criteria and how they be quantified. The Planning, Performance and Quality Manager confirmed engagement would also be sought from 3<sup>rd</sup> sector partners.

There was also discussion in relation to P56, Priority 1 and trying to engage the last remaining educational establishment to register.

Following consideration, the Board agreed:

- a) to approve the Review of the East Dunbartonshire Strategic Plan 2018-21 report, as set out at Appendix 1;
- b) to delegate authority to the Chief Officer to make final amendments to the review report as may arise from final consultative processes, in discussion with the Chair and Vice Chair; and
- c) to note the process and terms of deferring the substantive replacement of the existing Strategic Plan, as previously agreed.

**6. INTEGRATED CHILDREN'S SERVICES PLAN**

A Report by the Interim Head of Children's Services & Criminal Justice, copies of which had previously been circulated, providing the Board with an update on the Integrated Children's Services Plan 2021/2023. Full details were contained within the Report and attached Appendix.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
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Members of the Board noted the Children and Young People (Scotland) Act 2014 confers a statutory responsibility on the Community Planning Partnership to publish an Integrated Children's Services Plan on a 3 year cycle. The first Plan covered the period 2017-2020. A self-evaluation exercise was undertaken in December 2019 with a view to reviewing the previous plan and identifying key themes for the next plan which was due to be submitted to the Scottish Government in March 2020.

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

**7. DIRECTIONS**

A Report by the Chief Finance & Resources Officer, J.Campbell, copies of which had previously been circulated, updating the Board on the way in which East Dunbartonshire Integration Joint Board would put into practice processes to develop, issue and record 'Directions' to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. Full details were contained within the Report and attached Appendices.

Following a question in relation to planning for delivery of services, there was discussion around that process and how 'Directions' could provide a robust platform for discussions.

Councillor Mechan stated that once Elected Members receive the seminar on 'Directions' that would allow them to engage and comment effectively with the Chief Finance & Resources Officer on this subject.

Councillor Murray asked Elected Members to stay on after the meeting to discuss seminars going forward.

Following consideration, the Board agreed:

- a) to note the contents of the Report; and
- b) to approve the proposed process.

**8. FINANCIAL PERFORMANCE BUDGET 2020/21 – MONTH 8**

A Report by the Chief Finance & Resources Officer, J.Campbell, copies of which had previously been circulated, updating the Board on the financial performance of the partnership as at month 8 of 2020/21. Full details were included within the Report and attached Appendices.

Following a query as to whether this was a 'Direction' to the NHS and East Dunbartonshire Council, the Board discussed the process in relation to approval of 'Directions', amendments to Directions, approving Directions in retrospect and future reporting on this subject. The Board agreed that this subject should form part of a development session.

Following consideration, the Board agreed:



**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
**21 JANUARY 2021**

- a) to note the projected outturn position was reporting an over spend of £0.8m as at month 8 of 2020/21 based on the level of Scottish Government funding confirmed to support Covid expenditure to date;
- b) to note the HSCP financial performance as detailed in Appendix 2;
- c) to note the progress to date on the achievement of the current, approved savings plan for 2020/21 as detailed in Appendix 4; and
- d) to note the impact of Covid related expenditure during 2020/21.

**9. HSCP QUARTER 2 PERFORMANCE REPORT 2020-21**

A Report by the Interim Chief Officer and Chief Social Work Officer, copies of which had previously been circulated, informing the 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 July to September (Quarter 2). Full details were contained within the Report and a copy of the Quarter 2 Performance Report 2020-21 was attached as Appendix 1.

The Board noted the quarterly performance reports contributed to HSCP Board scrutiny of performance and progress against the Strategic Plan priorities.

Following consideration, the Board agreed:

- a) to note the contents of the Report; and
- b) to note the Quarter 2 Performance Report 2020-21 at Appendix 1.

**10. EAST DUNBARTONSHIRE HSCP CORPORATE RISK REGISTER**

The Chief Finance and Resources Officer, J. Campbell, provided a Report to the Board, copies of which had previously been circulated with an update on the Corporate Risks and how they were managed. Full details were contained within the Report and a copy of the HSCP Risk Register was attached as Appendix 1.

Members noted the HSCP Board Risk Register contributed to East Dunbartonshire Council's Corporate Risk Register and ensured the management of the risks with robust control measures. The HSCP Board were required to develop and review strategic risks linked to the business of the Board twice yearly.

The Chief Finance and Resources Officer undertook to re-issue the Report in a larger font size.

Following consideration, the Board approved the East Dunbartonshire HSCP Corporate Risk Register.

**11. CLINICAL AND CARE GOVERNANCE SUB-GROUP MINUTES HELD ON 21<sup>st</sup> OCTOBER 2020**

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
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The Clinical Director, P.Treon, provided a Report to the Board, copies of which had previously been circulated with an update of the work of the Clinical and Care Governance Sub-group. Full details were contained within the Report and note of the Clinical and Care Governance Sub-group meeting of 21<sup>st</sup> October 2020 which was attached as Appendix 1.

Following questions and further discussion, the Board noted the contents of the Clinical and Care Governance Sub-Group minute of 21<sup>st</sup> October 2020.

**12. STRATEGIC PLANNING GROUP MINUTES HELD ON 22 OCTOBER 2020**

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, sharing with the Board a copy of the minutes of the HSCP Strategic Planning Group held on 22<sup>nd</sup> October 2020. A copy of the minutes were attached as Appendix 1.

Following discussion, the Board noted the contents of the HSCP Strategic Planning Group minutes of 22<sup>nd</sup> October 2020

**13. STAFF FORUM MINUTES HELD ON 23 NOVEMBER 2020**

A Report by the Head of Human Resources, copies of which had previously been circulated, providing re-assurance to the Board that Staff Governance was an integral part of the governance activity within the HSCP. A copy of the minute was attached as Appendix 1.

The Board noted key items discussed within the minute were: supporting staff returning to our buildings; an update on the presentation to the NHSGGC Staff Governance Committee on 3 November; and a report from Derrick Pearce on the tremendous work that staff were undertaking to support local care home teams at this very difficult time.

Following consideration, the Board noted the contents of the Staff Forum meeting minute of 23<sup>rd</sup> November 2020.

**14. PUBLIC SERVICE USER & CARER GROUP MINUTES HELD ON 7 DECEMBER 2020**

A Report by G. Cox, Chair of PSUC and Service User Representatives, copies of which had previously been circulated, describing the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC). A copy of the minute was attached as Appendix 1 and East Dunbartonshire PSUC group information film was attached as Appendix 2.

I. Ritchie complimented the group on the work that they do and being the best in the Greater Glasgow & Clyde area. Councillor Murray echoed these comments.

Following consideration, the Board noted the progress of the Public, Service User & Carer Representatives Support Group minute of 7 December 2020.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD  
21 JANUARY 2021**

**15. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER**

The Board noted the updated schedule of topics for HSCP Board meetings 2020/21.

**16. ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**17. DATES OF NEXT MEETINGS**

The HSCP Board noted the next scheduled meeting for 2020/21 was as follows:

- Thursday, 25<sup>th</sup> March 2021 at 9.30am.

Members noted that the meeting would be held within the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access during COVID Pandemic restriction arrangements. If a seminar was scheduled, this would start at 9.00am prior to Board business commencing at 9.30 am.



Agenda Item Number: 4

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

<b>Date of Meeting</b>	<b>25 March 2021</b>
<b>Subject Title</b>	<b>Alcohol and Drug Partnership (ADP) Strategy and Delivery Plan 2020/2023</b>
<b>Report By</b>	<b>David Aitken, Interim Head of Adult Services</b>  Tel: 0300 123 4510
<b>Contact Officer</b>	<b>Lynsay Haglington, Alcohol and Drug Partnership Coordinator</b> Tel: 0141 777 3311 Ext 3082
<b>Purpose of Report</b>	The purpose of this report is to provide the Board with an update on the ADP Strategy and Delivery Plan 2020/2023.
<b>Recommendations</b>	The Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>a) Note the contents of the report, ADP Strategy and Delivery Plan</li> <li>b) Approve the East Dunbartonshire ADP Strategy and Delivery Plan</li> </ul>
<b>Relevance to HSCP Board Strategic Plan</b>	The work of the ADP continues to meet priorities 1, 2 and 8 of the HSCP Strategic Plan 2018 – 2021: <p><b>Priority 1</b></p> <ul style="list-style-type: none"> <li>• Revise and improve our services to those suffering harm through alcohol and substance abuse</li> </ul> <p><b>Priority 2</b></p> <ul style="list-style-type: none"> <li>• Roll out our Recovery Orientated System of Care (ROSC) service model, which establishes closer links to communities for individuals with Alcohol &amp; Drugs and/or Mental Health issues.</li> </ul> <p><b>Priority 8</b></p> <ul style="list-style-type: none"> <li>• Support the national priority for the implementation of the rollout of the Drugs &amp; Alcohol Information System (DAISy) across alcohol and drugs services.</li> </ul>

### Implications for Health & Social Care Partnership

<b>Human Resources</b>	N/A	
<b>Equalities:</b>	An equalities approach to service provision and development is embedded within practice and continued within any future service developments. Equalities impact assessments will be undertaken as required.	
<b>Financial:</b>	The Alcohol and Drug Partnership is currently funded through three separate funding streams, secured via Scottish Government: <ul style="list-style-type: none"> <li>• Core funding</li> <li>• Local Improvement Fund</li> <li>• Drug Related Death (DRD) Taskforce Funding</li> </ul>	
<b>Legal:</b>	None	
<b>Procurement:</b>	None	
<b>Economic Impact:</b>	Future investment into drug and alcohol related deaths and harms should have a positive impact on a local level; helping to reduce the levels of drug and alcohol related crime and provide opportunities for access to training and employment as well as other recovery focused activities.	
<b>Sustainability:</b>	The implementation of the East Dunbartonshire ADP Strategy and Delivery Plan is driven by Scottish Government funding and local buy-in through the ADP and wider partners. Sustainability is based on the provision of Scottish Government funding to the ADP.	
<b>Risk Implications:</b>	Implementation of the priorities under the East Dunbartonshire ADP Strategy and Delivery Plan will mitigate risk in response to harmful alcohol and drug misuse.	
<b>Implications for East Dunbartonshire Council:</b>	None	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input checked="" type="checkbox"/>

## MAIN REPORT

### 1. Purpose and Introduction

- 1.1. In 2019, Alcohol and Drug Partnerships (ADP) were asked to provide a refreshed strategic plan and delivery plan by April 2020. The timescale for submission was extended until October 2020 due to the COVID-19 pandemic.
- 1.2. The East Dunbartonshire ADP Strategy Plan and Delivery Plan was drafted in partnership with ADP members and wider stakeholders, based on priorities from the national strategy; 'Rights, Respect and Recovery' and the Alcohol Framework 2018, and submitted to Scottish Government in October 2020.
- 1.3. The East Dunbartonshire ADP Strategy sets out the national and local vision and policy context; ADP governance, priorities and outcomes. The strategy also provides a summary of drug related deaths, reshaping of services and investment, and additional information on COVID-19 developments.
- 1.4. The East Dunbartonshire Delivery Plan underpins the ADP Strategy, and provides a more detailed summary of each priority area, delivery plan priorities and associated actions. The Delivery Plan will be an evolving document that will develop based on national and local priorities and areas of investment.
- 1.5. Unlike most ADPs, the East Dunbartonshire ADP Strategy and Delivery Plan contains a specific work stream for suicide prevention. In line with the national work around drug related death reviews, alcohol related death reviews and deaths by suicide reviews, it was agreed that the ADP would support all three areas:
- Treatment and Recovery Sub Group (T&R)
  - Substance Use Prevention Group (SUPG)
  - Suicide Prevention Sub Group (SP)
- 1.6. The remit of the 'Treatment and Recovery' sub group centres around the development and implementation of services that are trauma informed, family inclusive, and recovery focused, and support harm reduction while reducing stigma where possible.
- 1.7. The 'Substance Use Prevention' sub group was previously the tobacco alliance and the alcohol & drug information awareness group. These two groups have recently merged as they both have a remit for alcohol, tobacco and drug prevention. This sub groups focused on awareness raising activities, drug and alcohol training, encouraging healthier behaviour and supporting work around regulations, restrictions and enforcement.
- 1.8. The 'Suicide Prevention' sub group leads on suicide prevention activity, but will also be responsible for coordinating reviews around premature deaths,

including those linked to alcohol and drug use.

## 2. Investment

2.1. The East Dunbartonshire Alcohol and Drug Partnership is currently funded through three funding streams, secured through Scottish Government:

Fund	East Dun ADP Allocation	Description
1. Core ADP	£363,496	Recurring
2. Local Improvement Fund	£308,929	Non-recurring (allocation for 2021/22 not confirmed)
3. DRD Taskforce	£37,153	Non-recurring (funding available for 2-years until March 2022)

2.2. The core ADP funding is a recurring budget that supports the core work of the ADP including funding third sector commissioned services to provide recovery orientated systems of care.

2.3. The Local Improvement Fund was announced as part of the 2017-18 Programme for Government to support improvement and innovation in developing alcohol and drug services, the £17 million fund has been in place since 2018 and is awarded on an annual basis, funding for 2021/22 has not been agreed at this point.

2.4. In 2020, Scottish Government also introduced the Drug Deaths Taskforce funding of £1 million to support and improve health and wellbeing outcomes for individuals who use drugs, decreasing drug related deaths and harm where possible. Each ADP was invited to apply for their allocation of £37,153, based on the Drug Deaths Taskforce priorities.

## 3. Additional Investment

3.1. In addition to the three funding streams above, Scottish Ministers agreed in January 2021, to invest a further £250 million (£50 million over 5-years). The additional investment will be used to increase and improve services to further support a reduction in drug deaths and harm. The areas of investment outlined already support a number of priority areas in the East Dunbartonshire ADP Strategy and Delivery Plan.

3.2. As well as the £50 million annual investment over the next 5-years, a further £5 million has been allocated for this financial year 2020/21 for investment into residential rehabilitation, improved access to treatment and improved access to harm reduction activities, which are priority areas within the East Dunbartonshire ADP Strategy and Delivery Plan.

## 4. ADP Strategy and Delivery Plan - Priorities and outcome

4.1. The vision of the ADP is to work in partnership to improve the lives of people



who use alcohol and drugs problematically in East Dunbartonshire, working to strengthen resilience and capacity to reduce harms of problem Alcohol and Drug use within communities, families and individuals in East Dunbartonshire. To realise this vision, the following strategic priorities and outcomes need to be achieved over the lifetime of the strategy and delivery plan. A number of actions have been agreed based on criteria set under the different funding streams.

#### 4.2. ADP Strategic Priorities:

- Prevention and Early Intervention;
- Developing Recovery Orientated Systems of Care;
- Getting it Right for Children, Young People, and Families;
- Public Health Approach to Justice;
- Reduce Alcohol Consumption;
- Suicide Prevention.

#### 4.3. ADP Strategic Outcomes:

- Fewer people develop problem drug use;
- People access and benefit from effective, integrated person-centred support to achieve their recovery;
- Children and families affected by alcohol and drug use will be safe, healthy, included and supported;
- Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported;
- Less harm is caused by alcohol;
- Help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide.

#### 4.4. ADP Actions:

- Targeted distribution of Naloxone
- Implement immediate response pathway for non-fatal overdose
- Optimise the use of Medication-Assisted Treatment (MAT)
- Target the people most at risk
- Optimise Public Health Surveillance
- Ensure equivalence of support for people in the criminal justice system
- Increase investment in residential rehabilitation
- Improve access to treatment
- Improve access to harm reduction activities

## 5. Recommendations

The Integration Joint Board is asked to:

- a) Note the contents of the report, ADP Strategy and Delivery Plan
- b) Approve the East Dunbartonshire ADP Strategy and Delivery Plan

DRAFT

# EAST DUNBARTONSHIRE

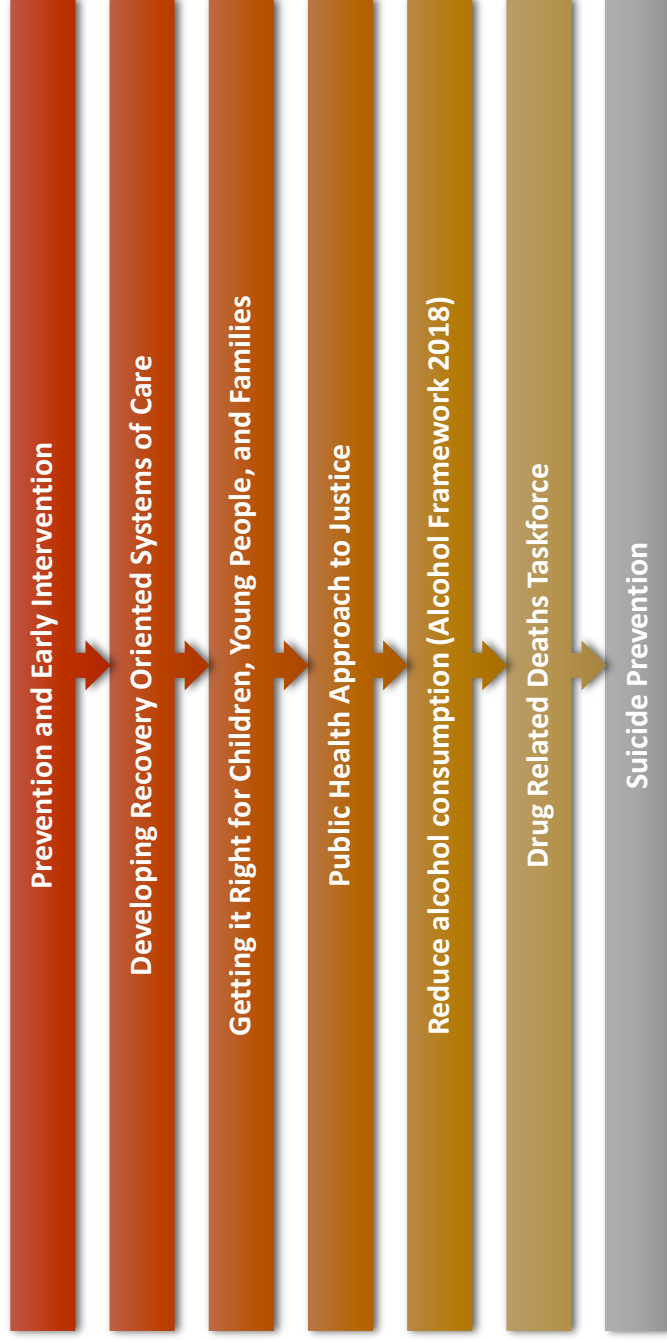
# ALCOHOL AND DRUG PARTNERSHIP

# DELIVERY PLAN 2020 – 2023

## EAST DUNBARTONSHIRE ALCOHOL AND DRUG PARTNERSHIP - DELIVERY PLAN

The East Dunbartonshire Alcohol and Drug Partnership Delivery Plan underpins the East Dunbartonshire ADP Strategy. The ADP will work in partnership to improve the lives of people who use alcohol and drugs problematically in East Dunbartonshire, working to strengthen resilience and capacity to reduce harms of problem Alcohol and Drug use within communities, families and individuals in East Dunbartonshire.

The East Dunbartonshire ADP support national and local strategies and policy to implement and develop the priorities below. This Delivery Plan reflects the work and priorities of the ADP and partners based on the priorities below and the work that sits under them, including prevalence data.

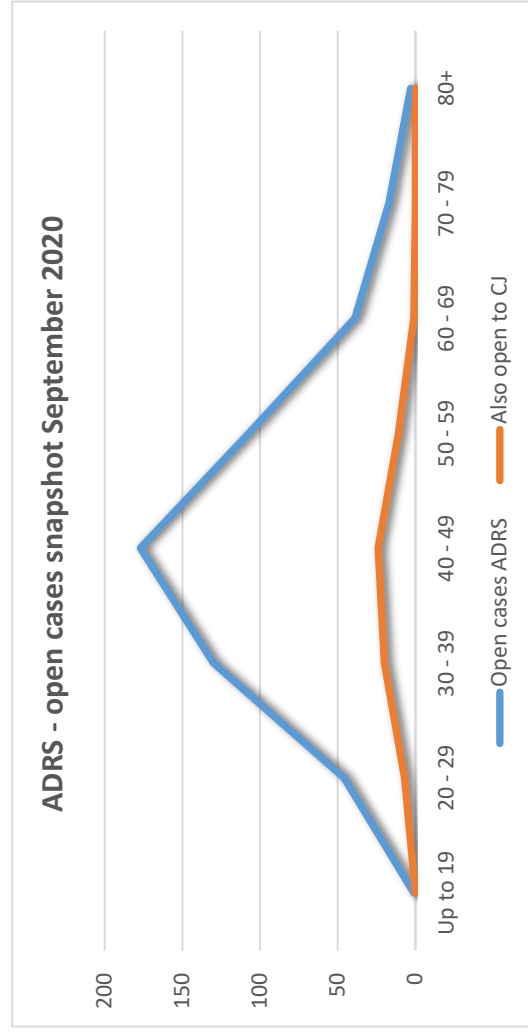


## East Dunbartonshire Alcohol and Drug Recovery Service (ADRS)

East Dunbartonshire Alcohol and Drug Service<sup>1</sup> (ADRS) aims to improve the lives of people with alcohol and drugs problems in East Dunbartonshire, offering assessments, support and treatment for alcohol and drugs issues. Taking a snapshot of the open cases in September 2020, there were over 520 cases open to the (ADRS), with over 60 of these cases also open to Justice Social Work. There were 262 of these cases open to health and 287 open to social work, with some of these cases jointly worked. As shown below the majority of cases were individuals in their 40's, both within the ADRS team and Justice Social Work. Although the highest numbers are within the 40's age group 32% of which are female and 68% male, there are also significant numbers of individuals within the 30's and 50's. Similarly, looking at the full caseload, the percentage of females is 32% and males 68%. Individuals under the age of 30 and over the age of 60 were considerably lower, with the lowest number of open cases under the age of 20 and over the age of 70. There is still a need to provide support to all age groups, taking a prevention, early intervention and harm reduction approach wherever possible. The gender split across ADRS open cases is significantly different for under 20 and over 80 with 100% of under 20 being female and 100% over 80 being male. The gender split percentage decreases in the 60's and 70's age ranges.

Open cases ADRS & cases also open to CJ			ADRS	
Age Range	ADRS	CJ	% Males	% Female
Up to 19	*	0	0%	100%
20 - 29	46	7	70%	30%
30 - 39	130	20	70%	30%
40 - 49	177	24	68%	32%
50 - 59	107	11	63%	37%
60 - 69	39	*	57%	43%
70 - 79	17	0	53%	47%
80+	*	0	100%	0%
<b>Total</b>	<b>522</b>	<b>63</b>		

\* Less than 5 individuals



<sup>1</sup> <https://www.eastdunbarton.gov.uk/health-and-social-care/services-adults-and-older-people/alcohol-and-drugs-recovery-service>

## East Dunbartonshire Alcohol Brief Interventions April 2019 – March 2020

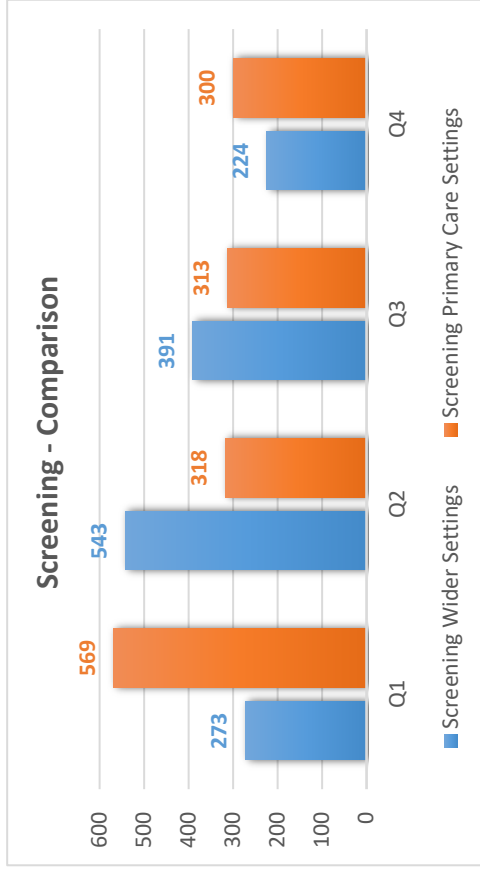
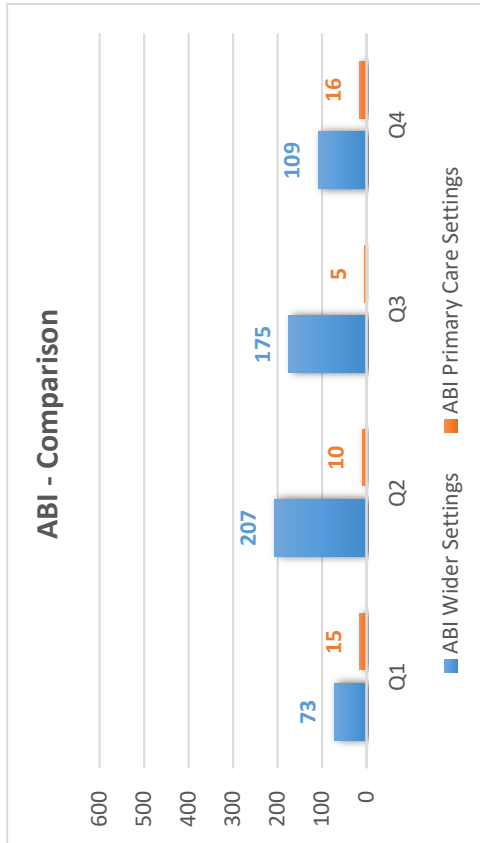
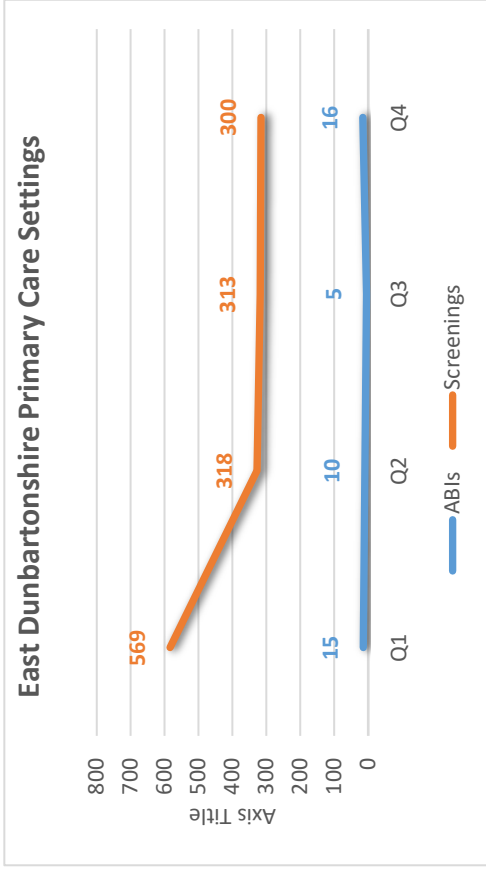
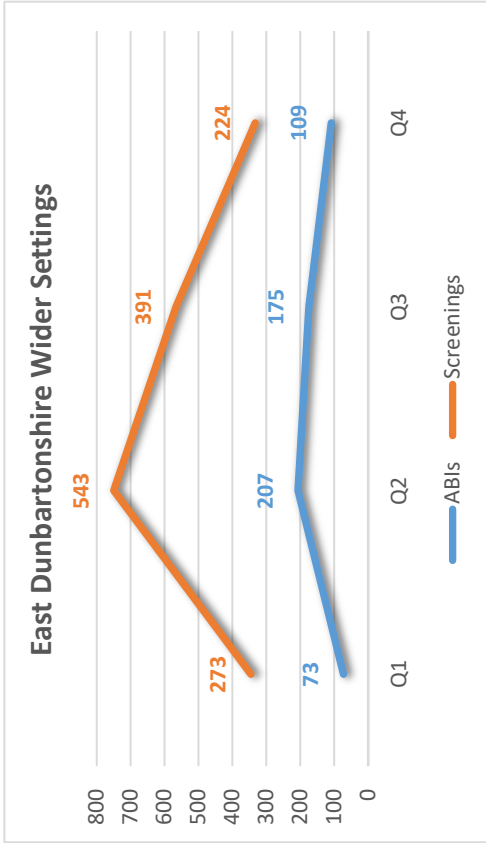
An ‘Alcohol Brief Intervention’ is a short structured conversation about alcohol consumption, including motivational discussions around harm reduction. ABIs screening tools are used to look at individuals drinking behaviours, including the number of units of alcohol being consumed and how often. The aim of the screening tool is to ascertain whether there harmful drinking is occurring and whether an ABI would be of benefit.

ABI targets are set annually for each NHS Board and ADP area. The annual ABI target for Greater Glasgow and Clyde for 2020/21 is 13,085; East Dunbartonshire’s annual target is 487, which is the same as 2019/20. The Local Delivery Plan (LDP) standard requires 80% of ABIs delivered in primary care settings (390) and 20% in wider settings (97). East Dunbartonshire ADP were the only area in GGC that met the overall target and continued to exceed the overall ABI target, reporting an annual performance figure of +125% for 2019-20. Although we continue to meet the overall quarterly and annual target for ABIs, more work is required to develop primary care delivery. The ABI primary care target of 80% has not been met, whereas the wider settings is considerably higher than the target set, figures for 2019/20 shown in the table below.

The East Dunbartonshire Substance Use Prevention Group (SUPG) will lead on increasing knowledge and capacity to address the harmful impact of alcohol and drugs, including delivering ABI T4T (Training for trainers) and ABI training sessions for primary care and wider settings. Work will also be targeted around supporting older people with older people specific ABI training and delivering “Older & Wiser? Working with people who use substances as they age” training. The charts on page 4 provide a further breakdown of primary care and wider settings for screenings and ABIs.

**East Dunbartonshire - All Settings Figures (April 2019 - March 2020)**

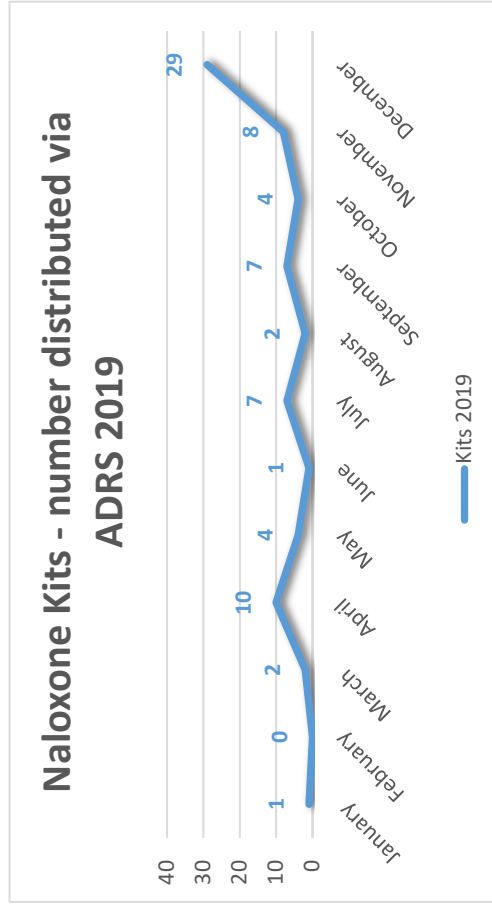
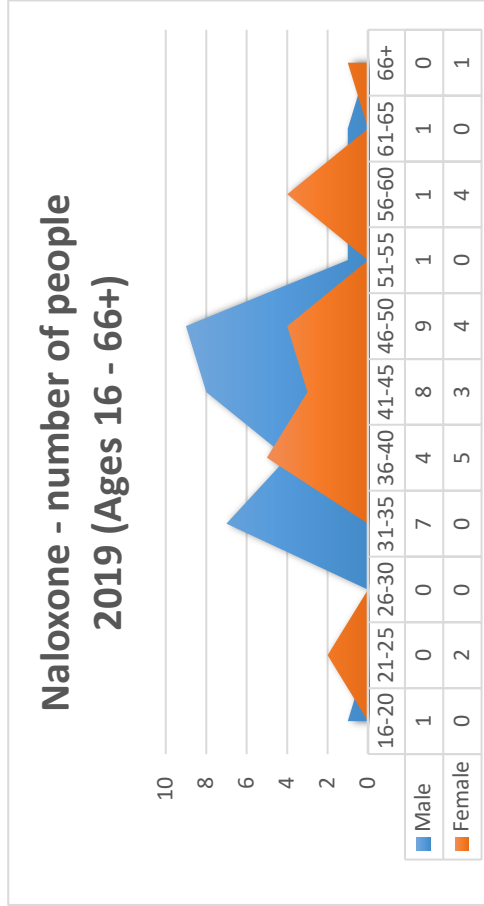
Sector/HSCP	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Totals	
	Screenings	ABIs	Screenings	ABIs	Screenings	ABIs	Screenings	ABIs	Screenings	ABIs
ED Wider Settings	273	73	543	207	391	175	224	109	1431	564
ED Primary Care Settings	569	15	318	10	313	5	300	16	1500	46
<b>East Dunbartonshire Totals</b>	<b>842</b>	<b>88</b>	<b>861</b>	<b>217</b>	<b>704</b>	<b>180</b>	<b>524</b>	<b>125</b>	<b>2931</b>	<b>610</b>



## Naloxone provision East Dunbartonshire

Scotland was the first country in the world to introduce a national naloxone programme<sup>2</sup>, funded from 2011. Naloxone is medication that can temporarily reverse the effects of opioids to prevent an overdose. Naloxone provision continues to grow year on year, with over 46,000 kits supplied across Scotland. Naloxone has no ill effects on individuals who do not already have opioids in their system, and does not build up a physical dependency. The ADP aims to promote awareness of Naloxone and reduce stigma, promoting the positive effects of reversing the fatal effects of an opioid overdose and increasing the provision of Naloxone kits by about 40%. The table below shows Naloxone distribution data related to all Naloxone kits distributed in the community, including any repeat supplies and those issued to service workers and family/friends of persons at risk.

East Dunbartonshire provides Naloxone kits via the ADRS team, third sector recovery partners and alongside OST (Opiate substitution therapy) prescriptions. The charts below highlight direct provision of Naloxone kits from the ADRS team, per person (51 people) and per kit (75 kits, including repeat supplies and supply to a third sector organisation).



<sup>2</sup> <https://www.gov.scot/policies/alcohol-and-drugs/naloxone-provision/>



In East Dunbartonshire in 2019, the majority of the transactions were with males aged between 31 – 50, and females aged between 40 – 50 & 56 – 60. (Age limit for Naloxone is 16+). In 2019, the majority of transactions took place in December, primarily due to a Festive Naloxone campaign targeting individuals at risk of overdose. Naloxone transactions were higher within the months of April, July, September, and November, with lower figures for January, May, June, August and October and no kits in February. Targeted delivery of Naloxone is Priority one in the Drug Related Deaths Taskforce evidence-based strategy<sup>3</sup> and is a local priority for the ADP. Funding awarded to the ADP will provide a postal Naloxone service and additional promotional materials to increase local distribution.

### **Children and Young People affected by substance use**

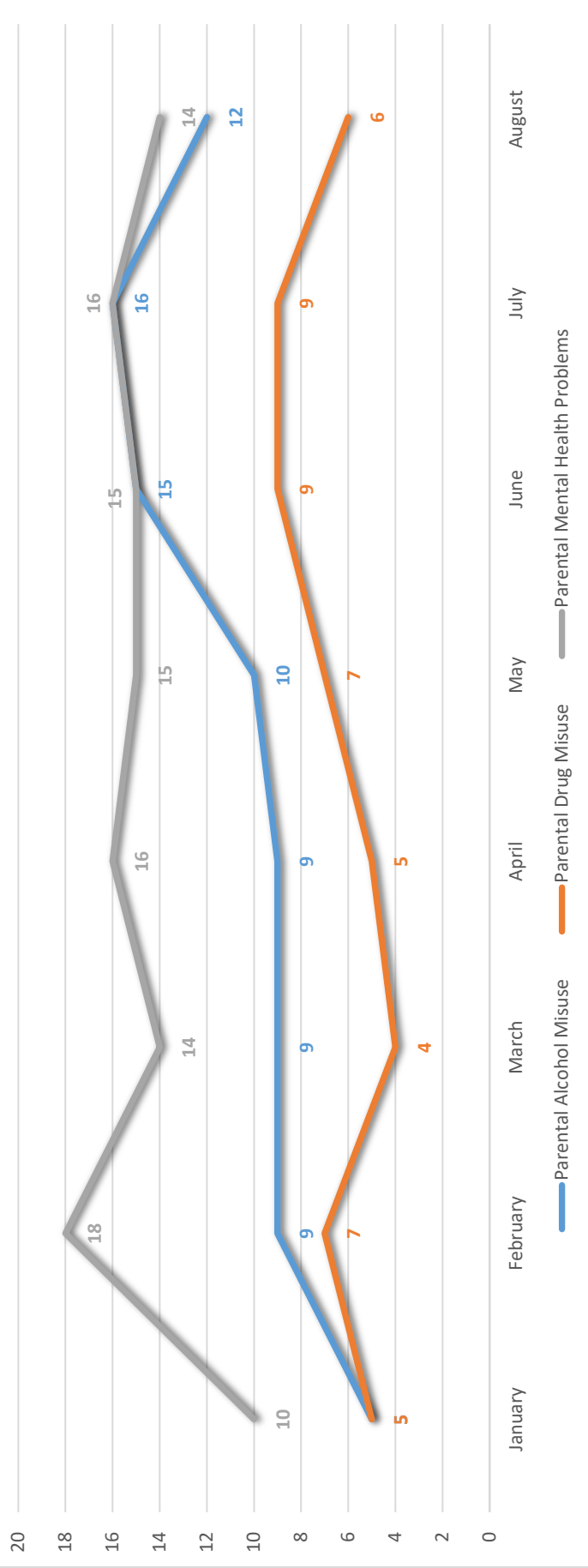
Each local authority in Scotland has a Child Protection register, which contains a list of children and young people, identified as being at risk of harm or further harm. The table below shows a snapshot of the number of children on the Child Protection Register from January to August 2020, where parental alcohol misuse, drug misuse and/or parental mental health problems recorded as a category of concern. The numbers of children on the CP register started to increase in April 2020, during the pandemic, but reduced slightly in August. The table below shows the percentage of categories of concern linked to alcohol, drugs and mental health in comparison to the full list, other areas of concern include domestic abuse, emotional abuse, and neglect amongst others.

Category of Concern	January	February	March	April	May	June	July	August
Parental Alcohol Misuse	5	9	9	9	10	15	16	12
Parental Drug Misuse	5	7	4	5	7	9	9	6
Parental Mental Health Problems	10	18	14	16	15	15	16	14
<b>Total approx. % of list of concerns</b>	<b>20 (25%)</b>	<b>34 (30%)</b>	<b>27 (31%)</b>	<b>30 (30%)</b>	<b>32 (34%)</b>	<b>39 (37%)</b>	<b>41 (36%)</b>	<b>32 (32%)</b>
<b>Total No of Concerns (all categories of concern)</b>	<b>80</b>	<b>113</b>	<b>86</b>	<b>99</b>	<b>93</b>	<b>105</b>	<b>114</b>	<b>97</b>

<sup>3</sup> <https://www.gov.scot/publications/drug-deaths-taskforce-emergency-response-january-2020/>

East Dunbartonshire provides services to children and young people affected by substance use, and their families. During the COVID-19 Pandemic, links between Children and Families and the ADRS team were reinforced and strengthened, individuals at risk were highlighted and jointly supported where appropriate.

**Child Protection - Category of Concern  
Jan - August 2020**



The age group on Child Protection Register is from ages 0 – 15. On National Records Scotland (NRS) the mid-year estimates for 2019 show that East Dunbartonshire has a higher percentage of general population aged 0 - 15 (17.9%) compared to Scotland (16.9%). NRS estimate that children under the age of 15 in East Dunbartonshire are set to increase by 4.5% by 2028. With the continual increase of children under the age of 15, it is vital that the ADP continue to support development of services for children and young people affected by substance use and utilising lived experience in the reshaping of services, this is further reinforced by the outcome of the SALSUS report for 2018.

## SALSUS 2018

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) was first conducted in 1982, to establish the use of tobacco, alcohol and drug use within schools through a self-completion survey. All local authority and independent mainstream schools in Scotland were eligible for inclusion in the sample and given the option of completing the survey online or on paper. The research took place between October 2018 and April 2019 with a random sample of S2 and S4 pupils. In total across Scotland 12,558 pupils in S2 and 10,807 pupils in S4 took part in the survey. The response rate for East Dunbartonshire Council is shown below.

	East Dunbartonshire Council	Scotland
School response rate	63%	61%
Class response rate	63%	57%
Pupil response rate	89%	91%
Overall response rate (product of class and pupil response rate)	56%	52%

The information in the following tables highlights some of the key findings from the 2018 survey and any changes from the 2013 survey.<sup>4, 5</sup>

### Prevalence of Alcohol Use and attitudes to trying alcohol

The table on page 9 emphasises that 25% of 13 year olds reported that they had tried alcohol, which was a 5% increase on the 2013 figure, and a 10% reduction on the Scotland wide figure. The number of 13 and 15 year olds that thought it was ok for someone to try an alcoholic drink increased enough to be highlighted as 'less favourable'. In 2018, 46% of 13 year olds reported that they thought it was ok for someone their age to try alcohol, which was an increase of 10% on the 2013 figure, 84% of 15 year olds reported the same at an increase of 7% on the 2013 figure, which is also 5% higher than the Scotland wide figure.

<sup>4</sup> <https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-drug-use-report-2018/>

<sup>5</sup> <https://www.gov.scot/publications/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-national-overview-2018/> (open supporting files)

	Base	Change from 2013	Difference from Scotland 2018
25% of 13 year olds reported they had had an alcoholic drink (a 'proper alcoholic drink – a whole drink, not just a sip')	349	+5%	-10%
70% of 15 year olds reported they had had an alcoholic drink (a 'proper alcoholic drink – a whole drink, not just a sip')	407	+5%	-1%
5% of 13 year olds said they had drunk alcohol in the week prior to the survey	368	+2%	-1%
16% of 15 year olds said they had drunk alcohol in the week prior to the survey	406	+2%	-3%
46% of 13 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'	357	+10%	-5%
84% of 15 year olds thought it was 'ok' for someone their age to 'try drinking alcohol to see what it's like'	397	+7%	+5%

**Key**

- = < 50 pupils
- n/s = not shown due to low base size (< 10 pupils)
- n/a = not available (e.g. due to question changes between surveys)

= statistically significant ('more favourable' than comparator)  
 = statistically significant ('less favourable' than comparator)

The SUPG action plan highlights the input required from the Campus Police Officers and the promotion of the Substance Misuse Toolkit within schools to provide up to date and relevant information to young people within the schools. Positively challenging street drinking and engagement with young people is also a priority, providing diversionary activities such as a Multi-Use Games Arena (MUGA) on Friday evenings and the KLC 629 Youth Club on Saturday evenings for 8-18 years old.

## Drinking to excess

	Base	Change from 2013	Difference from Scotland 2018
56% of 13 year olds reported that they had never been drunk	87	-7%	+9%
25% of 15 year olds reported that they had never been drunk	279	-6%	-5%
44% of 13 year olds said they had ever been drunk	87	+7%	-9%
75% of 15 year olds said they had ever been drunk	279	+6%	+5%
12% of 13 year olds said they had been drunk more than 10 times	87	+3%	+3%
35% of 15 year olds said they had been drunk more than 10 times	279	+12%	+10%

There has also been a 12% increase on 15 year olds than had been drunk more than 10 times which takes the figure reported in 2018 to 35%, which is also a 10% increase of the Scotland wide figure. In addition to the information in the tables above, it was recorded that there has been a small reduction in 13 and 15 year olds reporting that they managed to buy alcohol, and a small increase in 15 year olds who reported they had not tried to purchase alcohol. The ADP funded integrity testing early 2019 with off sales premises visited across East Dunbartonshire, training was provided to all stores that failed the integrity testing. The ADP was due to fund integrity testing in 2020, which postponed due to the pandemic; this will be picked up again in 2021.

## Prevalence of Drug Use and attitudes to trying drugs

The prevalence of drug use with 15 year olds who reported using drugs within the last month increased by 4% in 2018 and increased by 7% for use in the last year. The most common drug taken, for both 13 and 15 year olds was cannabis. Although there was an increase on 15 years olds using drugs in the last month and last year, 74% of 15 year olds reported they had never used drugs, with 94% of 13 year olds reporting the same.

	Base	Change from 2013	Difference from Scotland 2018
94% of 13 year olds had never tried any drugs	361	-1%	+1%
74% of 15 year olds had never tried any drugs	396	-4%	-5%
6% of 13 year olds reported having used drugs, even if only once	361	+1%	-1%
26% of 15 year olds reported having used drugs, even if only once	396	+4%	+5%
2% of 13 year olds reported using drugs in the last month	361	0%	-2%
12% of 15 year olds reported using drugs in the last month	396	+4%	0%
5% of 13 year olds reported that they had used drugs in the last year	361	+1%	-1%
22% of 15 year olds reported that they had used drugs in the last year	396	+7%	+4%

### Key

 = < 50 pupils

n/s = not shown due to low base size (< 10 pupils)

n/a = not available (e.g. due to question changes between surveys)



 = statistically significant ('more favourable' than comparator)

 = statistically significant ('less favourable' than comparator)

## Prevalence of Drug Use and attitudes to trying drugs continued

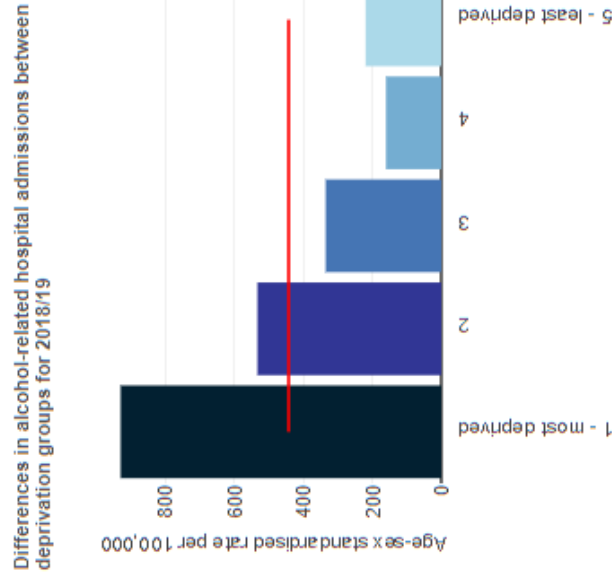
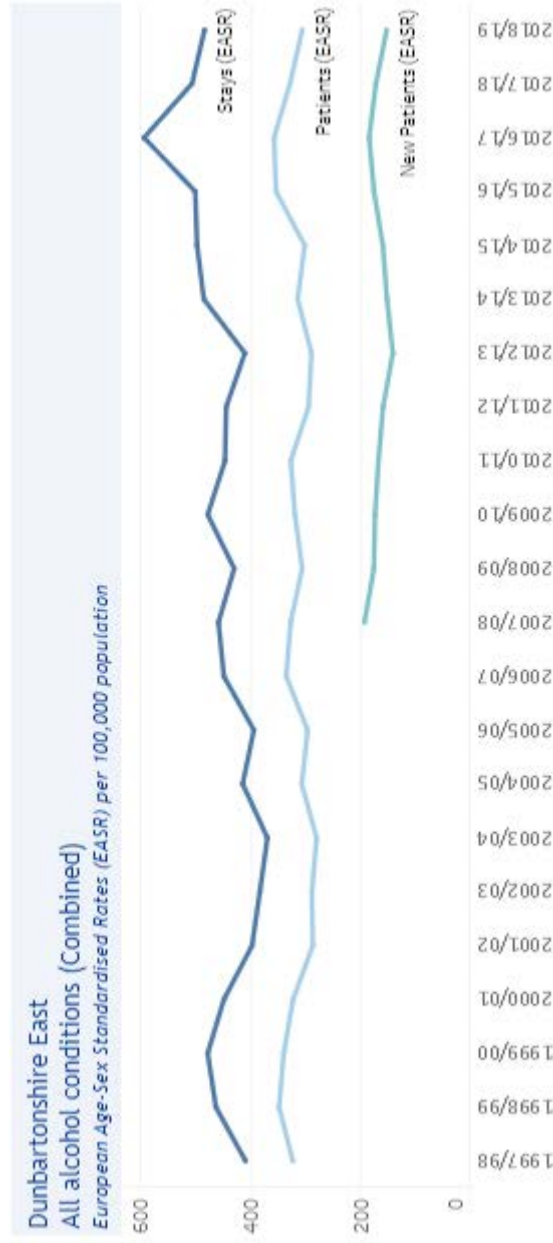
No 13 year olds reported taking drugs at least once a week; however, 2% of 15 year olds reported that they did. There was an increase of +6% of 15 year olds reporting cannabis use within the last year and +24% reporting that they felt it was ok for someone their age to try cannabis to see what it was like, which is an increase of 11% on the figure for Scotland.

	Base	Change from 2013	Difference from Scotland 2018
0%	373	0%	0%
2%	414	-1%	0%
3%	361	+1%	-1%
21%	396	+6%	+4%
7%	357	+4%	-1%
44%	396	+24%	+11%

The SUPG are looking at the provision of cannabis training courses for staff working with young people (provided by SDF), to provide some targeted work with young people on the impacts of using cannabis. The promotion of the substance misuse toolkit will also help to support targeted work within the schools around the impact of drug use.

## Alcohol related hospital admissions

The Public Health Scotland dashboard<sup>6</sup> shows national summary information relating to alcohol-related hospital activity including geographies, selected conditions and demographics. The dashboard covers general acute hospital activity and psychiatric hospital activity from 1997/98 to 2018/19 (combined activity shown below). The chart below provides an overarching summary of hospital stays, across both acute and psychiatric settings for all alcohol conditions in East Dunbartonshire; additional information is available on the dashboard. Taking a snapshot<sup>7</sup> of the most deprived areas for alcohol related hospital admissions in East Dunbartonshire, in 2018/19; the most deprived areas had 100% more hospital admissions than the overall average. Work within the delivery plan around alcohol consumption will support a reduction in hospital admissions for alcohol related harm.

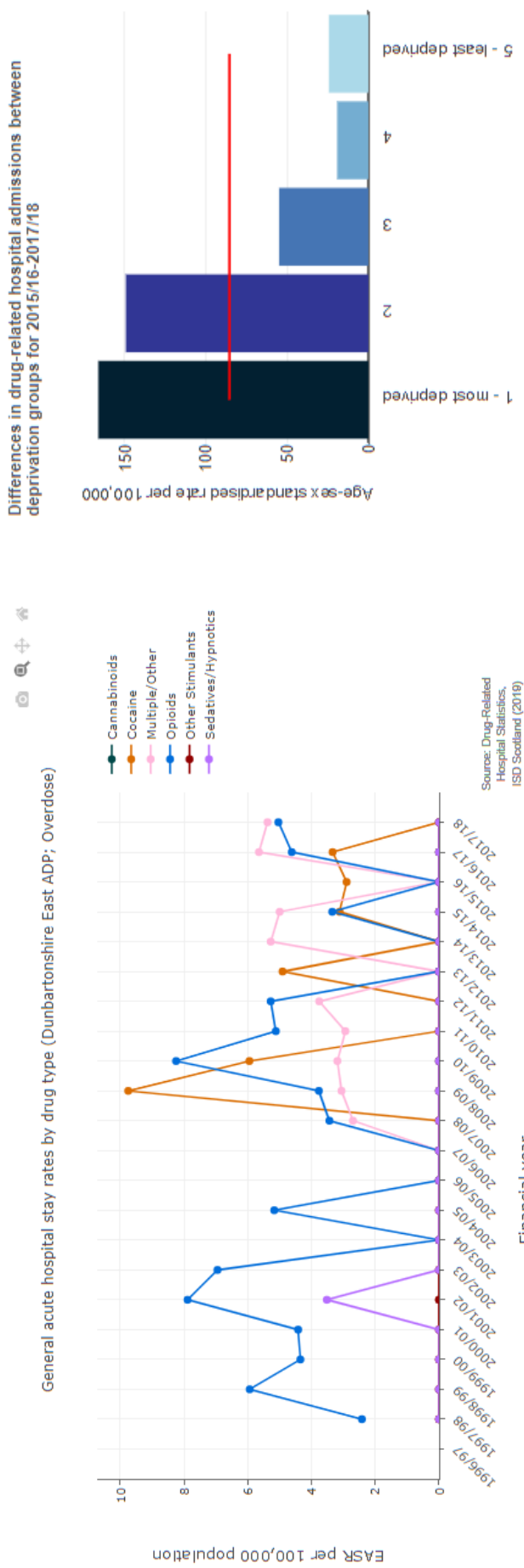


<sup>6</sup> <https://beta.isdscotland.org/find-publications-and-data/lifestyle-and-behaviours/substance-use/alcohol-related-hospital-statistics/19-november-2019/alcohol-related-hospital-statistics-scotland-dashboard-19-november-2019/>  
<sup>7</sup> [https://scotland.shinyapps.io/ScotPHO\\_profiles\\_tool/](https://scotland.shinyapps.io/ScotPHO_profiles_tool/)



## Drug related hospital admissions

Drug related hospital admission data<sup>8</sup> for East Dunbartonshire is available under general acute or psychiatric settings or as combined activity for the years 1997/98 to 2017/18. Data on stays by drug type is shown below; highlighting that opioid use has been an ongoing issue, with cocaine use increasing from the late 2000s. Taking a similar snapshot<sup>9</sup> of East Dunbartonshire regarding drug related hospital admissions, the chart below highlights that most deprived areas had 121% more hospital admissions than the overall average. There were no figures available for 2018/19.



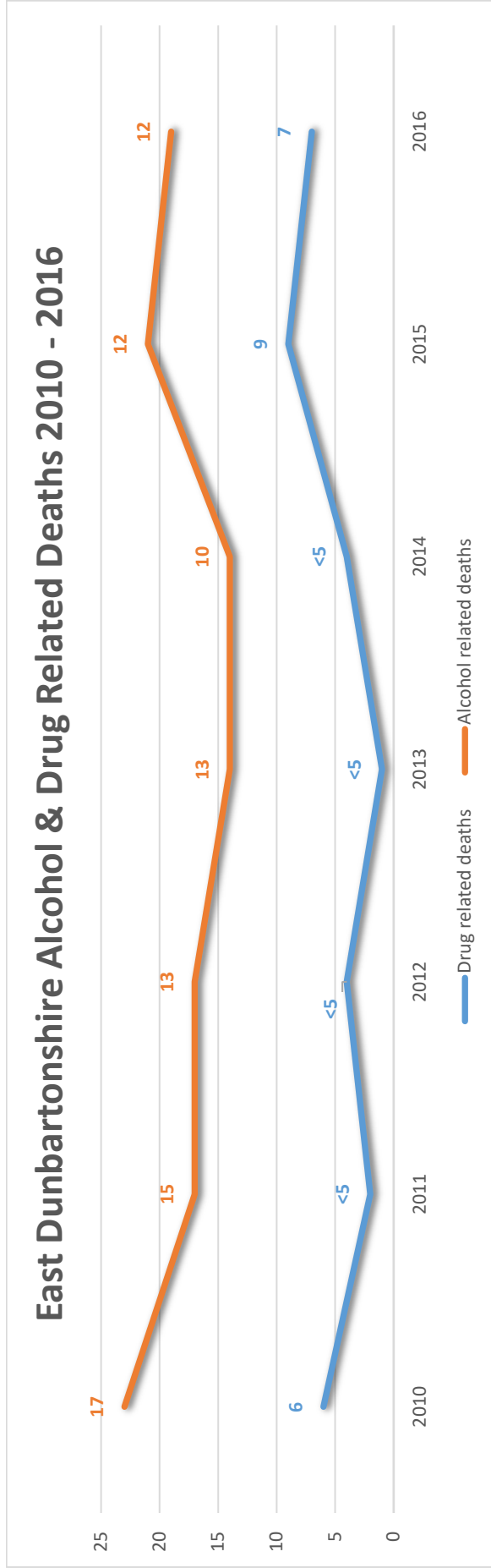
Work across the six Drug Related Deaths Taskforce priorities will support a reduction in hospital admissions for drug related harm.

<sup>8</sup> <https://beta.isdscotland.org/find-publications-and-data/lifestyle-and-behaviours/substance-use/drug-related-hospital-statistics/28-may-2019/trend-data/>

<sup>9</sup> [https://scotland.shinyapps.io/ScotPHO\\_profiles\\_tool/](https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

## Alcohol and Drug related deaths

Looking at the figures in the charts below between 2010 and 2016<sup>10,11</sup>, alcohol related deaths had been decreasing in East Dunbartonshire, yet drug related deaths had been increasing. Between 2008 and 2018, the number of male drug related deaths was more than twice the number of females.



(<5 representing figures under 5)

Between the years of 2014 to 2018, the most deprived areas in East Dunbartonshire<sup>12</sup> had 130% more alcohol deaths than the overall average. The most deprived areas of East Dunbartonshire also have 42% more people prescribed drugs for anxiety, depression and psychosis. National

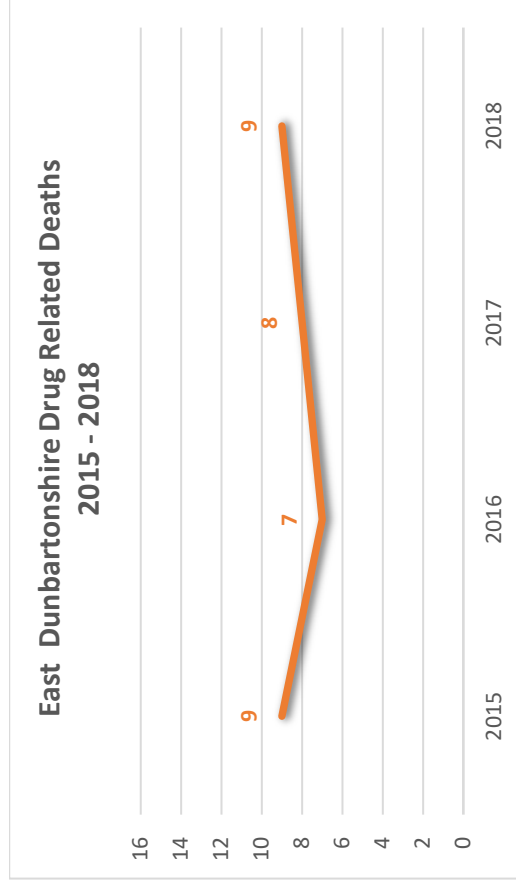
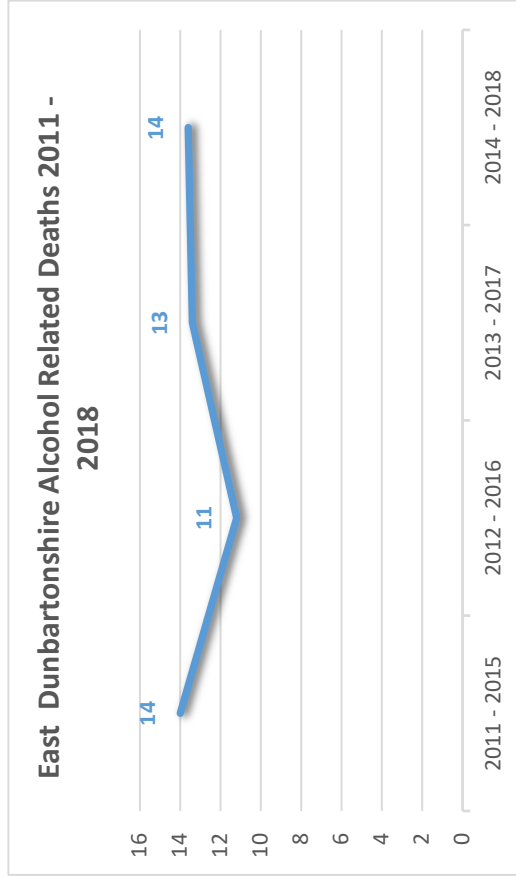
<sup>10</sup> <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/2018/drug-related-deaths-18-pub.pdf>

<sup>11</sup> <https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/>

<sup>12</sup> <https://www.eastdunbarton.gov.uk/statistics-facts-and-figures>

Records of Scotland (NRS) was due to publish statistics of the causes of the deaths that were registered in 2019, including the numbers of deaths due to (for example) drugs, alcohol and suicide, however these figures have been delayed until the end of 2020.

Naloxone provision, implementing an immediate response pathway for non-fatal overdose and optimising the use of MAT (Medication-Assisted Treatment) are a few of the priority areas in the delivery plan, to reduce the number of alcohol and drug related deaths. Targeting the people most at risk through a peer support model of care is also a priority area of support. The charts below taken from ScotPHO data<sup>13</sup> are reported over different time-frames and , alcohol deaths being reported as a 5 year rolling period from 2007 – 2006 and drug deaths reported annually from 2015 – 2018.



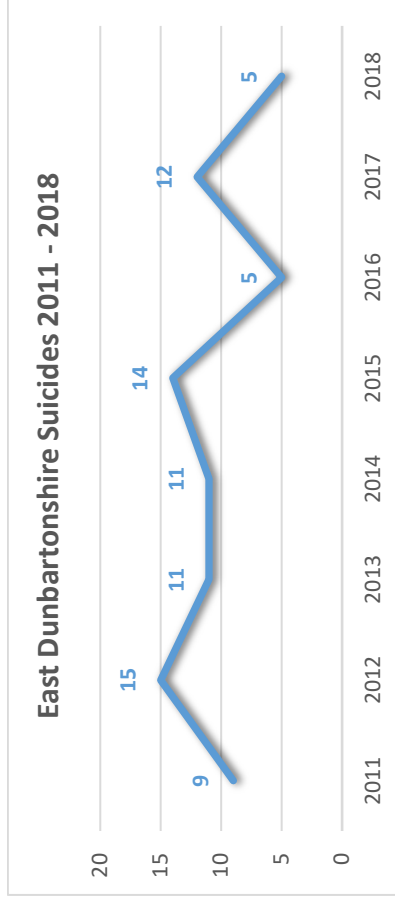
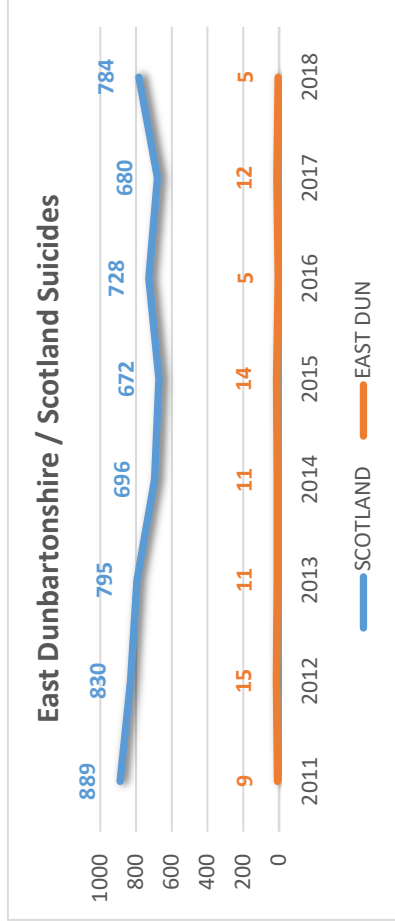
Staying Alive in Scotland<sup>14</sup>, published by Scottish Drugs Forum, in 2016 to help reduce drug related deaths in Scotland. The levels of drug related deaths continues to rise, an updated report was undertaken, and published in 2019<sup>15</sup>. The learning from this report and toolkit embedded across

<sup>13</sup> <https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/>  
<sup>14</sup> [http://www.scf.org.uk/wp-content/uploads/2016/08/Staying-Alive-in-Scotland\\_17\\_June\\_2016.pdf](http://www.scf.org.uk/wp-content/uploads/2016/08/Staying-Alive-in-Scotland_17_June_2016.pdf)  
<sup>15</sup> <http://www.scf.org.uk/wp-content/uploads/2019/11/Staying-Alive-in-Scotland-Digital.pdf>

each of the areas in the delivery plan where appropriate, areas such as justice, homelessness, Naloxone provision, trauma, dual diagnosis and suicide to facilitate service improvement. Aligning alcohol death, drug death and deaths by suicide reviews will help direct service development to support the reduction of alcohol and drug deaths.

## Deaths by Suicide

There were 784 probable suicides registered in Scotland in 2018, 104 (15 per cent) more than in the previous year. These figures are based on the new coding rules that apply in Scotland with effect from 2011.<sup>16</sup> The charts below highlights the comparison between deaths by suicide in East Dunbartonshire and Scotland and the East Dunbartonshire trend between 2011 and 2018, with spikes in 2012, 2015 and 2017. As highlighted above NRS have delayed publishing the suicide statistics for 2019. Suicide Prevention is part of the direct work of the ADP for the first time, with the sub group directly reporting to both the ADP and the Mental Health Strategic Group. 'Every Life Matters' priorities are being implemented in East Dunbartonshire where possible as well as the work of the Greater Glasgow and Clyde Suicide Prevention Concordat. A local action plan is being developed that will also promote the new National Suicide Prevention rebranding.



## Mental health

<sup>16</sup> <https://www.nrscotland.gov.uk/files/statistics/probable-suicides/2018/suicides-18-main-points.pdf>

Poor mental health is a significant challenge, particularly where substance use coexists. The ADP commissioned a mental health and substance use needs assessment to provide a baseline of current service provision, analyse service duplication and gaps, and provide a set of recommendations for reshaping services over the next five years. This was to ensure when reshaping services, they join up and align to national and local policy. Services will support multi-morbidity and embed good practice around trauma informed care and address crosscutting service requirements, including support for individuals who are harder to reach. As reflected in Rights, Respect and Recovery, services need to be person-centred, trauma-informed as many individuals that attend alcohol and drug services may have a history of trauma, which can make them more susceptible to further trauma. A history of trauma is also extremely prevalent within homelessness, justice and mental health, highlighting the need for partnership working. There is also an emphasis on trauma and justice (Action 7) and alcohol and drug misuse (Actions 27 & 28) within the Scottish Mental Health Strategy 2017 – 2027<sup>17</sup>. Improvement areas under the mental health strategy are:

- Prevention and early intervention (Actions 1 – 14)
  - Access to treatment, and joined up accessible services (Actions 15 – 26)
  - The physical wellbeing of people with mental health problems (Actions 27 – 31)
  - Rights, information use, and planning (Actions 32 – 37)
  - Data and measurement (Actions 38 – 40)
- ❖ **Action 7:** Support an increase in support for the **mental health needs of young offenders**, including on issues such as trauma and bereavement.
  - ❖ **Action 27:** Test and learn from better assessment and referral arrangements in a range of settings for dual diagnosis for people with **problem substance use and mental health diagnosis**.
  - ❖ **Action 28:** Offer opportunities to **pilot improved arrangements for dual diagnosis** for people with problem substance use and mental health diagnosis.

People who have problems with alcohol and/or drug use, and who also have a mental health problem, may sometimes fall through the gaps where services are not joined up. Substance use can also affect families and carers. Integration Authorities will therefore wish to ensure that

<sup>17</sup> <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

alcohol, drugs and, mental health services work jointly and in a holistic way, so that people receive help with substance misuse and any underlying mental health issues.

Approximately 1 in 3 people experience a mental health problem at some point in their lifetime and at any one time; approximately 1 in 6 people have a mental health problem<sup>18</sup>, with adults living in the most deprived areas approximately twice as likely to have common mental health problems as those in the least deprived areas do.

Scottish Government’s Mental Health Strategy includes the two actions listed above (Action 27 and 28) in relation to alcohol and drugs, and improving mental health. Individuals in contact with the justice system are also likely to have a variety of needs including mental health problems and homelessness. The ADP will thread support around mental health within service provision, including the reshaping of services, also developing and implementing trauma informed practice. Working in partnership with Housing and Homelessness, ADRS, Justice Social Work and Mental Health as well as other ADP stakeholders, we will develop effective local protocols between alcohol and drug services and mental health, improving access and pathways for those with coexisting conditions.

## Justice

The Hard Edges Report Scotland<sup>19</sup> commissioned by Lankelly Chase and The Robertson Trust builds on the three areas of disadvantage found in the Hard Edges Report England<sup>20</sup>, ‘Offending’, ‘Substance Dependency’ and ‘Homelessness’, however this report also emphasised two additional areas of disadvantage ‘Domestic Violence & Abuse’ and ‘Mental Health’.



The aim of this work was to establish a statistical profile of SMD (severe and multiple disadvantage) in Scotland. Some of the key findings:

<sup>18</sup> <http://www.healthscotland.scot/media/3112/rapid-review-of-the-impact-of-covid-19-on-mental-health-july2020-english.pdf>

<sup>19</sup> <https://lankeilychase.org.uk/wp-content/uploads/2019/06/Hard-Edges-Scotland-full-report-June-2019.pdf>

<sup>20</sup> <https://lankeilychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>

- 5,700 adults experience three 'core' forms of severe and multiple disadvantage (homelessness, offending and substance dependency)
- 28,800 experience two out of these three
- 156,700 experience one of these three

Under a recovery-orientated system of care (ROSC), we will work to develop person centred approaches in line with the issues raised in the Hard Edges Report and strengthen the trauma informed approaches in alcohol and drug service, along with justice, homelessness and mental health.

Individuals with harmful alcohol and drug use are often in the justice system, sometimes with repeat offending behaviour, it is the role of ADP and partners to divert these individuals away from the justice system wherever possible, providing different approaches and interventions to reduce the risk of offending and reoffending.

The chart below<sup>21</sup> highlights alcohol and drug related crime in East Dunbartonshire, the highest numbers under alcohol related breach of the peace, lowest numbers for alcohol related attempted murder and serious assault. The figures across each area have been constant since 2014 with little movement, with a slight rise in common assault and alcohol related vandalism and a reduction in alcohol related breach of the peace.

The ADP will work in partnership with Justice Social Work to support individuals on DTTOs and look at alternative diversionary activities and support pathways for men and women, diverting away from the justice system into treatment and recovery support.

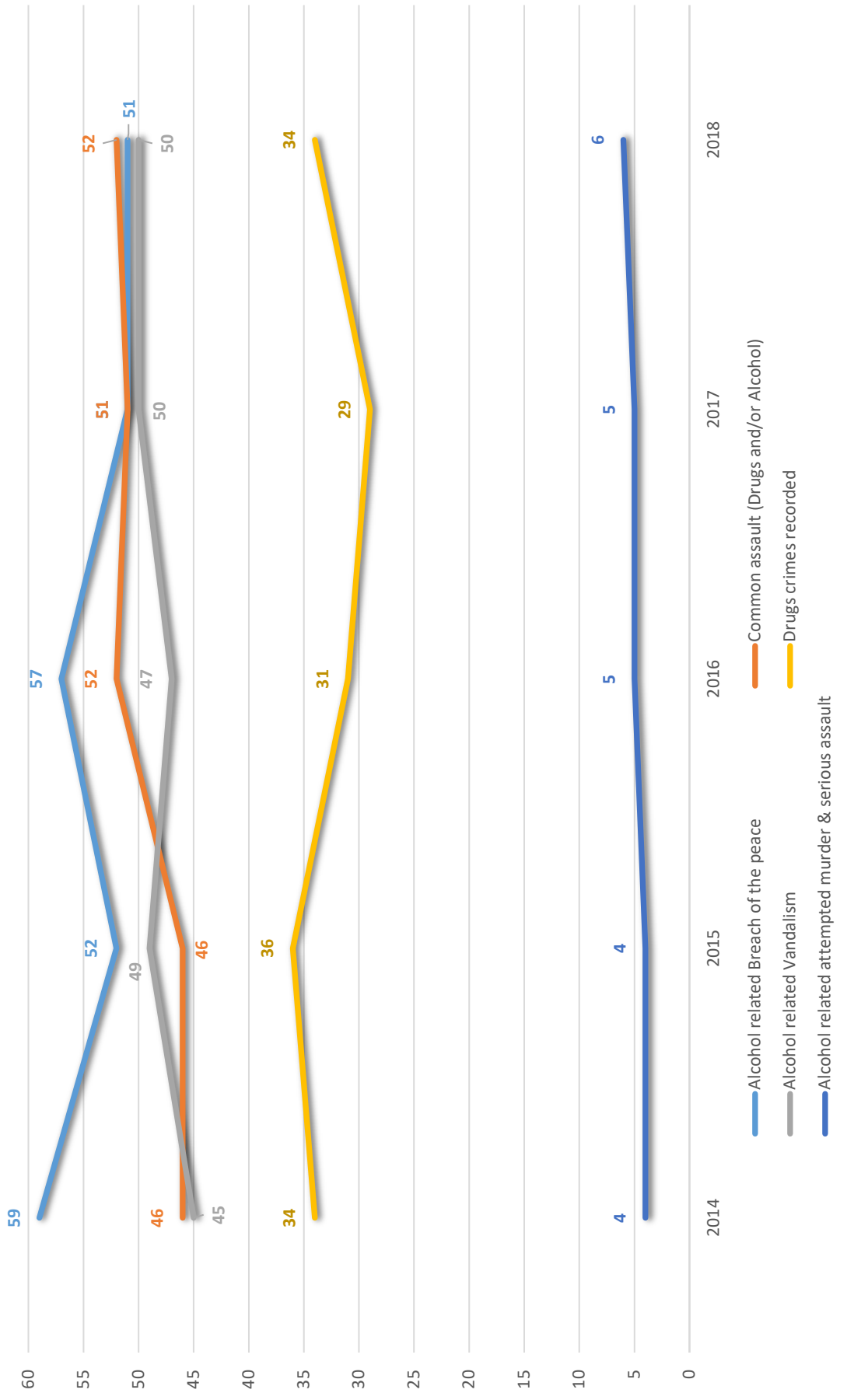
<sup>22</sup>*Drug Treatment and Testing Orders (DTTOs) - which are aimed at providing courts with a further community-based option to deal more effectively with some serious drug misusers who commit crimes to fund their habit - have been introduced in the UK through provisions in the Crime and Disorder Act 1998.*

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<sup>21</sup> <https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/>

<sup>22</sup> <https://www2.gov.scot/Publications/2002/10/15537/11662>

## Community Safety - East Dunbartonshire Alcohol and Drug Related Crime

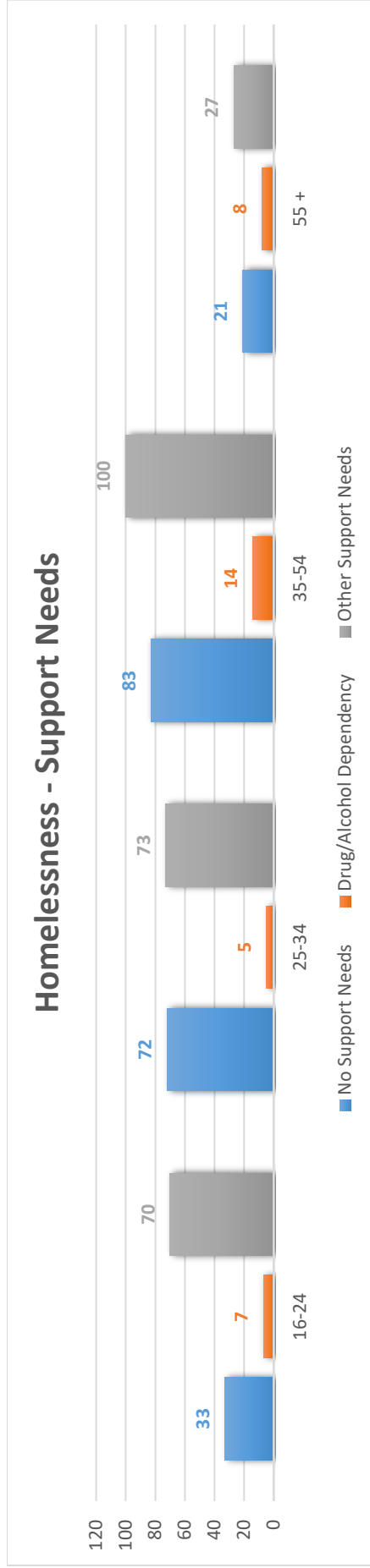




## Housing and Homelessness

The support needs of 303 households that made a homelessness application and accepted onto the homelessness list in East Dunbartonshire shown on the charts below. Out of the 303, there were 209 (69%) households that had no additional support needs and 34 (11%) households with an alcohol or drug dependency. In line with ADRS and Justice Social Work, open cases the highest number of cases with alcohol and/or drug dependency sits within age ranges between 30 and 50. Percentage of cases with additional support needs had an alcohol or drug dependency:

- 16 – 24 = 6%
- 25 – 34 = 3%
- 35 – 54 = 7%
- 55+ = 14%



Working in partnership with Housing and Homelessness, ADRS, Justice Social Work and Mental Health as well as other ADP stakeholders, we will develop effective local protocols between alcohol and drug services and mental health, improving access and pathways for those with coexisting conditions. East Dunbartonshire commissioned a Housing First Model, which ran over the last five years; this service provided a significant support mechanism to chaotic individuals to gain and maintain their tenancy. The Housing First model worked extremely well, and supported over 12 individuals into their own tenancies. Unfortunately, due to the contract ending, the service ceased at the end of March 2020. There is a definite need for this type of service, which will be explored further with ADP partners.

## DELIVERY PLAN

National Priority	Local Priority	Action
<p><b>Prevention and Early Intervention</b></p>	<p>Promote substance use education and prevention within schools and wider settings</p>	<p>Promotion of:</p> <ul style="list-style-type: none"> <li>• Rory</li> <li>• Oh Lila</li> <li>• Substance Misuse Toolkit</li> <li>• Campus Officer support</li> </ul>
	<p>Health Improvement – alcohol, drugs</p>	<ul style="list-style-type: none"> <li>• Promote and deliver 'Health Behaviour Change Training'</li> <li>• Promote online resources for drugs and alcohol – including the addition of resources and links to the HSCP website</li> <li>• Deliver 'Older &amp; Wiser? Working with people who use substances as they age' training</li> <li>• Alcohol and Pregnancy campaign</li> <li>• Targeted communication of key alcohol and drug prevention messages</li> </ul>
	<p>Reduce and tackle stigma</p>	<ul style="list-style-type: none"> <li>• Promote Stigma Awareness Training – SDF</li> <li>• Support and implement the 'A Strategy to Address the Stigmatisation of People and Communities Affected by Drug Use'</li> </ul>
	<p>Alcohol Brief Interventions</p>	<ul style="list-style-type: none"> <li>• Improve ABI provision in primary care and wider settings (including custody settings)</li> <li>• Deliver ABI Training for Trainers within all priority settings</li> <li>• Deliver older people specific ABI training and ABI's</li> </ul>

<p><b>Developing Recovery Orientated Systems of Care</b></p>	<p>Drug Deaths Taskforce</p>	<ul style="list-style-type: none"> <li>• Coordinate and implement work around the 6 DRD Taskforce priorities (see DRD Taskforce section)</li> </ul>
	<p>Treatment &amp; Recovery (Sub Group)</p>	<ul style="list-style-type: none"> <li>• Promote human rights and person centred approach to service delivery and development</li> <li>• Promote access to services – joined up working across statutory and recovery services</li> <li>• Promote trauma informed practice, including provision of training</li> <li>• Ensure services are family inclusive</li> <li>• Utilising lived experience where possible</li> <li>• Develop closer partnership working with Justice Social Work, Mental Health and Housing</li> <li>• Develop digital support options</li> </ul>
	<p>Harm Reduction</p>	<ul style="list-style-type: none"> <li>• Promote harm reduction – including IEP, Naloxone, safer storage options</li> <li>• Utilise learning and good practice from Staying Alive in Scotland</li> </ul>
	<p>A whole family approach to alcohol and drugs</p>	<ul style="list-style-type: none"> <li>• Continue to work in partnership with Children and Families, Justice Social Work and the third sector on services to support children, young people and their families affected by alcohol and drug use</li> <li>• Involve individuals who have been affected by alcohol and drug use in service design, development and delivery</li> </ul>
<p><b>Getting it Right for Children, Young People, and Families</b></p>		

<b>Public Health Approach to Justice</b>	<b>Early intervention:</b> Diversion from prosecution for where alcohol and drug use is prevalent	<ul style="list-style-type: none"> <li>• Provide alternative support pathways and diversionary activities</li> </ul>
	<b>Intervention:</b> Drug and Alcohol requirements under a Community Payback Order	<ul style="list-style-type: none"> <li>• Utilise alternative sentencing options as part of offender supervision – e.g. participation in drug and alcohol programmes</li> </ul>
	<b>Tertiary Intervention:</b> Specialist residential services for alcohol and drugs	<ul style="list-style-type: none"> <li>• Utilise specialist services for men and women with chronic crime due to alcohol, drugs and mental health</li> </ul>
	<b>Voluntary Throughcare:</b> Prisoner Release Group supporting individuals with drug and alcohol issues	<ul style="list-style-type: none"> <li>• Develop Prisoner release group to ensure prisoners are picked up by the HSCP for appropriate support</li> </ul>
	<b>DTTO:</b> See under Drug Related Deaths Taskforce	
<b>Reduce Alcohol Consumption</b>	Reduce alcohol consumption	<ul style="list-style-type: none"> <li>• Affordability and sales</li> <li>• Availability and licensing</li> </ul>
	Positive attitudes, positive choices	<ul style="list-style-type: none"> <li>• Attractiveness – marketing and advertising</li> <li>• Education, awareness raising and behaviour change</li> </ul>
	Supporting families and communities	<ul style="list-style-type: none"> <li>• Foetal Alcohol Spectrum Disorder – prevention, diagnosis and support</li> <li>• Positive alternatives and safer communities</li> <li>• Preventing alcohol-related violence and crime</li> </ul>

<p><b>Drug Related Deaths Taskforce</b></p>	<p>Alcohol Related Deaths Review</p>	<ul style="list-style-type: none"> <li>● Establish local review team and process</li> <li>● Undertake Alcohol Related Deaths review</li> <li>● Produce a local Alcohol Related Deaths review report</li> </ul>
	<p>Targeted Distribution of Naloxone</p>	<ul style="list-style-type: none"> <li>● Increase Naloxone provision via:             <ul style="list-style-type: none"> <li>○ Development of a postal Naloxone service</li> <li>○ Promote postal Naloxone on HSCP website and other social media platforms</li> <li>○ Development of promotional material</li> <li>○ Targeted events, e.g. Seasonal campaigns</li> </ul> </li> </ul>
	<p>Immediate Response Pathway for Non-fatal Overdose</p>	<ul style="list-style-type: none"> <li>● Develop Assertive Outreach programme to support Non-fatal Overdose</li> <li>● Access to MAT and appropriate on-going support</li> </ul>
	<p>Optimising the use of Medication Assisted Treatment</p>	<ul style="list-style-type: none"> <li>● Increase access to medical support including prescribing sessions</li> <li>● Apply for controlled drug licence for KHCC</li> <li>● Increase access to same day MAT where appropriate</li> <li>● Provision of Buprenorphine in the community</li> </ul>
	<p>Targeting the People Most at Risk</p>	<ul style="list-style-type: none"> <li>● Peer Recovery Worker Post</li> <li>● Involve lived experience in service development</li> <li>● Work in partnership with housing and homelessness to develop support options</li> </ul>

<b>Suicide Prevention</b>	Optimising Public Health Surveillance	<ul style="list-style-type: none"> <li>Collect and analyse health related data</li> <li>Utilise health related data in service development</li> <li>Refresh and implement Staying Alive in Scotland to help prevent drug deaths</li> </ul>
	Supporting Those in the Justice System	<ul style="list-style-type: none"> <li>Bring back DTTO support to East Dunbartonshire</li> <li>Provide dedicated support to Justice Social Work through ADRS</li> <li>Work in partnership with Justice Social Work to develop treatment and support options</li> </ul>
	Suicide Prevention Activity	<ul style="list-style-type: none"> <li>Reporting suicide prevention activity into the ADP via the suicide prevention sub group</li> <li>Develop local Suicide Prevention Action Plan that closely links to the ADP</li> <li>Promote National Suicide Prevention Rebranding</li> <li>Promote Suicide Prevention work agreed via the GGC Board Wide Concordat</li> </ul>

## TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	250321-04 Agenda item 4
2	Report Title	Alcohol and Drug Partnership (ADP) Strategy and Delivery Plan 2020/2023
3	Date direction issued by Integration Joint Board	25th March 2021
4	Date from which direction takes effect	25th March 2021
5	Direction to:	NHS Greater Glasgow and Clyde Health Board and East Dunbartonshire Council.
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Alcohol and Drug Partnership, East Dunbartonshire Alcohol and Drug Recovery Service.
8	Full text of direction	East Dunbartonshire IJB directs NHS Greater Glasgow and Clyde, and East Dunbartonshire Council to agree the delivery of the ADP Strategy and Delivery Plan in accordance with the identified funding; Sections 2 and 3 of the attached report, to achieve the Priorities and Outcomes identified within Section 4 of the report.
9	Budget allocated by Integration Joint Board to carry out direction	Funding for the implementation of the East Dunbartonshire ADP Strategy and Delivery Plan is provided centrally by Scottish Government.
10	Details of prior engagement where appropriate	East Dunbartonshire ADP Strategy Plan and Delivery Plan was drafted in partnership with ADP members, stakeholders, third sector providers, and individuals with lived experience and their families.
10	Outcomes	Outcomes as identified within Section 4 of the report ADP Strategy and Delivery Plan - Priorities and Outcomes
10	Performance monitoring arrangements	The ADP Strategy and Delivery Plans performance is monitored via an annual report to Scottish Government, ADP, and IJB.
11	Date direction will be reviewed	No more than one year in the future





**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

<b>Date of Meeting</b>	<b>25<sup>th</sup> March 2021</b>
<b>Subject Title</b>	<b>OLDER PEOPLE'S AND ADULT MENTAL HEALTH STRATEGIES - PROGRAMME UPDATE</b>
<b>Report By</b>	<b>Caroline Sinclair, Interim Chief Social Work Officer, Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435</b>
<b>Contact Officer</b>	<b>David Aitken, Interim Head of Adult Services Tel: 0300 123 4510</b>
<b>Purpose of Report</b>	To update the IJB on the development of the Board-wide Older People's Mental Health (OPMH) and Adult Mental Health (AMH) strategies. Similar reports are being considered by the other five IJBs in GG&C.
<b>Recommendations</b>	The Integration Joint Board is asked to note this report, the further work being undertaken to develop the strategies and receive an updated report in June 2021.
<b>Relevance to HSCP Board Strategic Plan</b>	The Older People's and Adult Mental Health Strategies are both relevant to all of the IJB's key priorities expressed in the Strategic Plan.

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	A workforce plan is in preparation as part of the strategy in partnership with NHS staff side representatives
<b>Equalities:</b>	An EQIA will be completed as part of the strategy
<b>Financial:</b>	Work is progressing on the financial framework to support delivery of the strategy and will be included in the final draft strategy to be presented to IJBs later this year.
<b>Legal:</b>	None
<b>Procurement:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Risk Implications:</b>	A risk assessment will be completed as part of the strategy
<b>Implications for East Dunbartonshire Council:</b>	None at this stage
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None at this stage

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

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## MAIN REPORT

### 1. Purpose

1.1. To update the IJB on the development of the Board-wide Older People's Mental Health (OPMH) and Adult Mental Health (AMH) strategies. Similar reports are being considered by the other five IJBs in GG&C.

### 2. Background

2.1. Work on a Board-wide mental health strategy was commenced in 2017 as a key part of the Moving Forward Together programme. This work is also key to delivering on the IJB's Strategic Plan and specifically shifting the balance of care. The Adult Mental Health Programme Board to oversee the strategy was set up that year and work on a specific older people's mental health strategy began in 2018. The Programme Board includes clinical, managerial and staff representatives from across the mental health system in GG&C. The approach has been to view mental health services as one integrated system albeit serving different needs with specific care pathways. Supporting work streams have been set up on:

- Covid recovery planning;
- capacity, effectiveness and efficiency of community services;
- inpatient bed models and estate;
- workforce planning;
- unscheduled care;
- overall financial framework; and,
- engagement & involvement.

2.2. In recent months a specific focus has been reviewing and refreshing the draft strategy in the light of our response to the pandemic. A key assumption in our recovery planning is that demand for mental health services and support will increase post the pandemic; the scale of which is difficult to quantify at this juncture.

2.3. It is planned to conclude this work later this year in time for a period of service user and stakeholder engagement details of which will be reported to IJB.

### 3. OPMH Strategy Update

3.1. The focus of the OPMH strategy has been to design a system of care that is patient-centered, with professional and organisational arrangements working in support, with a presumption that a shift in the existing balance of care is possible. Specifically the strategy group has focused on:

- develop the community social care and health infrastructure required to meet future needs and changes in inpatient care including a coordinated system of unscheduled care;

- review the inpatient bed model for NHSGG&C, including commissioned beds and residential care models;
- design an efficient and sustainable overall OPMH system of care underpinned by an agreed financial framework; and,
- develop an HSCP older people mental health performance and accountability framework.

3.2. Progress on the two key strands of the strategy – community services and the inpatient bed model and the key issues to emerge are summarised below.

3.3. The emerging thinking on the community model is that:

- we take a staged approach in line with but in advance of changes in inpatient services (bridging resources might be required);
- needs as a consequence of future demographic changes in the over 65 population should be met through the development of community services rather than more inpatient beds;
- we should build on learning from the impact of the Covid 19 pandemic taking into account the changed environment within which services now operate; and,
- include commissioning intentions for third and independent sector support including housing.

3.4. The specific areas of focus for development of community services include:

- early intervention & prevention and health education messages, particularly highlighting healthy lifestyles with prevention or delay of onset of dementia;
- implement the efficient and effective teams model so that community teams have capacity to focus on patients with more complex needs; and,
- as a first step, prioritise community based “crisis” or “intensive support services”. It has been highlighted that there is a gap in crises response services for older adults, both for those in the community and in care homes.

3.5. In respect of dementia it is proposed that HSCPs build on the pathfinder approach to care co-ordination in Inverclyde and develop similar care co-ordination pathways for people with dementia, as an integral part of the community model for OPMH.

3.6. A detailed analysis has been undertaken of bed occupancy rates, bed usage, data on so-called “boarders” both external and internal to GG&C, the results of last year’s day of care audit, and local and UK benchmarking data. The day of care audit show that:

- of acute admission beds 13% were occupied by patients who did not meet the day of care audit criteria; and,
- in Hospital Based Complex Care beds it was 11%.

The conclusion from this work was that compared to other healthcare systems, in

GG&C it is possible to reduce bed numbers over time without de-stabilising the care system, and that there is considerable scope for a more efficient use of existing bed capacity.

3.7. The future bed model for both acute admissions and HBCC beds is currently being worked through to take account of:

- the optimum split between organic and functional beds;
- with adult mental health, the estate impact, potential capital requirements and workforce implications;
- develop a timeline for any changes so that implementation is a 'stepped process' and is managed in a way that has patient safety and quality at its core; and,
- clarify whether the needs of neighbouring Health Board's should be factored into our future bed model, and if so the numbers involved and financial arrangements (this also applies to adult mental health inpatient services).

#### 4. Adult Mental Health Strategy Update

4.1 The focus of the adult mental health strategy has been on:

- prevention, early intervention and health improvement including up-scaling mental health training, support community planning partners to address child poverty, and work with multiple partners to build awareness of and promote mental wellbeing including a focus on higher risk groups;
- implementation of the physical healthcare and mental health policy including improved assessment and referral pathways, and staff training/development;
- recovery-oriented and trauma aware services and co-production approaches to promoting recovery;
- primary care ensuring mental health contribution to primary care improvement plans, including work to support those with long term conditions;
- community & specialist teams with a focus on maximising efficiency and effectiveness of CMHTs in order to manage increases in demand, including exploiting the opportunities of integration with social care services;
- in unscheduled care, development of a single adult mental health Liaison/Out of Hours service across NHSGGC, including crisis resolution and home treatment / OOH to provide a consistent model of treatment across the Board area as an alternative to hospital admission; and,
- an inpatient bed model a combined reduction to adult mental health inpatient bed capacity in line with benchmarking analysis and proposed reinvestments in community services including pathway development, a proactive approach to discharge planning, including closer integration with community and social care services for smoother patient flow across inpatient and community settings.

- 4.2 In respect of patient flow it was recognised that increased patient flow was required to better match capacity to demand, and that some wards included unplanned mixes of people with a range of different needs. Work is needed on the development of care pathways across all adult acute inpatient sites, and the application of more clearly defined standards with a greater focus on addressing delays in discharge and closer integration with community and social care.
- 4.3 Closely linked to the work on inpatient flow is the future bed model including proposals for intensive and high dependency rehabilitation and HBCC recognising the increased pressure on inpatient services from the pandemic. This work is currently underway.
- 4.4 There are also a range of health and safety design issues that have been identified, and which are part of a longer term process of assessment of mental health inpatient accommodation. This includes safety risk assessments and minor capital works that will require temporary closure and remediation work. The short-term identified work will impact on mental health wards on the Dykebar, Leverndale and Stobhill Hospital sites. It is anticipated that further remedial work will be identified in the short-medium term on the majority of mental health in-patient sites for which minor and capital works costs will be identified. Any medium term changes in mental health specialty use of accommodation may also require additional financial investment.
- 4.5 Specific developments are also planned in respect of forensic mental health service at Stobhill managed by the Forensic Directorate.
- 4.6 East Dunbartonshire are represented in both the relevant planning groups and on the programme board to oversee and contribute to these workstreams.

## 5. Next Steps

- 5.1 This report updates the IJB on both the OPMH and adult mental health strategies, and similar reports are being considered by the other five IJBs in GG&C. The next steps include:
- further work on both the community and inpatient service models, including the commissioning implications for third and independent sector support including housing;
  - building in learning from our response to the pandemic;
  - developing a sustainable workforce plan that reflects the shifting balance of care and practical constraints around consultant recruitment and other recruitment challenges;
  - progressing with Scottish Health Council and GG&C community and wider stakeholder involvement and engagement on both strategies;
  - developing an overall financial framework to support delivery of the strategies, and a performance management framework; and,
  - progressing forensic low secure bed developments with the Forensic Directorate and low secure adult rehabilitation at Stobhill Hospital.

**6. Recommendation**

6.1 That the IJB note this report, the further work being undertaken to develop the Strategies. Updated reports will be prepared and presented to the IJB.

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Agenda Item Number: 6.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

<b>Date of Meeting</b>	25 <sup>th</sup> March 2021
<b>Subject Title</b>	Integrated Children's Services Plan
<b>Report By</b>	Claire Carthy, Interim Head of Children's Services & Criminal Justice <a href="mailto:claire.carthy@eastdunbarton.gov.uk">claire.carthy@eastdunbarton.gov.uk</a> Tel: 0141 777 3000
<b>Contact Officer</b>	Caroline Sinclair, Interim Chief Officer
<b>Purpose of Report</b>	ED HSCP has a statutory duty to provide an Integrated Children's Services Plan to Scottish Government by 31/03/21.
<b>Recommendations</b>	Agree the content of the report and submission to SG.
<b>Relevance to HSCP Board Strategic Plan</b>	Statutory responsibility.

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None	
<b>Equalities:</b>	None	
<b>Financial:</b>	Various funding streams are available from SG and Life Changes Trust. No additional funding is sought at this time.	
<b>Legal:</b>	Grant award letters have been endorsed by Legal Services.	
<b>Procurement:</b>	None	
<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	This is a 3 year plan as required.	
<b>Risk Implications:</b>	None	
<b>Implications for East Dunbartonshire Council:</b>	There is a statutory responsibility to produce the Integrated Children's Services Plan. This is also the key delivery mechanism for Local Outcome 3, Our Children are safe, healthy and ready to learn.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	There is a statutory responsibility to produce the Integrated Children's Services Plan. This outlines how key partners will work together to ensure the needs of vulnerable children are met and they are protected from harm.	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	<input type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde <i>Direction to follow</i>	<input checked="" type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

## MAIN REPORT

### 1. Legislation

- 1.1. The Children and Young People's (Scotland) Act 2014 conferred statutory duty on Local Authorities to produce a 3 year Integrated Children' Services Plan.
- 1.2. The first iteration of the plan ran from 2017-2020. The second plan was due to be submitted to SG at the end of March 2020. This was delayed, however, due to the Covid 19 pandemic and an interim one year plan was agreed.
- 1.3. East Dunbartonshire is due to submit the Integrated Children's Services Plan 2021-2023 by the end of March 2021.

### 2. Governance

- 2.1. The Delivering for Children and Young People's Partnership (DCYPP) is responsible for the delivery of Local Outcome 3: Our Children and Young People Are Ready to Learn. DCYPP reports to the Community Planning Partnership.
- 2.2. The DCYPP is responsible for the Integrated Planning of Children's Services and has worked pre and throughout the pandemic on the drafting of the new plan.
- 2.3. In order to implement the ICSP the DCYPP has established 5 sub-groups: The Child Protection Committee, The Corporate Parenting Steering Group, Healthy Lifestyle Sub Group, Mental Health and Emotional Wellbeing Subgroup and a Self-Evaluation Sub Group.

### 3. Priorities

- 3.1. The 4 key priorities were identified by DCYPP members at workshops held pre pandemic and based on a strategic needs assessment of the needs of our children and young people.
- 3.2. The priorities are also reflective of national drivers: Trauma Informed Practice, The Promise, GIRFEC and Children's Rights.
- 3.3. Priority 1: Mental Health and Emotional Wellbeing involves ensuring Tiered supports are available to children, young people and families when they need it. School counselling, School Nursing, Perinatal Supports and collaborative working with CAMHS are all activities in this priority.
- 3.4. Priority 2: Child Protection: continuing our work on ensuring our children are safe and protected from harm, an action plan details activity which this year includes a focus on Joint Investigative Interviewing, Special Needs In Pregnancy, Child Sexual Exploitation and Data.
- 3.5. Priority 3: Corporate Parenting: ensuring statutory roles and responsibilities are fulfilled in relation to our Looked After children and young people. This includes Care Leavers and Care Experienced Young People as well as those in Foster, Kinship and Residential Care.
- 3.6. Priority 4: Healthy Lifestyles: focus on nurture, parenting, sexual health, alcohol, drugs, and oral health amongst other activities.

## Appendix 1 East Dunbartonshire Integrated Children's Services Plan 2020-23

# EAST DUNBARTONSHIRE INTEGRATED CHILDREN SERVICES PLAN

## 2020-2023



## **Introduction**

East Dunbartonshire has a population of 108,330, placing it in the mid-range of Scottish local authorities in terms of population and covers 77 square miles. It comprises a mixture of urban and rural areas that includes the settlements of Bearsden, Bishopbriggs, Kirkintilloch, Lennoxton, Lenzie, Milngavie, Milton of Campsie, Torrance and Twechar.

While the population aged 45–64 makes up the largest population (31,845), age 0–24 is the second largest grouping with 29,804. This can be broken down further with age 0-15 representing 19,224 and age 16-24 making up 10,580.

Our School Roll (Sept 2019 Census) is Primary: 9,183, Secondary: 7,821 and Special: 178. There are also 25 children home educated. Of our school roll 3,606 have an additional support need, equal to 21% of the school population. This compares with 31% of pupils across Scotland with an additional support need.

Of these children and young people, as at the 31st July 2019, 149 were 'looked-after' either at home or away from home and 55 were on East Dunbartonshire's Child Protection Register.

## **Background**

The Delivering for Children & Young People's Partnership (DCYPP) directs the strategic planning, development and delivery of children and young people's services on behalf of the East Dunbartonshire Community Planning Executive Group.

## **Our Plan**

This Plan sets out how we will work together to plan, develop and provide services over the next three years (April 2020 to March 2023) that will:

- best safeguard, support and promote wellbeing;
- make sure that children, young people and families get the right support, from the right people at the right time;
- take action to prevent and meet need;
- be integrated from the point of view of service users;
- Constitute the best use of available resources.

### **Definition of a Child**

In Scotland, the definition of a child varies in different legal contexts, but statutory guidance which supports the Children and Young People (Scotland) Act 2014, includes all children and young people up to the age of 18. Where concerns are raised about a 16- or 17-year-old, agencies will need to consider which legislation or guidance is appropriate to follow, given the age and situation of the young person at risk. The term 'looked after' was introduced in the Children (Scotland) Act 1995 and is used to describe a child or young person for whom the local authority has a statutory responsibility. Looked After Children and Young People include children who are subject to a supervision order and live at home with their family as well as children who live with foster or kinship carers; in residential schools or care homes; in secure care or being supported in leaving care. Looked after Children and Young People range from born infants to young people in their late teens. We also use the term Care Experienced children and young people as recent legislation details support for any child or young person who has been looked after. Continuing Care is a new legal term established by the Children and Young People (Scotland) Act 2014. It inserts a new section, 26A, into the Children (Scotland) Act 1995 to place a duty on local authorities to provide continuing care in certain circumstances for children and young people who were previously looked after. This effectively means that eligible young people can remain in their care placement until the age of 21 and may be entitled to support until their 26th birthday.

### **DCYPP Mission Statement;**

***All parties will work together with communities and families to ensure children & young people have the best start in life, are confident, healthy, resilient and live in positive and inclusive communities free from disadvantage.***

**VERSION 0.1**

**Children's rights: The United Nations Convention on the Rights of the Child**

The [United Nations Convention on the Rights of the Child \(UNCRC\)](#) is the global “gold standard” for children’s rights and sets out the fundamental rights of all children. The UNCRC is the most widely ratified human rights treaty in the world and sets out the specific rights that all children have to help fulfil their potential, including rights relating to health and education, leisure and play, fair and equal treatment, protection from exploitation and the right to be heard. We already use the UNCRC as a framework to ensure that we consider children’s rights whenever we take decisions, and to help provide every child with a good start in life and a safe, healthy and happy childhood. It forms the basis of our national approach for supporting children, called [Getting it right for every child \(GIRFEC\)](#).

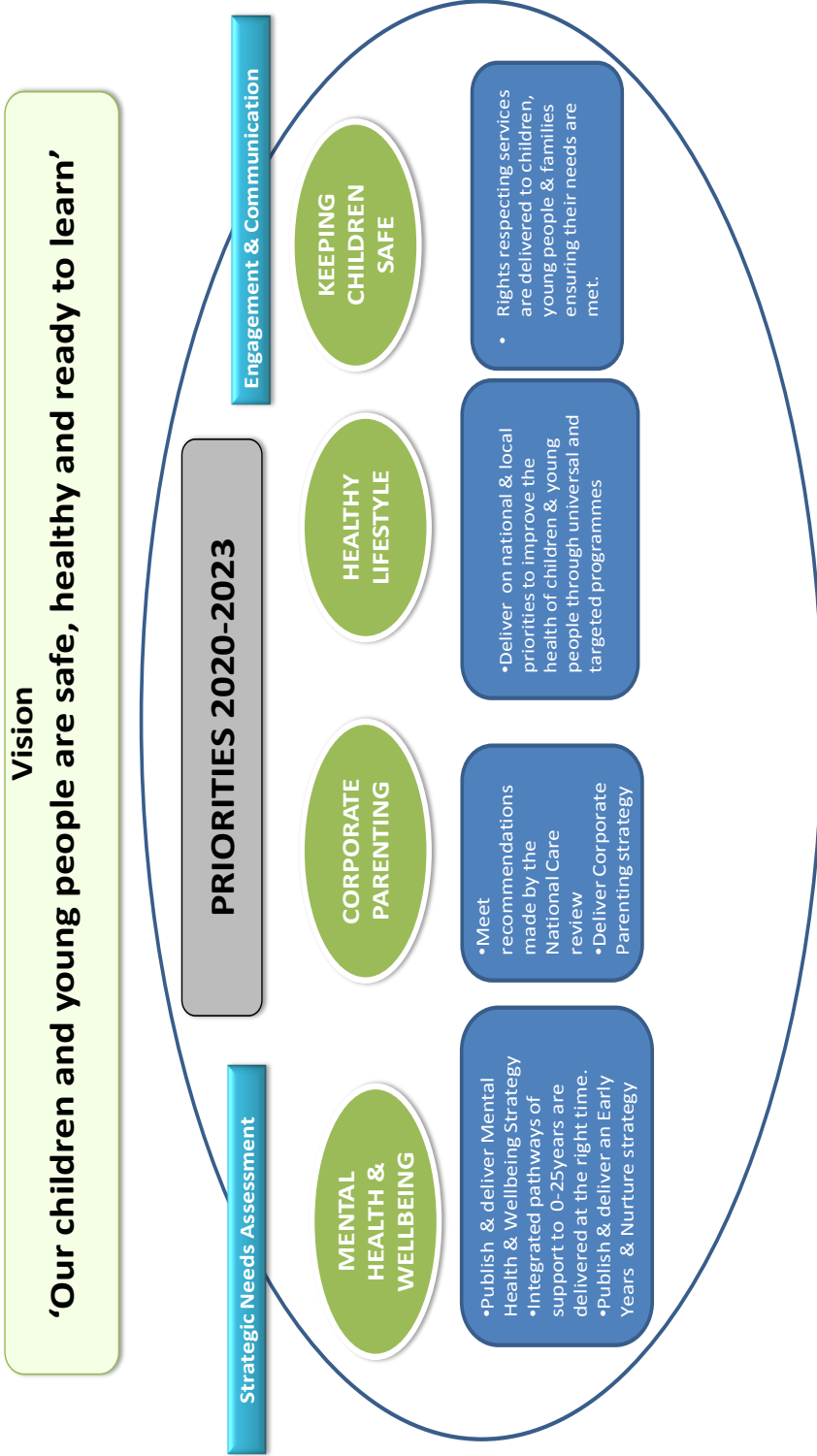
**The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill**

Scotland is the first country in the UK to directly incorporate the UNCRC into domestic law. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020.

The Bill:

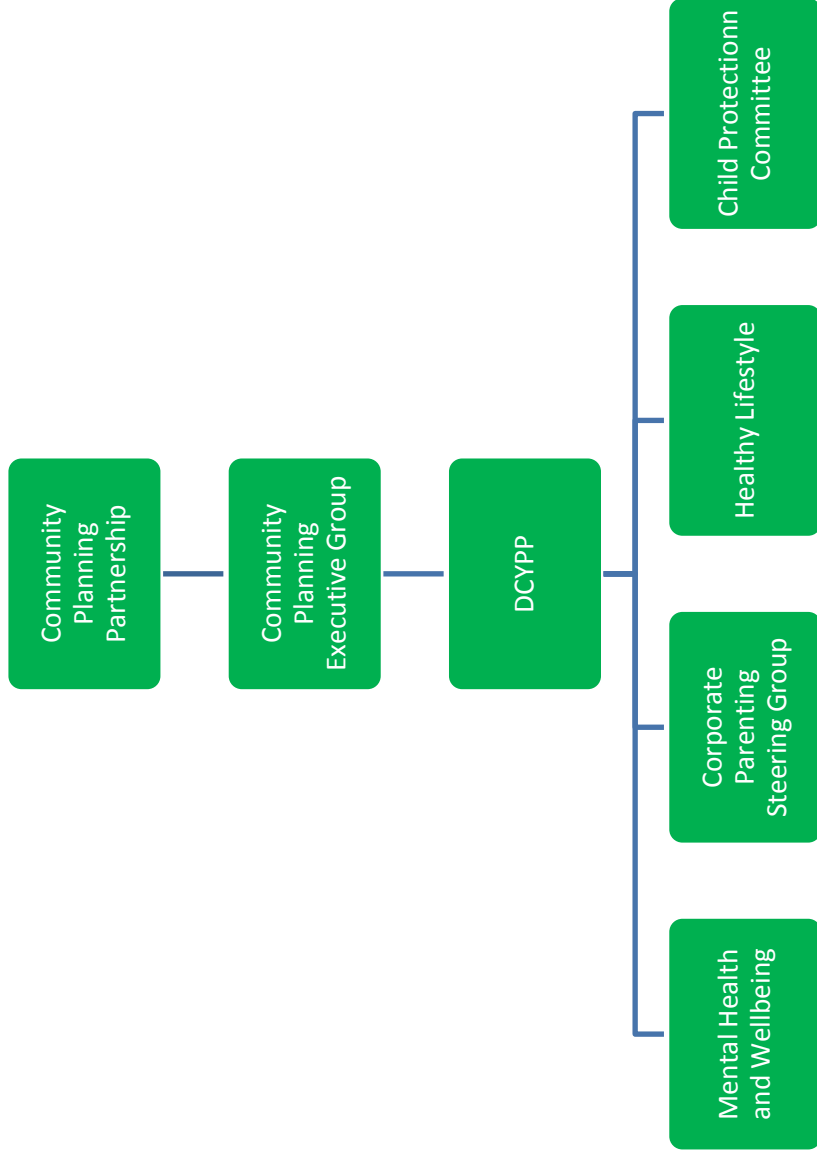
- Directly incorporates the UNCRC as far as possible within the powers of the Scottish Parliament
  - Makes it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements
  - Gives power to the Children’s Commissioner to take legal action in relation to children’s rights
  - Requires Ministers to produce a Children’s Rights Scheme setting out how they comply with children’s rights and to report annually
  - Requires listed public authorities to report every three years on how they comply with children’s right
- DCYPP aspires to recognise, respect and promote children’s rights. These include rights to be treated fairly, to be heard and to be as healthy as possible. Parents, local and national governments and organisations which work with children and families can help children experience their rights.

**EAST DUNBARTONSHIRE INTEGRATED CHILDRENS SERVICES PLAN 2020-2023**



### Planning & Governance Structure –

The diagram below shows the structure and relationship between the East Dunbartonshire Community Planning Partnership, the Delivering for Children & Young People's Partnership (DCYPP) and its subgroups alongside the associated strategic plans.





Subgroups:

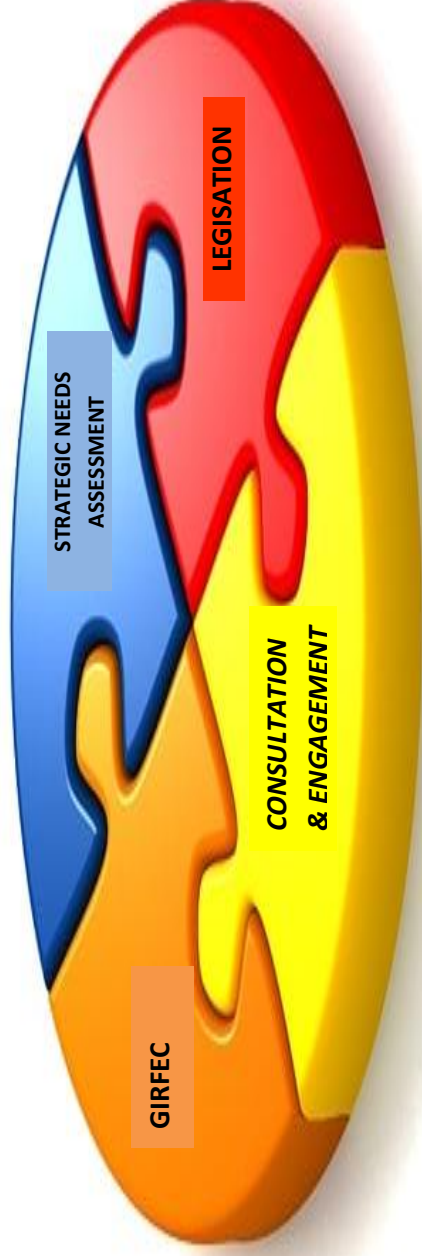


Mental Health Strategy, ACES, Child Poverty Action Group, Employability Group, Early Years and Nurture, Child Poverty Group, Sexual Health Strategy Group, Relationship, Sexual Health and Parenthood Working Group, Substance Use Prevention Group, Physical Activity & Nutrition, Better Hearings Group, GIRFEC, Autism Strategy Group, ASN Strategy Group, Community Justice Partnership.

## VERSION 0.1

East Dunbartonshire Community Planning Partnership has produced and published a Local Outcomes Improvement Plan (LOIP) [Local Outcomes Improvement Plan 2017-27.pdf](#) setting out clear priorities for improving local outcomes and on tackling inequalities. The DCYPP is the mechanism for delivering on Local Outcome 3

**‘Our children and young people are safe, healthy and ready to learn’.**



### **Strategic Needs Assessment –**

The Children and Young People (Scotland) Act 2014 established a new legal framework within which services are required to work together in support of children, young people and families, a key part of the Scottish Government’s strategy is to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services are integrated, supporting and promoting child wellbeing to make Scotland, ‘The best place to grow up’.

Statutory guidance on Children’s Services planning emphasises the need for a detailed, joint strategic assessment of population needs in order to support improved strategic planning. It is recognised that the data below will provide a snapshot in time of available data and will evolve over time.

**Children and Young People Population**

The table below provides a breakdown of the estimated number of children and young people living in East Dunbartonshire

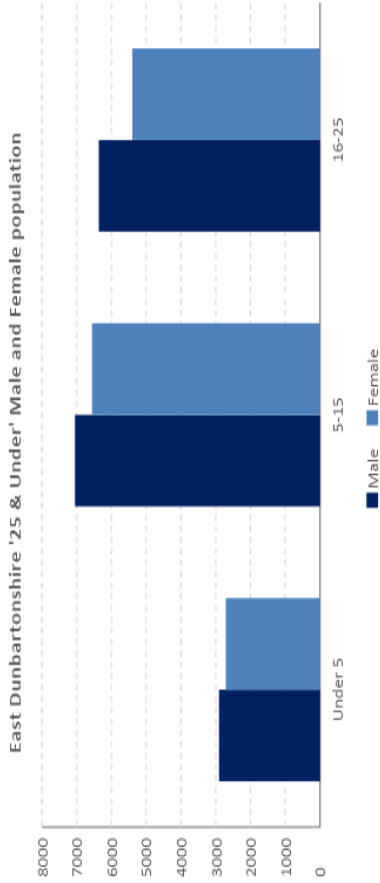
- There are estimated to be 30,984 people aged 25 and under living in East Dunbartonshire, 28.6% of the total population
- 5,619 of the children and young people living in East Dunbartonshire are aged under 5 (5.2%), 13,605 aged 5-15 (12.6%) and 11,760 aged 16-25 (10.9%)
- Compared with Scotland, East Dunbartonshire has a slightly higher percentage of those aged 5-15 (12.6% vs 11.8%) and a slightly lower percentage of young people aged 16-25 (10.9% vs 12.1%)

	<b>Total Population</b>	<b>Under 5</b>	<b>5-15</b>	<b>16-25</b>
East Dunbartonshire	108,330	5,619	13,605	11,760
East Dunbartonshire (%)		5.2%	12.6%	10.9%
Scotland (%)		5.1%	11.8%	12.1%

**Male and Female Population**

There are more males than females aged 25 or under in East Dunbartonshire, 53% males compared to 47% females. This is around 2% more males than Scotland as a whole and 2% less females.

	<b>25 &amp; Under Population</b>	<b>% Males</b>	<b>% Females</b>
East Dunbartonshire	30,984	53%	47%
Scotland	1,575,381	51%	49%



The proportion of males in the younger people population of East Dunbartonshire is highest in the 16-25 age groups

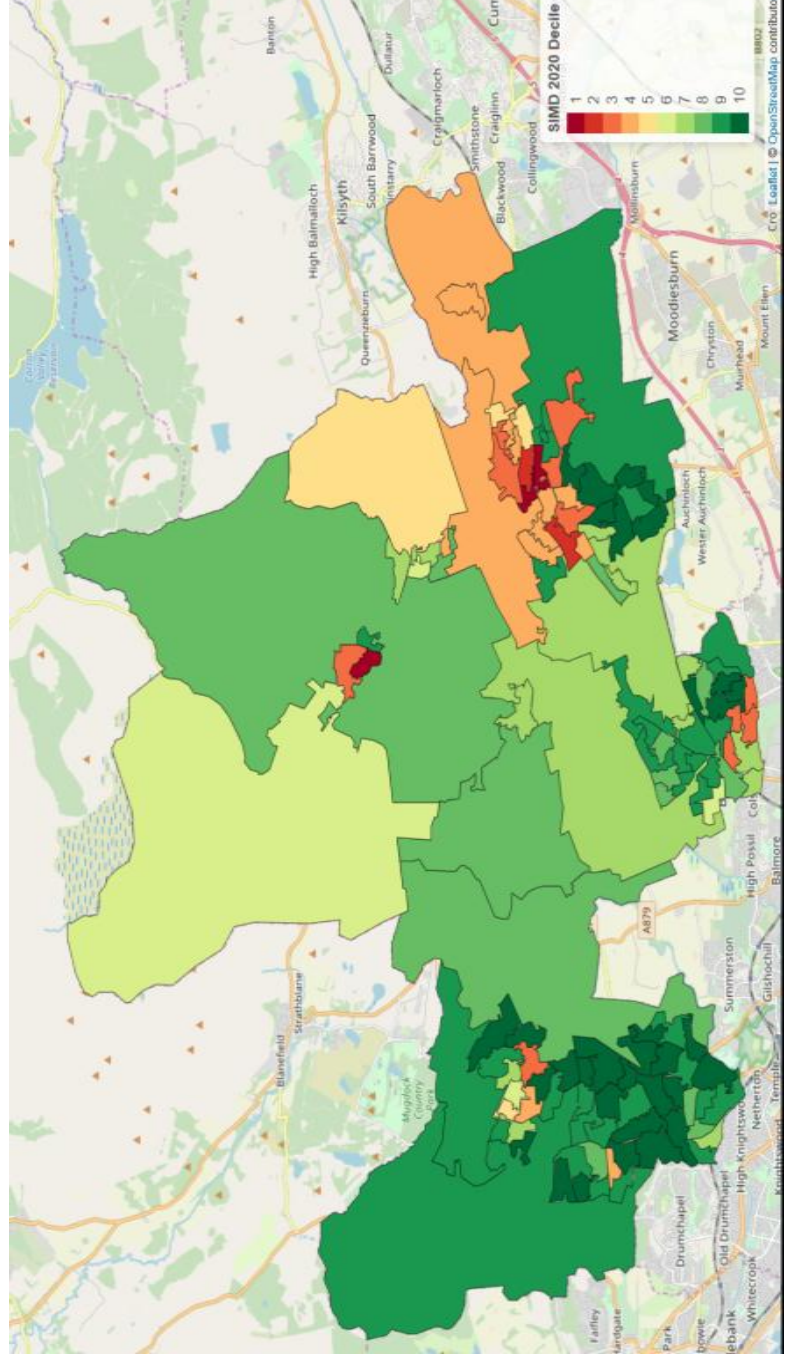
### Key Points

#### Demographics

- 18% of the East Dunbartonshire population were aged Under 16
- 54% of Under 16's lived in the two least deprived SIMD Decile
- 5% of Under 16's lived in the most deprived SIMD Decile
- Life expectancy for males was 80.1 for males and 83.3 for females

**Deprivation**

East Dunbartonshire has a large majority of its population living in the least deprived data zones. The map below shows the data zones of East Dunbartonshire coloured by their corresponding SIMD 2020 decile. The darkest red colour indicates the most deprived decile while the darkest green colour indicates the least deprived decile.



## Consultation & Engagement



Consulting with children, young people and families has been a priority in preparing this plan, co-production with Parents and Young people for service improvement and development is crucial for successful outcomes. Ongoing stakeholder engagement and consultation is a principle threaded throughout each priority.

The Children's Plan priorities outlined in this integrated plan have already been subject to engagement with children, young people and families who are engaged with our services. Some of the main types of engagement tools we use;

### Electronic Questionnaires;

In collaboration with all parties age appropriate electronic questionnaires designed specifically for gathering feedback on the priorities within the plan were developed and shared with service users using the Glow Connect & Webropol.

### Experience of Service Questionnaires;

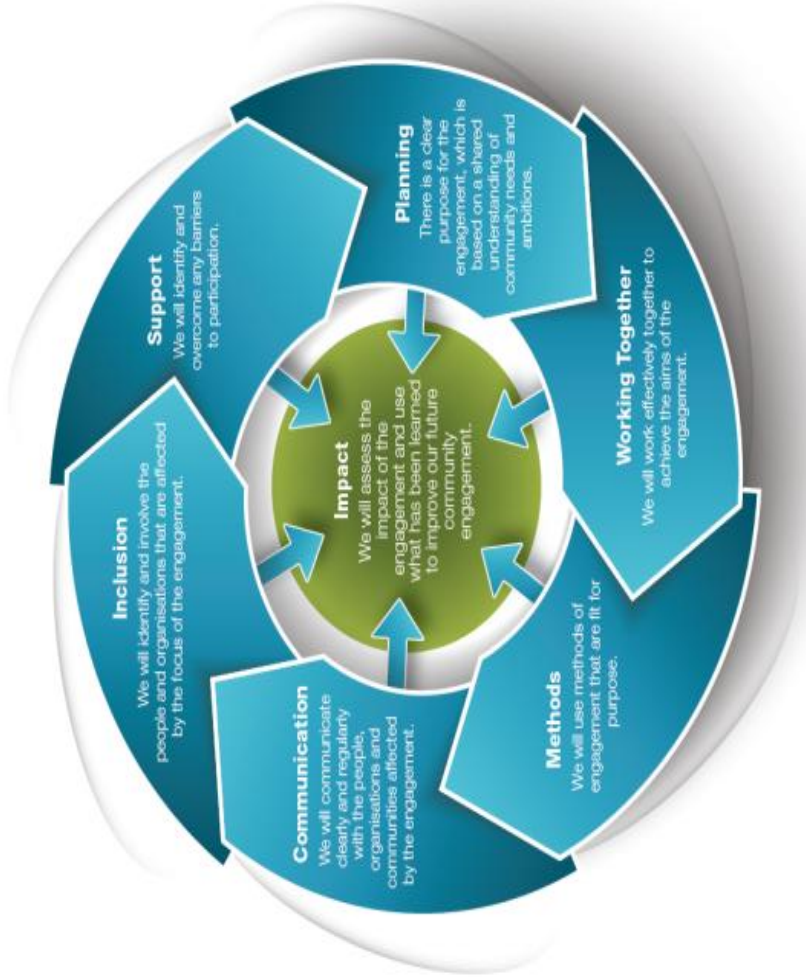
From 2019, we have been able to move the Experience of Service Questionnaire from a paper and postal system, to an online survey and reporting system using Webropol. This is currently available to all CAMHS teams and SLT teams. This will be rolled out to the other Specialist Community Paediatric Teams throughout 2020 and 2021 following the COVID-19 Pandemic. Reports are generated automatically and are available for clinical teams every quarter.

### Attend Anywhere / Near Me;

This digital resource has been made available from NHS Scotland and provides a secure and safe method for completing clinical appointments with children, young people and families/carers.

We will continue to gather feedback from patients and staff on their experiences using Attend Anywhere. To date patients have rated many elements of this medium highly.

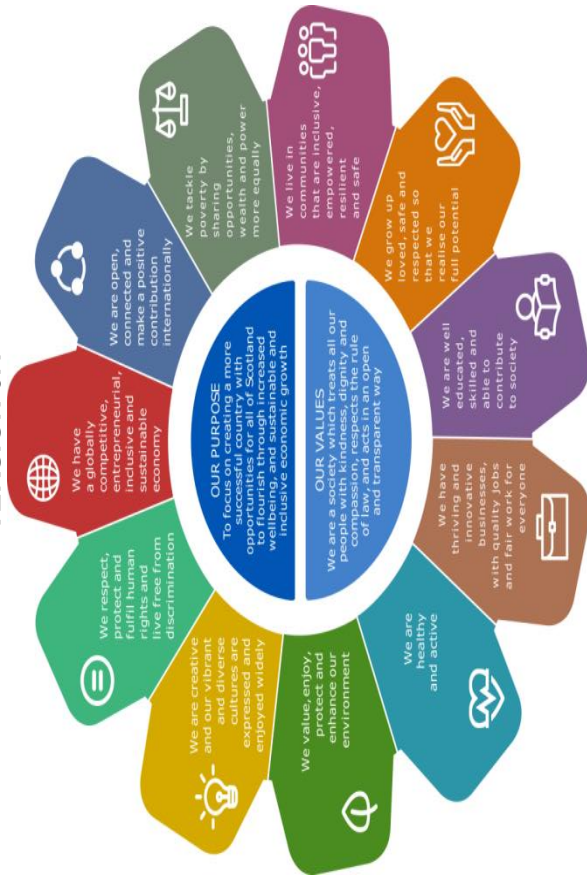
## National Standards for Community Engagement.



We have adopted and enhanced our digital strategy and platforms. We have also adapted our leadership, management, and communication strategies and have actively made use of Microsoft Teams to support these changes. We have also stepped up the development of our online presence for patients by:

- Extending content on our web pages, including online health and wellbeing resources.
- Sharing patient relevant information via social media (twitter and Facebook).
- Developing and sharing mental health care videos and audio files.

## VERSION 0.1



This is a three year plan outlining the ambitions of partners and sets the principles for how we will work together over the period of the Plan following the National Performance Frameworks vision.

The plan will be delivered over a three year period but will focus on the detail of specific priorities through annual delivery plans. More detailed annual delivery plans and an associated performance management framework will support the implementation and monitoring of progress for each of the key priorities.

Our strategic priorities are based on the diverse needs of children and families in East Dunbartonshire which has been informed by the strategic needs assessment and underpinned by Getting It Right for Every Child and the Curriculum for Excellence. The priority areas for 2020-2023 are:

- 1. Mental Health & Wellbeing**
- 2. Corporate Parenting**
- 3. Healthy Lifestyle**
- 4. Keeping Children Safe**



**Priority 1 - Mental Health and Wellbeing**

**What does the evidence say?**

The Children and Young People's Mental Health Taskforce was jointly commissioned by the Scottish Government and CoSLA in June 2018. The aim of the Taskforce was that children, young people, their families and carers should know that they are supported in good mental health and will be able to access services which are local, responsive and delivered by people with the right skills. The Taskforce recognises the importance of responding to local needs with local solutions, and that across Scotland there are different structures and arrangements currently in place to support children, young people and their families. Therefore the starting point for implementing the recommendations will vary throughout Scotland. However what is most important is that that children and young people receive the right help, at the right time, by the right person wherever they are.

The recommendations have been agreed by The Scottish Government, CoSLA and ADES and they cover the following areas:

- Leadership
- The Third Sector
- Whole Systems & GIRFEC approach
- Early Years and Nurture
- Digital Solutions
- Child & Adolescent Mental Health (CAMHS)
- Co-production
- Well trained, skilled workforce

**What matters to young people and children?**

Getting the right support at the right time by the right person!

**Approach –**

We have established a multi-agency strategy group which will oversee the developments of this work, write the strategy and ensure the recommendations are implemented locally. Additionally, we have a sub group working on a Nurture Strategy which will ensure we work as a whole system to deliver high quality early interventions.

We will use the CAMHS Annual Operating plan to ensure East Dunbartonshire's children and Young People receive the same level of service as other areas of the Board.

**What will partners do?**

Work collaboratively to ensure:

1. Clear points of contact for children, young people, families and practitioners who have concerns regarding a child's mental health through the Health Visitor, School or GP to where advice or access to support is available. We will publish this information to ensure all available community supports are easily identified
2. An early response with the community to the first concerns or signs of distress, with prompt, proportionate and informed assessment that determines the response, without unnecessary delay or bureaucracy. **Ensure there are services and approaches within our community that reduce the risk of their mental health deteriorating to the extent that they need a Tier 3 CAMHS service.** 3. A clear pathway through services, with a focus on prevention and early intervention within the community, and an accelerated path to additional, higher level or specialist support or treatment whenever that is required and where other supports have not helped.
4. Children, young people and their families at the centre, empowered to express their views regarding their needs and services, and to have these views acknowledged and recorded.
5. Mental health needs integrated into any support for other needs that a child may have, as part of a single plan with a team around the child that is co-ordinated by a lead professional.

**Measuring success –**

The provision of support and treatment to young people as required, until their eighteenth birthday;

Steps should be made to explore how support and treatment can be extended to their twenty sixth birthday for anyone with care experience;

Inclusive referral criteria;

The provision of crisis support;

Pathways for whole system support for children who are best assisted by other services;

Improved transition to adult services;

Key Performance Indicators will be developed across providers to measure the availability, access to and outcomes obtained for community based mental health and wellbeing supports.

Systems for collecting data for measurement and audit purposes.



**Priority 2 - CORPORATE PARENTING**

**What does the evidence say?**

This is a statutory responsibility, The Children and Young People (Scotland) Act 2014 defines corporate parenting as "the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers".

Corporate parenting responsibilities' extend to all looked after children, aged from birth to when they cease to be looked after. This includes children in foster care, residential care, secure care, 'looked after at home' (on Compulsory Supervision Orders with no condition of residence) and those in formal kinship care. It also includes disabled children who are 'looked after' on a series of short breaks.

**What matters to young people and children?**

Please refer to The Independent Care Review Report 2020.

At the point of concluding, the Care Review has listened to over 5,500 experiences. Over half of the voices were children and young people with experience of the 'care system', adults who had lived in care, and lots of different types of families.

Overcoming trauma requires a foundation of stable, nurturing, loving relationships. Scotland's focus and understanding of risk must shift to understand the risk of not having stable, loving, safe relationships. For above all else the Care Review has heard it is that children want to be loved, and recovery from trauma is often built on a foundation of loving, caring relationships.

It is important to say that whilst listening carefully to what matters to children and what needs to change, the Care Review also heard the most beautiful, uplifting stories from care experienced children and young adults who had been nurtured and loved. However, the current 'care system' is failing to provide that foundation for far too many children. Scotland must care in a way that gives children every possible chance to experience love in their lives.

### Approach -

1. Ensure there is regular consultation with LAC Young People.
2. Provide high quality care and ensure assessed needs are met.
3. Support to access universal services including culture and leisure.
4. Close the attainment gap for LAC young people.
5. LAC Young People will achieve positive destinations.
6. Provide high quality through care, aftercare and continuing care.
7. Establish Corporate Champions.
8. Ensure the recommendations of the Care Review are implemented.

### What will partners do?



### Measuring success

1. We have a systematic programme of consultation embedded in our improvement programme.
2. LAC children and young people report that their care plans are meeting their needs.
3. LAC children have access to culture and leisure facilities.
4. Attainment gaps are closed.
5. LAC young People reach positive destinations.
6. High quality continuing Care has been developed.
7. Corporate Champions are established.
8. Independent Care Review recommendations are implemented.
- 9.

#### The Approach:

The Promise Foundations are embedded:

VOICE: Decision making, digital tools, Children's hearings, sharing information, listening, and structural learning.

FAMILY: Intensive support, preschool, parenting, poverty.

CARE: UNCRC, relationships, school, UASC, attachment, transitions, criminalisation, experiences, residential care, siblings, health.

PEOPLE: workforce, identity, love, risk, learning.

SCAFFOLDING: commissioning, legislation, rights, data, inspection, funding, parenting.

(Independent Care Review)

**Priority 3 - HEALTHY LIFESTYLES - Physical Activity & Nutrition**

**What does the evidence say?**

The Scottish Government vision is for a Scotland where everyone eats well, has a healthy weight and is physically active. This vision is set out within National policy with the recognition that there is a specific need to tackle weight-related issues at an early stage. The key outcomes from the Scottish Government - A Healthier Future: Scotland's Diet & Healthy Weight Delivery Plan (2018) are;

They eat well and have a healthy weight.

The food environment supports healthier choices

People have access to effective weight management services

Leaders across all sectors promote healthy diet and weight

Diet-related health inequalities are reduced

The Scottish Government's 'Let's Make Scotland More Active' states that 80% of all children aged 16 and under should meet the minimum recommended levels of physical activity by 2022 (Scottish Government, 2003). ). In September 2019 the United Kingdom's four Chief Medical Officers published updated physical activity guidelines for different age groups:

- Physical activity should be encouraged from birth, particularly through floor based play and water based activities in safe environments, for at least 30 minutes per day.
- Children aged between 1-5 should be physically active daily for at least 180 minutes (3 hours), spread throughout the day
- Children aged between 5-18 should be physically active for an average of 60 minutes (1 hour) per day across a week
- Minimise amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping)

**What matters to young people and children?**

The East Dunbartonshire Schools Health & Wellbeing, survey 2016, noted the following self-perceived engagement rates of pupils within Physical Activity and Nutrition,

13% met the physical activity target for their age group.  
52% of pupils walk and or cycle to school.

## VERSION 0.1

48% of pupils ate five or more portions of fruit or vegetables in a day

### **Approach -**

The East Dunbartonshire Obesity and Physical Activity Action Group will undertake to deliver a refreshed action plan and to support children and young people to experience and participate activities to increasing the overall participation rates to being physically active and consuming healthy food as described within the national standards.

### **What will partners do?**

The Integrated Children Services Plan will bring together key statutory and voluntary partners to review recommendations from the National Obesity strategy and the Physical Activity Plan to develop and deliver a suite of approaches within early years, education and community settings to maximise physical activity opportunities, including walking and cycling reduce level of obesity, and promote eating healthily within education and community settings, the home and on a budget.

### **Measuring success -**

The local indicators within the plan will be reviewed on an annual basis and outcomes will be measured against the outcomes of the national Schools' Health and Wellbeing survey.

## **Priority 3 - HEALTHY LIFESTYLES – Relationships, Sexual Health & Parenthood**

### **What does the evidence say?**

With a higher rate of teenage pregnancy than most other western European countries, reducing unintended teenage pregnancy is a national target for the Scottish Government as set out in the national Pregnancy and Parenthood in Young People (PPYP) Strategy, 2016. Teenage pregnancy is also linked to deprivation with the rates of teenage pregnancy in deprived areas. For many young people teenage pregnancies can increase the likelihood of poverty and reduce life chances; although for some young people this is a positive life decision.

A key priority of Scotland's Sexual Health and Blood borne Virus Framework, 2015, is the implementation of an inclusive Relationships, Sexual Health and Parenting education which is recognised as essential in ensuring that all young people in Scotland have the information and skills to make healthy choices regarding their sexual health.

**The United Nations Committee on the Rights of the Child (UNICEF 2016), RSHP should be made a statutory subject in all schools.**

**What matters to young people and children?**

We have based our findings on two different approaches to engagement with young people undertaken following the publication of the last plan.

- A consultation was undertaken to give East Dunbartonshire young people the opportunity to help shape and influence the East Dunbartonshire contribution to the PPYP strategy.
- A PHD thesis determining Young Scottish adolescents' sexual health knowledge, attitudes and behaviour and their perceptions of school sex education in the context of Curriculum for Excellence (2016) sourced from a survey involving school pupils aged 13-15 (n=715) from 3 Local Authorities, including East Dunbartonshire in 2016.

The main findings were that young people;

Sought clarity on the information and signposting available to them

Sought further information to the availability and accessibility of local services

Responded that they would like more sex and relationships education in school environments

**Approach -**

Our approach aims to build capacity that enables the children and young people to experience positive relationships that incorporates positive sexual health and wellbeing outcomes. Our focus will be on prevention of poor sexual health, early intervention and supported self-management. Where people need support, care or treatment they can easily access specialist sexual health services.

The implementation of the PPYP strategy and development of the accompanying local action plan is the responsibility of East Dunbartonshire's Sexual Health Strategy Group.

**What will partners do?**

The development of a revised East Dunbartonshire PPYP Action Plan will form a key outcome of East Dunbartonshire's Integrated Children's Services Plan 2020-23.

**Measuring success -**

The local indicators within the plan will be reviewed on an annual basis and outcomes will be measured against the outcomes of the national Schools' Health and Wellbeing survey.

**VERSION 0.1**  
**Priority 3 – HEALTHY LIFESTYLES: Alcohol, Tobacco & Drugs**

**What does the evidence say?**

The Scottish Government’s Rights, Respect and Recovery Alcohol and Drugs Strategy, 2018 key objectives include delivering an appropriate programme of alcohol and drug education in schools and to developing guidance and resources that will provide accurate, evidence-based, relevant and current information around alcohol and drug use, and how to access help. Similarly the Scottish Government’s Raising Scotland’s tobacco-free generation: our Tobacco Control Action Plan, 2018 has key objectives on delivering up to date information on tobacco, e-cigarettes and the associated health harms in education settings Learning is aimed at promoting confidence, independent thinking and positive attitudes. It also aims to promote risk and resilience management skills in children and young people that equip them to make positive lifestyle choices.

**What matters to young people and children?**

The East Dunbartonshire Schools Health & Wellbeing, report 2016, noted the following self-perceived engagement rates of pupils within, Alcohol, Tobacco and Drugs.

54% stated that they had experienced or exposed to second hand smoke

Among current smokers who answered the relevant questions, 25% said they would like to stop smoking.

Among those all pupils who participated in The East Dunbartonshire Schools Health & Wellbeing survey, those most likely to have experienced alcohol we the older school pupils of which 22% were the most likely to get drunk once a week or more. The same survey also noted that for those who responded to accessibility of illegal drugs, 58% said that it would be easy to get illegal drugs.

**Approach -**

Partners will work together within the parameters of the East Dunbartonshire Alcohol and Drugs Partnership (ADP) to undertake to support and improve the life chances of Children and /or young people of family members misusing alcohol and drugs.

Partners will work to ensure that the resources and tools that children and young people can access promote confidence, independent thinking and positive attitudes to equip children and young people to make positive lifestyle choices.

Partners will work together to engage with and support Children and young people to live in positive health promoting environments where alcohol and drugs are less readily available.



## VERSION 0.1

A Substance Use Prevention Action Plan, encompassing Alcohol, Tobacco and Drugs, is the responsibility of the East Dunbartonshire Substance Use Prevention Group (a subgroup of the East Dunbartonshire Alcohol Drugs Partnership).

### What will partners do?

Partners will collaborate to deliver Policies, Strategies and Plans to establish and deliver consistent and methodological approach(es) to promote and improve the health and wellbeing of children, young people and their families,

### Measuring success -

The local indicators within the plan will be reviewed on an annual basis and outcomes will be measured against the outcomes of the national Schools' Health and Wellbeing survey.



## PRIORITY 4: KEEPING CHILDREN SAFE

### WHY?

All children in Scotland have the right to grow up protected from harm, abuse and neglect.

The Children (Scotland) Act 1995 outlines the legislative framework for Scotland's child protection system covering parental responsibilities and rights and the duties and powers local public authorities have for supporting and promoting the safety and welfare of children. Under Section 29, local authorities have a duty to assess the needs of care leavers up to the age of 26.

This is amended by the Children and Young People (Scotland) Act 2014, which focuses on children and young people in planning services to make sure their rights are respected across the public sector.

In Scotland there is National Child Protection Guidance which must be followed and endorsed by the Child Protection Committee in each Local Authority area.

**WHO IS RESPONSIBLE FOR PROTECTING CHILDREN?**

**EVERYBODY (list is not extensive):**

- COMMUNITY PLANNING PARTNERSHIPS
- CHIEF OFFICER GROUPS
- THE THIRD SECTOR
- FAMILIES
- TEACHERS
- HEALTH VISITORS
- THE CHILD PROTECTION COMMITTEE

**WHAT ARE WE GOING TO DO?**

In East Dunbartonshire we have vibrant, dynamic Child Protection Committee that is working to a 3 year business plan which is focused on participation, continuous improvement and strategic planning.

1. Raise public awareness.
2. Share good practice.
3. Develop advocacy services.
4. ACES
5. Child Trafficking
6. CSE

**WHAT DO YOUNG PEOPLE THINK?**

All those surveyed were able to say who their social worker was, and most knew why they had a social worker. Being kept safe was identified as the main reason for having a social worker. Those who did not know who was their social worker were generally younger. Children and young people stated that their social worker helped them with problems with their family. Over half said that the child protection process had helped to keep them safe. Over two-thirds had been asked what they wanted to happen and the majority felt that they had been listened to.

The majority did not understand the process as they were not informed about what was happening. Over half did not know that they were on the child protection register until they were contacted for the study. The study found that those who were informed from the outset were more positive. The children and young people had diverse understandings of what would happen, with some being confident because they were aware of procedures. Generally, however, children and young people in the study were dissatisfied with the investigation process. This was due to the lack of information and little understanding about the process. However, the majority identified that the child protection investigation was positive in its impact on their lives.

([www.gov.scot](http://www.gov.scot))

**HOW WILL WE KNOW?**

1. Monitor hits on the Child Protection website.
2. Revise and embed the Significant Case Review policy and process.
3. Advocacy services are developed.
4. Workers are confident in their own Trauma Informed Practice.
5. Awareness is raised amongst the workforce about Child Trafficking.
6. CSE policies and procedures have been developed.



Agenda Item Number: 7.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

<b>Date of Meeting</b>	<b>25<sup>th</sup> March 2021</b>
<b>Subject Title</b>	<b>East Dunbartonshire Records Management Plan 2021</b>
<b>Report By</b>	<b>Jean Campbell, Chief Finance &amp; Resources Officer</b> <a href="mailto:Jean.Campbell2@ggc.scot.nhs.uk">Jean.Campbell2@ggc.scot.nhs.uk</a>
<b>Contact Officer</b>	<b>Vandrew McLean, Corporate Business Manager</b> <a href="mailto:Vandrew.mclean@ggc.scot.nhs.uk">Vandrew.mclean@ggc.scot.nhs.uk</a> Telephone: 07973 792359
<b>Purpose of Report</b>	The purpose of this report is to set out the way in which East Dunbartonshire Integration Joint Board (IJB) will provide an update to ED HSCP Records Management Plan (RMP) Version 2 at 2021 to meet the requirements of the Public Records (Scotland) Act 2011 and seeks the IJB's approval for its content as well as onward submission to the Keeper of the Records of Scotland for agreement for 31 <sup>st</sup> March 2021
<b>Recommendations</b>	It is recommended that the IJB: <ol style="list-style-type: none"> <li>1. Consider the content of the Report: and</li> <li>2. Approve the update of the East Dunbartonshire HSCP Records Management Plan, giving approval that this can now be formally submitted to the Keeper of the Records of Scotland by 31<sup>st</sup> March 2021 subject to any further minor amendments.</li> </ol>
<b>Relevance to HSCP Board Strategic Plan</b>	None

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
<b>Equalities:</b>	None
<b>Financial:</b>	Potential financial implications for the organisation if the Act is not administered as it will lead to fines.
<b>Legal:</b>	The legal requirements are embedded within the Public Records (Scotland) Act 2011
<b>Procurement:</b>	None

<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	None	
<b>Risk Implications:</b>	None	
<b>Implications for East Dunbartonshire Council:</b>	The HSCP will be relying on East Dunbartonshire Council for the delivery of sound information governance in support of delivery of a robust records management approach and delivery of the HSCP Records Management Plan.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The HSCP will be relying on NHS GG&C for the delivery of sound information governance in support of delivery of a robust records management approach and delivery of the HSCP Records Management Plan.	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	<input checked="" type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

## MAIN REPORT

### 1. Records Management Plan

- a. Integration Joint Boards (IJBs) are required to submit a Records management Plan (RMP) to the Keeper of the Records of Scotland. The RMP sets out how East Dunbartonshire IJB's records will be created and managed in line with national policy. This is a responsibility which all public bodies must comply with.
- b. East Dunbartonshire HSCP IJB submitted the first Records Management Plan on 19<sup>th</sup> April 2019.
- c. There is a requirement to update the Records Management Plan and the Keeper of the Records of Scotland has formally requested a revised plan by 31<sup>st</sup> March 2021.

### 2. East Dunbartonshire and NHS GG&C Records Management

- a. NHS GG&C and East Dunbartonshire Council already have agreed Records Management plans in place. These support the proper management of staff, patient and other non IJB records. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working)(Scotland) Act 2014.
- b. A draft version of the plan was shared with East Dunbartonshire Council for comment.

### 3. IJB Records

- a. As the IJB does not hold any personal information about patients / customers or staff, the RMP relates to the IJB and sub committees and plans and policies of the partnership, such as the Strategic Plan and the Annual Performance Plan. All of this information is already in the public domain via the HSCP pages on the East Dunbartonshire Council's website.





## **East Dunbartonshire Health and Social Care Integration Joint Board Records Management Plan**

**Submitted in accordance with the Public Records (Scotland) Act 2011**

This plan is fully endorsed by the Chief Officer of East Dunbartonshire Integrated Joint Board who will ensure compliance with the Public Records (Scotland) Act 2011 through the corporate implementation of this Records Management Plan.

Signed by:

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Caroline Sinclair, Interim Chief Officer, East Dunbartonshire Integrated Joint Board

## Document Control Information

Revision	Date	Revision Description
Version 1	10/04/2019	Final version will be submitted to Keeper of Records of Scotland by 15 April 2019
	25/03/2021	Draft version to be submitted to IJB for approval on 25.03.21
Version 2	31/03/2021	Updated version submitted to Keeper of Records of Scotland

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## **Records Management Plan**

### **Summary**

This Records Management Plan (RMP) conforms to the model Records Management Plan as set out by the Keeper of the Records of Scotland, in accordance with the provisions of the Public Records (Scotland) Act 2011. This RMP covers East Dunbartonshire Integration Joint Board, referred to as 'the IJB' throughout.

The RMP outlines and evidences the IJB's policies and procedures regarding the creation, use, management and disposal of the public records it creates and uses in pursuance of its statutory functions.

### **In line with the model plan, the IJB's RMP addresses 15 elements:**

Element 1: Senior management responsibility

Element 2: Records manager responsibility

Element 3: Records management policy statement

Element 4: Business classification

Element 5: Retention schedule

Element 6: Destruction arrangements

Element 7: Archiving and transfer arrangements

Element 8: Information security

Element 9: Data protection

Element 10: Business continuity and vital records

Element 11: Audit trail

Element 12: Competency framework for records management staff

Element 13: Assessment and review

Element 14: Shared Information

Element 15: Public Records created or held by Third Parties

The IJB is fully committed to compliance with the requirements of the Public Records (Scotland) Act, 2014 which came into force on 1<sup>st</sup> January 2016. The IJB will therefore follow procedures that aim to ensure that all of its officers employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the authority, or manage public records held by the authority, are fully aware of and abide by this plan's arrangements.

## **About the Public Records (Scotland) Act 2011**

The Public Records (Scotland) Act 2011 (the act) came fully into force in January 2013. The Act requires named public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integrated Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act was passed by the Scottish Parliament in February 2014. This document is the Records Management Plan of East Dunbartonshire Integrated Joint Board.

This RMP sets out and evidences proper arrangements for the management of the IJB's public records and is submitted for agreement by the Keeper of the Records of Scotland under Section 1 of the Public Records (Scotland) Act 2011. It will be reviewed by the IJB annually.

<https://webarchive.nrscotland.gov.uk/20170106022106/http://www.nas.gov.uk/record-keeping/publicRecordsActIntroduction.asp>

<http://www.scottish.parliament.uk/parliamentarybusiness/Bills/22476.aspx>

## **About Integration Joint Boards**

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act (2014) February 2014 provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

- Nationally agreed outcomes, which will apply across health and social care, in service planning by Integration Joint Boards and service delivery by NHS Boards and Local Authorities.
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets.
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services.

## **About East Dunbartonshire Integrated Joint Board**

The East Dunbartonshire Integration Joint Board was established under the Public Bodies (Joint Working) Scotland Act 2014. It was established by Parliamentary Order on 27<sup>th</sup> July 2015 following approval of the East Dunbartonshire Integration Scheme by the Scottish Ministers.

From 3<sup>rd</sup> September 2015 East Dunbartonshire IJB became responsible for the planning and oversight of delivery of health and social care functions delegated to it

by NHS Greater Glasgow and Clyde Health (“The NHS Board”) and East Dunbartonshire Council (the Council”). These included a range of adult health and social care services. The partnership’s remit was expanded from an initial focus on services for adults and older people to include services for children and families, and criminal justice services in August 2016.

The IJB is a body corporate (a separate legal entity). The parties to the IJB are the Council and the NHS Board. The parties agreed the Integration Scheme for East Dunbartonshire, which sets out the delegation of functions by the Council and the NHS Board to the IJB. The IJB is commonly referred to as the East Dunbartonshire Health and Social Care Partnership (HSCP) – this is the public facing aspect of the IJB. The IJB consists of six voting members appointed in equal number by the NHS Board and the Council, with a number of representative, non-voting members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Chief Finance & Resources Officer, Clinical Director, Chief Nurse and Chief Social Work Officer.

The IJB’s key functions are to:

- Prepare a plan for integrated functions that is in accordance with national and local outcomes and integration principles
- Allocate the integrated budget in accordance with the Plan
- Oversee the delivery of services that are within the scope of the Partnership.

Information underpins the IJB’s over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the IJB make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

## **Review**

Section 5 (1) of the Act requires authorities to keep their plans under review to ensure its arrangements remain fit for purpose.

## **RMP Principles**

### **What does the Records Management Plan cover?**

Records management covers records of all formats and media. This includes paper and computer records; cassette, video and CD records. Records management is needed throughout the lifecycle of a record, and the process begins when the decision to create the record is taken.

### **Why is records management important?**

Records are vital for the effective functioning of the IJB: they support the decision-making; document its aims, policies and activities; and ensure that legal, administrative and audit requirements are met.

Records management practices evidenced in this RMP and Action Plan are essentially good business administration. If reliable records are not created in the first place, if they cannot be found when needed or if arrangements for archiving or destruction are inadequate then the information may not be adequate or even available for any purpose.

For records to perform their various functions, some form of management is needed. Management includes control over what is created, development of effective and efficient filing systems to store records, and procedures for retention of records.

### **Records management principles**

Security – Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.

Accountability – Adequate records are maintained to account fully and transparently for all actions and decisions in particular:

- To protect legal and other rights of staff or those affected by those actions
- To facilitate audit or examination
- To provide credible and authoritative evidence

Quality – Records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.

Accessibility – Records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.

Retention and disposal – There are consistent and documented retention and disposal procedures, including provision for permanent preservation of archival records.

Training – That all staff are informed of their record-keeping responsibilities through appropriate training and guidance and if required further support as necessary.

## **East Dunbartonshire IJB Records Management Plan**

The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed within the parent body organisations, i.e. the NHS Board and the Council. Therefore, the RMP relates to records held directly by the IJB and records produced as part of a delegated function as such will be covered by the respective Record Management Plans of the NHS Board and the Council.

As such, this RMP relates to the IJB committees (Integration Joint Board, Performance Audit and Risk Committee and Strategic Planning Group) and plans and policies such as the Annual Performance Report and the Strategic Plan. All of this information is already in the public domain via the IJB's pages on East Dunbartonshire Council Website. This statement refers only to papers which are published on the Website.

<https://www.eastdunbarton.gov.uk/council/committees-councillors>

The East Dunbartonshire IJB Records Management Plan (RMP) will be effective from 15<sup>th</sup> April 2019 and will be continuously reviewed and updated in line with statutory requirements and formally presented to the Integrated Joint Board.

It has been agreed with East Dunbartonshire Council that all of the IJB's published records will be managed through the Council's website and with NHSGG&C that all records related to the business of the IJB would be managed through NHS systems.

Information Governance for the IJB sits within the accountabilities of the HSCP Corporate Business Manager and the plan will be reviewed and updated on a yearly basis and is taken to the Integration Joint Board for oversight.



RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 1: Senior management responsibility:</b> Section 1(2)(a)(i) of the Act specifically requires a RMP to identify the individual responsible for the management of the authority's public records. An authority's RMP <u>must</u> name and provide the job title of the senior manager who accepts overall responsibility for the RMP that has been submitted.</p> <p>It is vital that the RMP submitted by an authority has the approval and support of that authority's senior management team. Where an authority has already appointed a Senior Information Risk Owner, or similar person, they should consider making that person responsible for the records management programme. It is essential that the authority identifies and seeks the agreement of a senior post-holder to take overall responsibility for records management. That person is unlikely to have a day-to-day role in implementing the RMP, although they are not prohibited from doing so.</p> <p>As evidence, the RMP could include, for example, a covering letter signed by the senior post-holder. In this letter the responsible person named should indicate that they endorse the authority's record management policy (See Element 3).</p> <p><a href="https://webarchive.nrsotland.gov.uk/20170203164020/https://www.nrscofiand.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-1">Read further explanation and guidance about element 1</a> <a href="https://webarchive.nrsotland.gov.uk/20170203164020/https://www.nrscofiand.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-1">https://webarchive.nrsotland.gov.uk/20170203164020/https://www.nrscofiand.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-1</a></p>	<p>The Interim Chief Officer, Caroline Sinclair has senior responsibility for all aspects of the IJB's Records Management, and is the corporate owner of this document.</p> <p>The Interim Chief Officer Chairs the Senior Management Team, which has strategic responsibility for the Health and Social Care Partnership.</p> <p>Records relating to East Dunbartonshire IJB are held on East Dunbartonshire Council website and NHSGG&amp;C Systems.</p>	<p>Job profile and objectives of Interim Chief Officer, Caroline Sinclair</p> <p>Board Records Management Policy, which identifies roles and responsibilities.</p> <p>Roles and responsibilities of the SIRO;</p> <p>Senior Management responsibility for published IJB records within East Dunbartonshire Council covered by the Records Management Plan lies with: Martin Cunningham, Corporate Governance Manager</p> <p><b>Further Development</b></p> <p>IJB Records Management Procedure, which identifies roles and responsibilities, will be produced once the RMP has been approved.</p>

RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 2: Records manager responsibility:</b></p> <p>Section 1(2) (a)(ii) of the Act specifically requires a RMP to identify the individual responsible for ensuring the authority complies with its plan. An authority's RMP <u>must</u> name and provide the job title of the person responsible for the day-to-day operation of activities described in the elements in the authority's RMP. This person should be the Keeper's initial point of contact for records management issues. It is essential that an individual has overall day-to-day responsibility for the <u>implementation</u> of an authority's RMP. There may already be a designated person who carries out this role. If not, the authority will need to make an appointment. As with element 1 above, the RMP must name an individual rather than simply a job title. It should be noted that staff changes will not invalidate any submitted plan provided that the all records management responsibilities are transferred to the incoming post holder and relevant training is undertaken. This individual might not work directly for the scheduled authority. It is possible that an authority may contract out their records management service. If this is the case an authority may not be in a position to provide the name of those responsible for the day-to-day operation of this element. The authority must give details of the arrangements in place and name the body appointed to carry out the records management function on its behalf. It may be the case that an authority's records management programme has been developed by a third party. It is the person operating the programme on a day-to-day basis whose name should be submitted.</p> <p>Read further explanation and guidance about element 2 – <a href="https://webarchive.nrsotland.gov.uk/20170203164707/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-2">https://webarchive.nrsotland.gov.uk/20170203164707/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-2</a></p>	<p>The individual responsible for this within the HSCP is the HSCP Corporate Business Manager (Vandrew McLean).</p> <p>Responsibilities include:</p> <ul style="list-style-type: none"> <li>• Managing the IJB's records held on the NHSGG&amp;C systems;</li> <li>• Reviewing and implementing operational policies and procedures in line with the RMP;</li> </ul>	<p>The MoU accompanying this document nominates each of these roles within the partner bodies of NHSGG&amp;C and East Dunbartonshire Council, as the leads with operational responsibility. This has been updated to reflect change of personnel as at 2021.</p> <p>An updated role profile and job descriptions for the HSCP Corporate Business Manager is available as evidence to demonstrate that the named individuals have the skills required and can access all IJB records.</p>

- Ensuring relevant health and social care staff have records management training

The MoU sets out that the IJB's published records are created and managed by the Constituent body, East Dunbartonshire Council. It indicates that the CO is satisfied that the Constituent body has appropriate records management arrangements in place.

The MoU confirms that the partner authority, East Dunbartonshire Council manages published records.

**Further Development**

East Dunbartonshire Council will have lead operational responsibility for the published records with the HSCP

The HSCP Corporate Business Manager having day to day responsibility for the implementation of the RMP and responsibility for relevant records created on NHSGG&C systems.

RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 3: Records management policy statement:</b></p> <p>The Keeper expects each authority's plan to include a records management policy statement. The policy statement should describe how the authority creates and manages authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required. The policy statement should be made available to all staff, at all levels in the authority. The statement will properly reflect the business functions of the public authority. The Keeper will expect authorities with a wide range of functions operating in a complex legislative environment to develop a fuller statement than a smaller authority. The records management statement should define the legislative, regulatory and best practice framework, within which the authority operates and give an overview of the records management processes and systems within the authority and describe how these support the authority in carrying out its business effectively. For electronic records the statement should describe how metadata is created and maintained. It should be clear that the authority understands what is required to operate an effective records management system which embraces records in all formats.</p> <p>The records management statement should include a description of the mechanism for records management issues being disseminated through the authority and confirmation that regular reporting on these issues is made to the main governance bodies. The statement should have senior management approval and evidence, such as a minute of the management board recording its approval, submitted to the Keeper. The other elements in the RMP, listed below, will help provide the Keeper with evidence that the authority is fulfilling its policy.</p> <p><a href="https://webarchive.nrsotland.gov.uk/20170203164736/https://www.nrscofiand.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-3">Read further explanation and guidance about element 3 – <a href="https://webarchive.nrsotland.gov.uk/20170203164736/https://www.nrscofiand.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-3">https://webarchive.nrsotland.gov.uk/20170203164736/https://www.nrscofiand.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-3</a></a></p>	<p>East Dunbartonshire Council and NHS GG&amp;C work in partnership, with East Dunbartonshire Integration Joint Board (IJB).</p> <p>East Dunbartonshire IJB is responsible for strategic planning of health and care services for the population of East Dunbartonshire.</p> <p>The context of this plan is that most records including employment, service user and internal policies and procedures will continue to be managed in the constituent body organisations, i.e. East Dunbartonshire Council and NHS GG&amp;C and as such will be covered by their respective record management plans.</p> <p>The records covered by this plan constitute IJB business in terms of:</p> <ul style="list-style-type: none"> <li>• IJB Meetings- agendas and papers, including Directions</li> <li>• IJB Strategies and Policies, including the Annual Report, Strategic Plan and Delivery Plan</li> </ul> <p>All of this information is already in the public domain via the IJB's pages on. East Dunbartonshire Council website</p> <p><a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a></p>	<p><b>NHS GG&amp;C:</b></p> <p><a href="http://live.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf">http://live.nhsggc.org.uk/media/243288/nhsggc-rmp-v21-july-2017.pdf</a></p> <p><a href="https://www.eastdunbarton.gov.uk/health-and-social-care/east-dunbartonshire-health-and-social-care-partnership">https://www.eastdunbarton.gov.uk/health-and-social-care/east-dunbartonshire-health-and-social-care-partnership</a></p> <p><a href="https://www.nhsggc.org.uk/media/255356/recordsmgplanoctober-2016.pdf">https://www.nhsggc.org.uk/media/255356/recordsmgplanoctober-2016.pdf</a></p> <p><b>EDC Evidence</b></p> <p>Information and Records Management, Preservation of Archives Policy</p> <p>Screen Shot of Information and Records Management, Preservation of Archives Policy on IBM Connections page for employee access</p> <p><b>Further Development</b></p> <p>Communication on RMP statement and responsibilities across the HSCP including adherence to mandatory training modules through the NHS.</p>

RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 4: Business classification</b></p> <p>The Keeper expects an authority to have properly considered business classification mechanisms and its RMP should therefore reflect the functions of the authority by means of a business classification scheme or similar.</p> <p>A business classification scheme usually takes the form of a hierarchical model or structure diagram. It records, at a given point in time, the informational assets the business creates and maintains, and in which function or service area they are held. As authorities change the scheme should be regularly reviewed and updated.</p> <p>A business classification scheme allows an authority to map its functions and provides a structure for operating a disposal schedule effectively.</p> <p>Some authorities will have completed this exercise already, but others may not. Creating the first business classification scheme can be a time-consuming process, particularly if an authority is complex, as it involves an information audit to be undertaken. It will necessarily involve the cooperation and collaboration of several colleagues and management within the authority, but without it the authority cannot show that it has a full understanding or effective control of the information it keeps.</p> <p>Although each authority is managed uniquely there is an opportunity for colleagues, particularly within the same sector, to share knowledge and experience to prevent duplication of effort.</p> <p>All of the records an authority creates should be managed within a single business classification scheme, even if it is using more than one record system to manage its records. An authority will need to demonstrate that its business classification scheme can be applied to the record systems which it operates.</p> <p><a href="https://webarchive.nrsotland.gov.uk/20170203164812/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-4">Read further explanation and guidance about element 4 - https://webarchive.nrsotland.gov.uk/20170203164812/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-4</a></p>	<p>As the IJB has only been in operation since 3<sup>rd</sup> September 2015, the type and volume of record keeping specific to the IJB is evolving rapidly.</p> <p>The IJB will follow the corporate Business Classification Scheme (BCS) adopted by East Dunbartonshire Council which identifies its high-level functions and activities. These functions cut across the divisional structures of the Council, enabling the BCS to remain relevant in the event of structural changes to the organisation.</p> <p>The BCS is a localised version of the model BCS published by the Scottish Council on Archives for use by all Scottish local authorities.</p> <p>This has been discussed and agreed as a sensible approach by NHS GG&amp;C and. East Dunbartonshire Council</p> <p>IJB public records are part of the Committee Management System and as such have permanent retention status.</p>	<p><b>NHSGG&amp;C BCS</b></p> <p><a href="http://www.nhsggc.org.uk/media/236761/nhsggcbsv0-3.pdf">http://www.nhsggc.org.uk/media/236761/nhsggcbsv0-3.pdf</a></p> <p><b>EDC evidence</b></p> <p>The link to East Dunbartonshire Councils business classification and retention schedules</p> <p><a href="https://www.scottisharchives.org.uk/resources/scarrs/">https://www.scottisharchives.org.uk/resources/scarrs/</a></p> <p><b>Further Development</b></p> <p>Continue to review IJB records to ensure adherence to the BCS.</p>

RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 5: Retention schedules</b></p> <p>Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate the existence of and adherence to corporate records retention procedures. The procedures should incorporate retention schedules and should detail the procedures that the authority follows to ensure records are routinely assigned disposal dates, that they are subsequently destroyed by a secure mechanism (see element 6) at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme (See element 7).</p> <p>The principal reasons for creating retention schedules are:</p> <ul style="list-style-type: none"> <li>• to ensure records are kept for as long as they are needed and then disposed of appropriately</li> <li>• to ensure all legitimate considerations and future uses are considered in reaching the final decision.</li> <li>• to provide clarity as to which records are still held by an authority and which have been deliberately destroyed.</li> </ul> <p>"Disposal" in this context does not necessarily mean destruction. It includes any action taken at the agreed disposal or review date including migration to another format and transfer to a permanent archive.</p> <p>A retention schedule is an important tool for proper records management. Authorities who do not yet have a full retention schedule in place should show evidence that the importance of such a schedule is acknowledged by the senior person responsible for records management in an authority (see element 1). This might be done as part of the policy document (element 3). It should also be made clear that the authority has a retention schedule in development.</p> <p>An authority's RMP <u>must</u> demonstrate the principle that retention rules are consistently applied across all of an authority's record systems.</p>	<p>A retention schedule is a list of records for which pre-determined disposal dates have been established.</p> <p>The IJB must, however, be able to demonstrate it remains responsible for its records under the constituent bodies' schedule. It must be able to demonstrate that disposal periods set against its records under the partner schedule were taken by the Board, in collaboration with the partner body. The partner body's retention policies and procedures (and records manager(s)) will assist the Board in making business-based disposal decisions against its records. These must take into consideration the IJB's statutory obligations.</p> <p>The corporate records including formal IJB reports and minutes will be managed in accordance with the IJB Board Servicing Committee Protocol.</p>	<p><b>NHS GG&amp;C</b></p> <p>NHS GG&amp;C Record Management Plan includes Retention and Destruction of Records Policy.</p> <p><a href="https://www.nhsggc.org.uk/about-us/nhsggc-board/finances-publications-reports/records-management-plan/">https://www.nhsggc.org.uk/about-us/nhsggc-board/finances-publications-reports/records-management-plan/</a></p> <p><b>NHS Code of Practice</b></p> <p><a href="https://www.informationgovernance.scot.nhs.uk/wp-content/uploads/2020/06/SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf">https://www.informationgovernance.scot.nhs.uk/wp-content/uploads/2020/06/SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf</a></p> <p>Retention and Destruction of Records Guidance</p> <p><a href="http://www.nhsggc.org.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx">www.nhsggc.org.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx</a></p> <p><b>NHSGG&amp;C Archive Policy</b></p> <p><a href="http://www.nhsggc.org.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx">www.nhsggc.org.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx</a></p>

Read further explanation and guidance about element 5

<https://webarchive.nrsotland.gov.uk/20170203164845/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-5>

### **EDC evidence**

- SCARRS V2 - Endorsed by P&R Committee 4 June 2015  
Committee Report number FSS/027/15/JC/KW
- <https://www.scottisharchives.org.uk/resources/scarrs/>
- Policy and Resources  
Committee Report June 2015
- <https://www.eastdunbarton.gov.uk/council/committees-councillors/search-documents/archive-committee-documents-search>
- Policy and Resources  
Committee Report  
September 2015
- <https://www.eastdunbarton.gov.uk/council/committees-councillors/search-documents/archive-committee-documents-search>
- Screen Shot of link to SCARRS on Hub
- Archives Collection  
Policy

### **Further Development**

Continue to implement Information Asset Register reviews on a regular basis of all retained records.

RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>RMP Element Description</b></p> <p><b>Element 6: Destruction arrangements</b>  Section 1(2) (b)(iii) of the Act specifically requires a RMP to include provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> demonstrate that proper destruction arrangements are in place.</p> <p>A retention schedule, on its own, will not be considered adequate proof of disposal for the Keeper to agree a RMP. It must be linked with details of an authority's destruction arrangements. These should demonstrate security precautions appropriate to the sensitivity of the records. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p> <p><a href="https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-6">Read further explanation and guidance about element 6 - https://webarchive.nrscotland.gov.uk/20170203164917/https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-6</a></p>	<p>It is not always cost-effective or practical for an authority to securely destroy records in-house. Many authorities engage a contractor to destroy records and ensure the process is supervised and documented.</p> <p>As such, the destruction of published IJB records, in all formats, will be undertaken by East Dunbartonshire Council.</p> <p>IJB records will be held electronically on NHSGG&amp;C systems so no hard copies will require destruction. These will be reviewed on a regular basis in line with Information Asset management.</p> <p>At this stage there is only a limited volume of records specific to the IJB.</p>	<p><b><u>NHS GG&amp;C</u></b></p> <p>NHS GG&amp;C Record Management Plan includes Retention and Destruction of Records Policy</p> <p>Scottish Government Records Management NHS Code of Practice (Scotland 2012)</p> <p><a href="https://www.informationgovernance.scot.nhs.uk/wp-content/uploads/2020/06/SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf">https://www.informationgovernance.scot.nhs.uk/wp-content/uploads/2020/06/SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf</a></p> <p><a href="https://www.nhsggc.org.uk/media/236553/procedure-for-retention-and-destruction-v2-0.pdf">https://www.nhsggc.org.uk/media/236553/procedure-for-retention-and-destruction-v2-0.pdf</a></p> <p><b><u>EDC evidence</u></b></p> <p>East Dunbartonshire Corporate Retention Schedule:</p> <p><a href="https://www.scottisharchives.org.uk/resources/scarrs/">https://www.scottisharchives.org.uk/resources/scarrs/</a></p> <p><b>Further Development</b>  An inventory of IJB records that have been archived or destroyed will be implemented.</p>



RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 7: Archiving and transfer arrangements</b></p> <p>Section 1(2)(b)(iii) of the Act specifically requires a RMP to make provision about the archiving and destruction, or other disposal, of an authority's public records.</p> <p>An authority's RMP <u>must</u> detail its archiving and transfer arrangements and ensure that records of enduring value are deposited in an appropriate archive repository. The RMP will detail how custody of the records will transfer from the operational side of the authority to either an in-house archive, if that facility exists, or another suitable repository, which <u>must</u> be named. The person responsible for the archive should also be cited.</p> <p>Some records continue to have value beyond their active business use and may be selected for permanent preservation. The authority's RMP <u>must</u> show that it has a mechanism in place for dealing with records identified as being suitable for permanent preservation. This mechanism will be informed by the authority's retention schedule which should identify records of enduring corporate and legal value. An authority should also consider how records of historical, cultural and research value will be identified if this has not already been done in the retention schedule. The format/media in which they are to be permanently maintained should be noted as this will determine the appropriate management regime.</p> <p><a href="https://webarchive.nrscotland.gov.uk/20170203164943/https://www.nrscotland.gov.uk/records-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-7">Read further explanation and guidance about element 7 - https://webarchive.nrscotland.gov.uk/20170203164943/https://www.nrscotland.gov.uk/records-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-7</a></p>	<p>All IJB published records will be held electronically on East Dunbartonshire Council's system and all other records will be retained and held electronically on NHSGG&amp;C systems so no hard copies will be archived.</p> <p>At this stage there is only a limited volume of records specific to the IJB.</p>	<p>The agreed arrangement between the Board and East Dunbartonshire Council for IJB published records and all other records held on NHSGG&amp;C systems to be included in the archiving and transferring arrangements established through partner agencies.</p> <p><b><u>EDC evidence</u></b></p> <ul style="list-style-type: none"> <li>Archives Collection Policy</li> <li>Archives Deposit Agreement</li> <li>Archives Transfer form</li> <li>Burness Service Agreement</li> <li>Burness Collections Agreement</li> <li>Archives Appraisal Sheet</li> <li>Collection Care Statement</li> <li>Selection Appraisal Statement</li> <li>Digital Preservation Statement</li> </ul> <p><b><u>NHSGG&amp;C Archive Policy</u></b></p> <p><a href="http://www.nhsggc.org.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx">www.nhsggc.org.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx</a></p>


RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>RMP Element Description</b></p> <p><b>Element 8: Information Security</b> Section 1(2) (b)(ii) of the Act specifically requires a RMP to make provision about the archiving and destruction or other disposal of the authority's public records.</p> <p>An authority's RMP <u>must</u> make provision for the proper level of security for its public records.</p> <p>All public authorities produce records that are sensitive. An authority's RMP <u>must</u> therefore include evidence that the authority has procedures in place to adequately protect its records. Information security procedures would normally acknowledge data protection and freedom of information obligations as well as any specific legislation or regulatory framework that may apply to the retention and security of records.</p> <p>The security procedures <u>must</u> put in place adequate controls to prevent unauthorised access, destruction, alteration or removal of records. The procedures will allocate information security responsibilities within the authority to ensure organisational accountability and will also outline the mechanism by which appropriate security classifications are linked to its business classification scheme.</p> <p><a href="#">Read further explanation and guidance about element 8</a></p> <p><a href="https://webarchive.nrsotland.gov.uk/20170203164943/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-8">https://webarchive.nrsotland.gov.uk/20170203164943/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-8</a></p>	<p>Information security is the process by which an authority protects its records and ensures they remain available. It is the means by which an authority guards against unauthorised access and provides for the integrity of the records. Robust information security measures are an acknowledgement that records represent a risk as well as an asset. A public authority should have procedures in place to assess and contain that risk.</p> <p>The IJB will rely on NHS GG&amp;C and East Dunbartonshire Council arrangements in terms of systems, devices, information sharing platforms.</p> <p>All staff will remain employees of either NHS GG&amp;C or East Dunbartonshire Council. As such they will be subject to the policies and procedures of their employer, i.e. NHSGG&amp;C Information Security Policy or East Dunbartonshire Security policies.</p>	<p><b>NHS GGC Information Security Policy</b></p> <p>NHSGGC IT Security Policy</p> <p><a href="https://www.nhsggc.org.uk/about-us/professional-support-sites/ehealth/it-security-policies/ggc-policies-supporting-nhs-scotland-information-security-policy-framework-nis-regulations-2018/">https://www.nhsggc.org.uk/about-us/professional-support-sites/ehealth/it-security-policies/ggc-policies-supporting-nhs-scotland-information-security-policy-framework-nis-regulations-2018/</a></p> <p>Home Working</p> <p><a href="https://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/home-working-policy/policy/">https://www.nhsggc.org.uk/working-with-us/hr-connect/policies-and-staff-governance/policies/home-working-policy/policy/</a></p> <p><b>East Dunbartonshire Council Information Management Group Remit:</b></p> <p><b>EDC evidence</b></p> <p>Corporate ICT Security Policy – Acceptable Use Policy</p> <p>Mobile Device Policy</p> <p>Data Protection Policy</p> <p>ICT Strategy</p>

Best Practice Guide for Email (HUB)  
FOI Policy  
ICT Theft or Loss Procedures (HUB)  
SMART Working Guidance Note – ICT (HUB)  
Staff Awareness – Online Training Packs FOI / DP / RM & Info Security  
Information Security Poster  
Major Incident Process  
Personal Use of the Internet Guidelines  
Clear Desk Policy  
Child Protection Policy  
Adult Protection Procedures  
Information and Records Preservation of Archives

**Further Development**  
Continue to maintain and review archiving procedures for published and electronic records.

RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 9: Data protection</b></p> <p>The Keeper will expect an authority's RMP to indicate compliance with its data protection obligations. This might be a high level statement of public responsibility and fair processing.</p> <p>If an authority holds and processes information about stakeholders, clients, employees or suppliers, it is legally obliged to protect that information. Under the Data Protection Act, an authority must only collect information needed for a specific business purpose; it must keep it secure and ensure it remains relevant and up to date. The authority <u>must</u> also only hold as much information as is needed for business purposes and only for as long as it is needed. The person who is the subject of the information <u>must</u> be afforded access to it on request.</p> <p><a href="#">Read further explanation and guidance about element 9.</a>  <a href="https://webarchive.nrsotland.gov.uk/20170203164943/https://www.nrscotl and.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-9">https://webarchive.nrsotland.gov.uk/20170203164943/https://www.nrscotl and.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-9</a></p>	<p>The Information Commissioner has confirmed that the IJB can be a data controller albeit that it will not hold any personal records of service users/patients.</p> <p>The IJB is a public body which is subject to the Freedom of Information (Scotland) Act 2002 and has its own Publication Scheme and FOI policy. Most requests will be addressed directly by the parent bodies.</p> <p>The GDPR and Data Protection Act 2018 came into force in 2018 which increased the rights of individuals and increased fines for data breaches.</p>	<p>ICO Registration details</p> <p>East Dunbartonshire IJB is not registered as a Data Controller on the ICO website</p> <p>The NHS GG&amp;C Board data controller/data processor policies and procedures- FOI, complaints, subject access requests</p> <p>East Dunbartonshire Council's Privacy Policy is available on the Website  <a href="https://www.eastdunbarton.gov.uk/council/privacy-statement">https://www.eastdunbarton.gov.uk/council/privacy-statement</a></p> <p>NHS GG&amp;C Data Protection Policy  <a href="https://www.nhs.gov.uk/patients-and-visitors/facts/data-protection-privacy/">https://www.nhs.gov.uk/patients-and-visitors/facts/data-protection-privacy/</a></p> <p>Staff Training – Data Protection/Information Governance</p>

	<p>IJB Complaints- Vandrew McLean, HSCP Corporate Business Manager is first point of contact.</p> <p>IJB records are properly managed for the purposes of Data Protection within East Dunbartonshire Council and NHSGG&amp;C.</p>	<p><b>EDC Evidence</b></p> <p>DP guidance EDWeb</p> <p>Employability and People Development</p> <p>Online RMT Training pack</p> <p><b>Further Development</b></p> <p>Continue to maintain compliance with relevant training modules via Learnpro.</p>
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RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 10: Business continuity and vital records</b></p> <p>The Keeper will expect an authority's RMP to indicate arrangements in support of records vital to business continuity. Certain records held by authorities are vital to their function. These might include insurance details, current contract information, master personnel files, case files, etc. The RMP will support reasonable procedures for these records to be accessible in the event of an emergency affecting their premises or systems.</p> <p>Authorities should therefore have appropriate business continuity plans ensuring that the critical business activities referred to in their vital records will be able to continue in the event of a disaster. How each authority does this is for them to determine in light of their business needs, but the plan should point to it.</p>	<p>A business continuity and vital records plan serves as the main resource for the preparation for, response to, and recovery from, an emergency that might affect any number of crucial functions in an authority.</p> <p>The IJB's records will be subject to the policies and procedures of the partner body in relation to business continuity.</p> <p>The MoU sets out that the IJB's records are managed in accordance with East Dunbartonshire Council's and NHSGG&amp;C Business Continuity and vital records arrangements.</p>	<p>Information Security Policy 17</p> <p>Business Continuity Management</p> <p><a href="https://www.nhsggc.org.uk/media/260336/information-security-policy-17-business-continuity-v-n10.pdf">https://www.nhsggc.org.uk/media/260336/information-security-policy-17-business-continuity-v-n10.pdf</a></p> <p>NHS GG&amp;C Major Incident Plan December 2020</p>  <p>NHSGGC Major Incident Plan 2020 v1</p>

<p><a href="https://webarhive.nrscotland.gov.uk/20170203164943/https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-10">Read further explanation and guidance about element 10.</a>  <a href="https://webarhive.nrscotland.gov.uk/20170203164943/https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-10">https://webarhive.nrscotland.gov.uk/20170203164943/https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-10</a></p>	<p>All services will continue to be provided or commissioned directly by NHSGG&amp;C or East Dunbartonshire Council. As such there is no direct requirement for the IJB to have its own arrangements for business continuity of vital records.</p> <p>Both NHS GG&amp;C and East Dunbartonshire Council have adequate business continuity arrangements to ensure the sustainability of health and social care services for which the IJB has overall responsibility.</p>	<p><b>EDC evidence</b>  ICT Major Incident Process  Business Continuity Work Package  Records management  Improvement Action Plan 2015-18</p>
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RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 11: Audit trail</b>  The Keeper will expect an authority's RMP to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. For the purpose of this plan 'changes' can be taken to include movement of a record even if the information content is unaffected. Audit trail information must be kept for at least as long as the record to which it relates.</p>	<p>An audit trail is a sequence of steps documenting the movement and/or editing of a record resulting from activities by individuals, systems or other entities.</p>	<p>The MoU sets out the IJB's Audit Trail arrangements</p>


<p>This audit trail can be held separately from or as an integral part of the record. It may be generated automatically, or it may be created manually.</p> <p><a href="https://webarhive.nrscotland.gov.uk/20170203164943/https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-11">Read further explanation and guidance about element 11</a>  <a href="https://webarhive.nrscotland.gov.uk/20170203164943/https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-11">https://webarhive.nrscotland.gov.uk/20170203164943/https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-11</a></p>	<p>The IJB's records are created by NHSGG&amp;C and East Dunbartonshire Council. Published records are managed by East Dunbartonshire Council. All IJB records held on the constituent bodies systems will be subject to the policies and procedures of both authorities.</p> <p>Personal records, policies and procedures and all other corporate records will be accessed by employees through the constituent bodies' information systems. As the IJB develops its own internal and external information systems consideration will be given to the need for audit trail arrangements.</p>	<p>As per Element 2</p> <p><b>EDC evidence</b></p> <p>Information and Records Management, Preservation of Archives Policy</p> <p>IMSIP Programme Champions Work Package</p> <p>Carefirst Screen-Shot of Audit Trail and File location details</p> <p>Screen shot from Central Records Store Database</p> <p>Records management Improvement Action Plan 2015-18</p> <p><b>Further Development</b></p> <p>Continue to maintain version controls of documents for key documents?</p>
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RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 12: Competency framework for records management staff</b></p> <p>The Keeper will expect an authority's RMP to detail competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP. It is important that authorities understand that records management is best implemented by a person or persons possessing the relevant skills.</p> <p>A competency framework outlining what the authority considers are the vital skills and experiences needed to carry out the task is an important part of any records management system. If the authority appoints an existing non-</p>	<p>A competency framework lists the core competencies and the key knowledge and skills required by a records manager. It can be used as a basis for developing job specifications, identifying training needs, and assessing performance.</p> <p>The IJB will rely upon the records manager of the constituent body for compliance under this element.</p>	<p>The Board's plan must refer to the Competency framework arrangements and evidence under the agreed partner body plan.</p> <p><b>NHS GG&amp;C</b></p> <p>NHS wide training available via Learnpro – e-learning training available</p>

<p>records professional member of staff to undertake this task, the framework will provide the beginnings of a training programme for that person.</p> <p>The individual carrying out day-to-day records management for an authority might not work for that authority directly. It is possible that the records management function is undertaken by a separate legal entity set up to provide functions on behalf of the authority, for example an arm's length body or a contractor. Under these circumstances the authority must satisfy itself that the supplier supports and continues to provide a robust records management service to the authority.</p> <p><a href="#">Read further explanation and guidance about element 12</a></p> <p><a href="https://webarchive.nrsotland.gov.uk/20170203164943/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-12">https://webarchive.nrsotland.gov.uk/20170203164943/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-12</a></p>	<p>Training for records management staff will remain the responsibility of the employing bodies NHSGG&amp;C and East Dunbartonshire Council.</p>	<p><b><u>EDC evidence</u></b></p> <p>Council-wide training available</p> <p><b>Further Development</b></p> <p>Continue to maintain, improve and review compliance with statutory training for staff.</p>
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RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 13: Assessment and review</b></p> <p>Section 1(5) (i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>An authority's RMP <u>must</u> describe the procedures in place to regularly review it in the future.</p> <p>It is important that an authority's RMP is regularly reviewed to ensure that it remains fit for purpose. It is therefore vital that a mechanism exists for this to happen automatically as part of an authority's internal records management processes.</p> <p>A statement to support the authority's commitment to keep its RMP under review must appear in the RMP detailing how it will accomplish this task.</p>	<p>The IJB relies on the partner authority to ensure that the systems, policies and procedures that govern its records are being regularly assessed.</p> <p>This record management plan will be reviewed and updated through the Senior Management Team. During the first year any gaps in this plan will be identified as issues arise and solutions agreed.</p>	<p><b><u>NHS GG&amp;C</u></b></p> <p>Remits of the identified groups</p> <p><a href="http://www.nhsggc.org.uk/medi-a/236580/ceo-whole-system-directors-group-remit-ian-2016-2.docx">http://www.nhsggc.org.uk/medi-a/236580/ceo-whole-system-directors-group-remit-ian-2016-2.docx</a></p> <p><a href="http://www.nhsggc.org.uk/medi-a/236581/ig-steering-group-remit.doc">http://www.nhsggc.org.uk/medi-a/236581/ig-steering-group-remit.doc</a></p>



<p><a href="#">Read further explanation and guidance about element 13</a>  <a href="https://webarchive.nrsotland.gov.uk/20170203164943/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-13">https://webarchive.nrsotland.gov.uk/20170203164943/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-13</a></p>	<p><b><u>NHSGG&amp;C Training – Learnpro</u></b></p>  <p>Learnpro Updated Modules 2021.doc</p> <p><b><u>EDC evidence</u></b>  Information and Records, Preservation of Archives Policy</p> <p>IMSIP – Champions work Package</p> <p>Records Management Improvement Plan 2015-18</p> <p><b><u>Further Development</u></b>  Annual review process for RMP has been established as well as Information Asset Register Reviews.</p>
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RMP Element Description	Evidence
<p><b>Element 14: Shared Information</b>  The Keeper will expect an authority's RMP to reflect its procedures for sharing information. Authorities who share, or are planning to share, information must provide evidence that they have considered the implications of information sharing on good records management.</p> <p>Information sharing protocols act as high level statements of principles on sharing and associated issues, and provide general guidance to staff on sharing information or disclosing it to another party. It may therefore be</p>	<p><b>East Dunbartonshire Integration Joint Board (IJB) Compliance Statement</b></p> <p>Under certain conditions, information given in confidence may be shared. Most commonly this relates to personal information, but it can also happen with confidential corporate records.</p> <p>The IJB may well be sharing data or information with its partner bodies that must be managed in accordance with the</p> <p><b>Caldicott Report</b>  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/581213/cgmanual.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/581213/cgmanual.pdf</a></p>

necessary for an authority's RMP to include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.

Specifically the Keeper will expect assurances that an authority's information sharing procedures are clear about the purpose of record sharing which will normally be based on professional obligations. The Keeper will also expect to see a statement regarding the security of transfer of information, or records, between authorities whatever the format.

[Read further explanation and guidance about element 14](#)

<https://webarchive.nrsotland.gov.uk/20170203164943/https://www.nrsotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-14>

guidance issued by the Information Commissioner under the Data Protection Act 1998.

The Act regards records created by a third party, under contract to a public body, to deliver a statutory function of that authority as public for the purposes of the Act. This means that authorities in such a relationship must be satisfied that public records being created on its behalf are managed in line with its RMP. It must be satisfied that the third party provider has robust records management arrangements in place. However it is unlikely that this is relevant to the IJB.

**Information Sharing Protocol between NHSGGC and Local Authorities has been agreed.**

<http://www.nhsggc.org.uk/media/236748/124-nhsggc-protocol-for-sharing-information.pdf>

**SCI (Scottish Care Information) Access Protocol**

Information Sharing Protocol training – e-learning module covering the sharing of information

[www.nhsggc.org.uk/media/236749/information-sharing-protocol.docx](http://www.nhsggc.org.uk/media/236749/information-sharing-protocol.docx)

Information Sharing template for use by the NHS, Local Authorities and the Integrated Joint Boards

<http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/docs/ISP-TEMPLATE.pdf>

**Scottish Prison Service**

<http://www.nhsggc.org.uk/media/236582/information-sharing-protocol-nhs-scotland-and-sps1.pdf>

**Sharing Data with Third Parties**

<http://www.nhsggc.org.uk/media/238819/data-processing-agreement-it-dept-use.doc>

Information Sharing template for use by the NHS, Local Authorities and the Integrated Joint Boards

**DPA Confidentiality Clauses**

<http://www.nhsggc.org.uk/media/239084/dpa-confidentiality-clauses-revised-jan16.docx>

**EDC evidence**

Greater Glasgow and Clyde Protocol

ICT Acceptable Use Policy

UK Government Data sharing Guide

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/307156/data-sharing-guide-april-14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307156/data-sharing-guide-april-14.pdf)

**ICO Data Sharing Code of Practice**

<https://ico.org.uk/media/for-organisations/documents/2664/leadership-data-protection-checklist.pdf>

<p>Social work Information Sharing Mandate</p> <p>HSCP Information Sharing Protocol</p> <p>An information sharing protocol has been agreed between NHS GGC and East Dunbartonshire Council to enable the safe and effective sharing of information</p>		
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RMP Element Description	East Dunbartonshire Integration Joint Board (IJB) Compliance Statement	Evidence
<p><b>Element 15: Public Records Created or Held by Third Parties</b>  Read further explanation and guidance <a href="https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan/model-plan-guidance-to-element-15">about element 15</a></p>	<p>The IJB does not contract out any of its functions to a third party.</p>	

Agenda Item Number: 8

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

<b>Date of Meeting</b>	<b>25<sup>th</sup> March 2021</b>
<b>Subject Title</b>	<b>Financial Performance Budget 2020/21 – Month 10</b>
<b>Report By</b>	<b>Jean Campbell, Chief Finance &amp; Resources Officer</b> <a href="mailto:Jean.Campbell2@ggc.scot.nhs.uk">Jean.Campbell2@ggc.scot.nhs.uk</a> Tel: 0141 232 8216
<b>Contact Officer</b>	<b>Jean Campbell, Chief Finance &amp; Resources Officer</b>
<b>Purpose of Report</b>	To update the Board on the financial performance of the partnership as at month 10 of 2020/21.
<b>Recommendations</b>	The Board is asked to: <ul style="list-style-type: none"> <li>a. Note the projected Out turn position is reporting an under spend of 4.1m as at month 10 of 2020/21 based on full funding from SG confirmed to support Covid expenditure to date.</li> <li>b. Note and approve the budget adjustments outlined within paragraph 1.2 (<b>Appendix 1</b>)</li> <li>c. Note the HSCP financial performance as detailed in (<b>Appendix 2</b>).</li> <li>d. Note the progress to date on the achievement of the current, approved savings plan for 2020/21 as detailed in (<b>Appendix 4</b>).</li> <li>e. Note the impact of Covid related expenditure during 2020/21</li> <li>f. Note the summary of directions set out within <b>Appendix 6</b>.</li> </ul>
<b>Relevance to HSCP Board Strategic Plan</b>	The Strategic Plan is dependent on effective management of the partnership resources and directing monies in line with delivery of key priorities within the plan.

### Implications for Health & Social Care Partnership

<b>Human Resources</b>	None	
<b>Equalities:</b>	None	
<b>Financial:</b>	The financial performance to date is showing that the budget is under significant pressure as a result of Covid related costs and the impact of this on the delivery of savings and transformation during 20/21. The SG have now confirmed and provided full funding to support these costs which provides an under spend of £3.0m related to a significant downturn in care home and care at home placements. This will enable the HSCP to create a contingency reserve as we move into 2021/22 to support ongoing financial sustainability.	
<b>Legal:</b>	None	
<b>Procurement:</b>	None	
<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	The sustainability of the partnership in the context of the current financial position and potential to create 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.	
<b>Risk Implications:</b>	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 5.0.	
<b>Implications for East Dunbartonshire Council:</b>	Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges.	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	<input type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input checked="" type="checkbox"/>

## MAIN REPORT

### 1. Budget 2020/2021

- 1.1. The budget for East Dunbartonshire HSCP was approved by the IJB on the 26<sup>th</sup> March 2020. This provided a total net budget for the year of £173.099m (including £32.944m related to the set aside budget). This included £3.2m of agreed savings (including management actions, turnover savings and transformation activity) and a £2.8m 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
- 1.2. There have been a number of adjustments to the budget since the HSCP Board in March 2020 which has increased the annual budget for 20/21 to £193.8m (including £33.214m related to the set aside following a refinement to the allocation for hospital based services). A breakdown of these adjustments are included as **Appendix 1**. These adjustments along with recurring funding streams identified during the year end process for 19/20 and in the initial monitoring periods of the budget for 20/21 have reduced the financial gap to £2.1m.

### 2. Partnership Performance Summary

- 2.1. The overall partnership position is showing a projected year end under spend on directly managed partnership budgets of £4.1m at this point in the financial year. This reflects the full funding allocation from the SG to support all Covid related expenditure, as identified within the LMP returns, including in year un-achieved savings.
- 2.2. In the event that funding was available from the SG to cover the full extent of Covid costs, the HSCP was projecting an under spend on budget at month 8 of £3m, so this represents a positive movement of £1.1m on that previously reported.
- 2.3. The SG have made a number of funding announcements to support Covid related expenditure to date:

SG Announcement	Scotland Amount	ED HSCP Share
1 <sup>st</sup> Tranche – 12 <sup>th</sup> May	£50m	£0.976m
2 <sup>nd</sup> Tranche – 3 <sup>rd</sup> Aug	£25m	£0.488m
3 <sup>rd</sup> Tranche – late Aug	£8m	£1.600m
4 <sup>th</sup> Tranche – 29 <sup>th</sup> Sept	£47m	£2.111m
5 <sup>th</sup> Tranche – Nov add monies to support primary care		£0.220m
6 <sup>th</sup> Tranche – Adult Social Care Winter Plan (pending)		£1.500m
GP Funding		£0.351m
January 2021 Tranche		£2.727m
<b>TOTAL Funding to Date</b>		<b>£9.973m</b>

- 2.4. The funding received to date covers the full expenditure detailed in the LMP return to SG as at Month 9 (January 2021) projected for the full year. This may still vary between now and year end as offsetting savings materialise and actual costs are incurred which vary from projections. Work continues to consider sustainability and additional cost claims from our local care providers in line with the revised guidance issued through

COSLA in December 2020. It is expected that elements of this will not be finalised by year end and the SG have confirmed that any unspent monies at year end can be carried forward to meet the ongoing costs associated with the Covid response.

2.5. The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire is £9.9m. This continues to be an evolving picture and is heavily caveated as these costs will change as we move from high level assumptions, to more refined estimates as activity becomes clearer and through to actual costs incurred; the financial impacts and implications will continue to be reported to the IJB throughout the year.

2.6. A breakdown of Covid related expenditure captured within the latest Local Mobilisation Plan (LMP) submission is set out in the table below:

	Revenue	Body Incurring Costs
Consolidated HSCP costs	2020/21	
Personal protective equipment	687,930	NHS / LA
COVID-19 screening and testing for virus	4,577	NHS
Estates & Facilities cost including impact of physical distancing measures	52,518	NHS
Additional staff Overtime and Enhancements	814,801	NHS / LA
Additional temporary staff spend - Student Nurses & AHP	15,409	NHS
Additional temporary staff spend - All Other	477,296	NHS / LA
Social Care Provider Sustainability Payments	5,020,173	LA
Additional costs to support carers	109,249	LA
Mental Health Services	205,882	NHS
Additional payments to FHS contractors	414,453	NHS
Additional FHS Prescribing	0	NHS
Community Hubs	415,146	NHS
Loss of income	669,125	NHS / LA
Equipment & Sundries	116,323	NHS
Winter Planning	95,877	NHS
Other - Flu Programme Delivery Costs	60,120	NHS
Other - Support to vulnerable service users food	2,399	LA
Other - alternatives to day care	47,513	LA
Other - other social care	571,010	LA
Offsetting cost reductions - HSCP	(994,444)	LA
<b>Total</b>	<b>8,785,359</b>	-
Expected underachievement of savings (HSCP)	1,078,500	LA
<b>Total</b>	<b>9,863,859</b>	
<b>Income:</b>		
Tranche 1 - Share of £50m announced 12th May 2020	(976,000)	
Tranche 2 - Share of £25m announced 3rd August 2020	(488,000)	
Tranche 3 - Share of £25m announced 3rd August 2020	(1,600,000)	
Tranche 4 - Indicative Share of £47m announced 29th Sept 2020	(2,111,000)	
Tranche 5 - Share of Primary Care Adjustment	(220,000)	
Adult Social Care Winter Planning	(1,500,000)	
GP Funding	(351,000)	
January 2021 Tranche	(2,727,200)	
<b>Net Expenditure (surplus)</b>	<b>(109,341)</b>	

2.7. Work continues through the regular LMP returns to SG to evidence the ongoing impact from Covid.



2.8. The projected year end overspend across care group areas is set out in the table below:

Care Group	Annual Budget Total (£000)	Projected Variance Total (Mth 10)	Projected Variance Total (Mth 6)
Mental Health, Learning Disability, Addictions & Health Improvement	26,845	1,334	813
Community Health & Care Services	46,162	1,231	1,099
Children & Criminal Justice Services	14,112	(458)	(581)
Business Support	3,473	21	41
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,348	576	469
FHS - Prescribing	19,480	487	222
FHS - GMS / Other	29,581	0	0
Oral Health - hosted	10,033	0	0
Set Aside	33,214	0	0
Covid	9,559	964	(2,826)
<b>TOTAL Per Care Group</b>	<b>193,806</b>	<b>4,154</b>	<b>(763)</b>
<b>Anticipated SG Income to support Covid</b>	<b>0</b>		<b>3,730</b>
<b>Projected Year End Variance</b>	<b>193,806</b>	<b>4,154</b>	<b>2,967</b>

2.9. The main variances to budget identified at this stage in the financial year relate to:

- Mental Health, Learning Disability, Addiction Services (projected £1.3m under spend, a positive movement of £0.5m since that reported at period 8) – this relates to a loss of income in respect of daycare and transport charging due to service closures during Covid both to other local authorities and to service users, this is reflected within the LMP for which income is expected from the SG. This is currently being offset by a continuing downturn in care packages within this care group, a downturn in the provision of taxis and transport to support individuals to access services and some positive payroll variation due to reduced staffing levels within Pineview due to a void placement. There continues to be a downturn in residential and supported living placements within these care group areas.
- Community Health & Care Services (projected underspend of £1.2m, a positive movement of £0.1m since that reported at period 8) – This is showing a favourable variance at this stage related to a combination of slippage in recruitment on Elderly Mental Health Services and a significant downward trend in care home placements and care at home packages. This area is covering the full extent of the budget gap at this stage, however in the event that there is an upward trend in placements beyond predicted levels then this would present a pressure on the HSCP budget. This downward trend in placements continues as care home capacity continues to decline.
- Children & Criminal Justice Services (projected £0.5m overspend, a positive movement of £0.1m since that reported at period 8) – initial payroll pressures as a result of challenging turnover savings are now being met as a result of continued vacancies across this service area, however there continues to be pressures from a number of additional residential and fostering placements since agreeing the budget in March 2020. In addition the impact of delays in attaining budget savings related to the 'House

Project', payments to voluntary sector organisations and the saving related to the Canal projects are having a negative impact on the budget position.

- Prescribing (projected underspend of £0.5m, a positive movement of £0.3m since that reported at period 8) - Projected underspend on prescribing relates to the positive impact of tariff swap projections since setting the budget in March 2020. Previous pressures as a result of the short supply of Sertraline have levelled off and there continues to be a downward trend in volumes of prescribing which have offset the repayment of monies from the SG to support prescribing pressures from 2019/20 of £344k in the expectation that a surge in March related to Covid would be followed by a downward trend on volumes during April / May / June 2020. The saving identified in relation to prescribing at the time of setting the budget has also been achieved within this line.
- Business Support (projected underspend of £0.02m, a negligible movement since that reported at period 8) – The under spend relates to continuing staff savings within planning and commissioning support.
- Housing Aids and Adaptations and Care of Gardens (projected underspend of £0.6m, a positive movement of £0.1m since that last report at period 8) - 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 & Corporate Assets Directorate. The positive variance relates to a downturn in demand and activity across all of these areas

2.15 The consolidated position for the HSCP is set out in **Appendix 2**. The detailed budget monitoring reports for the NHS budgets and SW budgets delegated to the partnership are provided in **Appendix 3**.

### 3. Savings Programme 2020/2021

There is a programme of service redesign and transformation which was approved as part of the Budget 20/21. Progress and assumptions against this programme are set out in **Appendix 4**.

### 4. Partnership Reserves

4.1. In addition to the projected underspend on budget detailed above of £4.1m, there are expected to be under spends on specific funding allocations from the Scottish Government. Further funding was allocated to support the ongoing costs related to Covid 19, the most significant additions relate to funding allocated from the SG for specific initiatives related to Integration Authority Support, Adult Social Care Winter Plan and Community Living Change Funding. This was set out within a letter from the SG Health Finance Directorate on the 5<sup>th</sup> February 2021 (attached as **Appendix 5**). In addition, full funding allocations were made in respect of PCIP, Action 15 MH and ADP where there have been some issues in relation to recruitment which will hamper the ability to spend this money in year.

4.2. The indicative position projected at the 31<sup>st</sup> March 2021, with regard to partnership reserves is set out below;-

HSCP Reserves 2020/21	Balance at	Movement	Indicative
	31 March		Balance at
	2020	2020/21	31 March
	£000	£0	£000
Scottish Govt. Funding - SDS	(77)	0	(77)
SG - Integrated Care / Delayed Discharge	(307)	28	(279)
Infant Feeding	(13)	0	(13)
CHW Henry Programme	(15)	0	(15)
SG - Primary Care Cluster funding	(39)	0	(39)
Oral Health Funding	0	(200)	(200)
SG - Primary Care Improvement	(196)	(521)	(717)
SG – Action 15 Mental Health	(108)	(456)	(564)
SG – Alcohol & Drugs Partnership	(38)	(85)	(124)
SG – Technology Enabled Care	(11)	0	(11)
SG - DN funding		(27)	(27)
SG - Integration Authority Support		(1,947)	(1,947)
SG - Adult Social Care Winter Plan		(935)	(935)
SG - Community Living Change Fund		(340)	(340)
SG - Covid Funding (LMP)		(1,098)	(1,098)
Prescribing	0	0	0
<b>Total Earmarked</b>	<b>(804)</b>	<b>(5,581)</b>	<b>(6,385)</b>
Contingency / General Reserve	0	(4,100)	(4,100)
<b>General Fund</b>	<b>(804)</b>	<b>(9,681)</b>	<b>(10,485)</b>

4.3. This will provide a general / contingency reserve moving into 2021/22 in the region of £4.1m to cushion the impact of the delivery of a future transformation programme and any unplanned events during a period of continued response to Covid and the remobilisation of service. It will also ensure the partnership complies with the HSCP Reserves policy, approved in August 2016 and the actions set out through Audit Scotland to demonstrate a level of financial sustainability for the partnership into future years. This provides for a prudent reserve of 2% of net expenditure in the context of the size, scale and volatility of HSCP budgets.

4.4. In addition, it is expected that there will be a significant increase in the level of HSCP earmarked reserves to deliver on specific strategic priorities during 2021/22. This is yet to be finalised as the year end approaches but is expected to be in the region of £6.4m.

4.5. In total the HSCP is expected to be holding in the region of £10.5m reserves as we move into 2021/2022.

## 5. Financial Risks

5.1. The most significant risks that will need to be managed during 2020/2021 are:

- 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.

- Delivery of a recurring savings programme identified as part of the Budget process for 2020/21.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no continued improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial costs directed to partnerships in delivery of the board wide financial improvement plan.
- 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.
- 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.

	<b>NHS £000</b>	<b>Local Authority £000</b>	<b>Total £000</b>
<b>2020/21 Budget Reconciliation</b>			
<b>Budget Approved at HSCP Board on 26 March 2020</b>	<b>83.405</b>	<b>56.750</b>	<b>140.155</b>
Set Aside	32.944		32.944
Rollover Budget Adjustment	1.267		1.267
<b>Period 3 Budget Adjustments</b>			
PSHG / Care & Repair Adjustment to HSCP		0.664	0.664
SG - Scottish Living Wage Contribution	0.215		0.215
Covid Funding	3.065		3.065
Covid - Return of 19-20 Allocation	-0.344		-0.344
Dental Bundle	4.614		4.614
MH Strategy - Action 15	0.197		0.197
ADP	0.271		0.271
PCIF including GP Premises	0.885		0.885
Outcomes Framework Cut 5% (Dental, HepC, BBV)	-0.084		-0.084
Covid Funding - FHS	0.382		0.382
FHS Adjustments	0.838		0.838
<b>Period 6 Budget Adjustments</b>			
Appropriate Adults (carry forward)		0.009	0.009
Whole Systems Approach to Youth Justice (carry forward)		0.013	0.013
ADP - DDTF	0.037		0.037
PCIF - Pharmacy Baseline	0.161		0.161
Covid Funding	2.111		2.111
Prescribing tariff swap	-0.730		-0.730
Dental transfer - GDH Decontamination Manager	-0.052		-0.052
Infant Feeding	0.040		0.040
Smoking Prevention	0.041		0.041
Covid Funding - FHS	0.008		0.008
FHS Adjustments	0.545		0.545
<b>Period 8 Budget Adjustments</b>			
Restatement of set aside based on refinement of budgets for delivery of p	0.270		0.270
MH Strategy - Action 15	0.513		0.513
ADP including Drug Death Funding	0.071		0.071
PCIF	1.539		1.539
FHS Adjustments	-0.230		-0.230
Covid Funding	4.384		4.384
Covid Funding - FHS	0.008		0.008
<b>Period 10 Budget Adjustments</b>			
			0.000
<b>Revised 2020/21 Budget</b>	<b>136.370</b>	<b>57.436</b>	<b>193.805</b>
<i>Anticipated Covid Funding Outstanding</i>	<i>0.159</i>		<i>0.159</i>
<b>Anticipated 2020/21 Budget</b>	<b>136.529</b>	<b>57.436</b>	<b>193.964</b>

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Strategic & Resources	3,473	2,719	2,775	(56)	3,452	21	0.59%
Older People & Adult Community Services	41,369	31,047	30,303	743	39,906	1,463	3.54%
Physical Disability	4,792	3,678	3,746	(68)	5,025	(233)	-4.86%
Learning Disability	20,596	15,803	14,945	858	19,545	1,051	5.10%
Mental Health	4,603	3,245	3,035	211	4,456	147	3.20%
Addictions	1,057	737	664	73	1,028	29	2.77%
Planning & Health Improvement	588	439	351	88	482	106	18.03%
Childrens Services	13,763	11,309	11,628	(319)	14,379	(616)	-4.47%
Criminal Justice Services	349	259	30	229	192	158	45.17%
Other Non Social Work Services	1,348	994	397	597	771	576	42.76%
Family Health Services	29,581	25,176	25,176	0	29,581	0	0.00%
Prescribing	19,480	16,270	15,858	412	18,993	487	2.50%
Oral Health Services	10,033	8,193	7,955	238	10,033	0	0.00%
Set Aside	33,214	27,678	27,678	0	33,214	0	0.00%
Covid Expenditure	9,559	5,614	4,188	1,426	8,595	964	10.08%
<b>Net Expenditure</b>	<b>193,806</b>	<b>153,162</b>	<b>148,729</b>	<b>4,433</b>	<b>189,652</b>	<b>4,154</b>	<b>2.14%</b>

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Employee Costs	45,442	36,848	36,440	407	45,238	204	0.45%
Property Costs	323	295	315	(20)	361	(38)	-11.89%
Supplies and Services	3,176	2,351	2,754	(404)	3,760	(584)	-18.38%
Third Party Payments (care providers)	55,427	42,653	42,885	(232)	59,285	(3,858)	-6.96%
Transport & Plant	739	606	239	367	394	345	46.67%
Administrative Costs	12,190	6,220	5,958	262	12,015	176	1.44%
Family Health Services	29,514	25,089	25,089	(0)	29,514	0	0.00%
Prescribing	19,480	16,270	15,858	412	18,993	487	2.50%
Other	(90)	(67)	0	(67)	0	(90)	100.00%
Resource Transfer	18,849	12,433	12,433	(0)	18,849	0	0.00%
Set Aside	33,214	27,678	27,678	0	33,214	0	0.00%
Gross Expenditure	218,264	170,375	169,648	726	221,622	(3,358)	-1.54%
Income	(24,458)	(20,488)	(24,194)	3,706	(31,970)	7,512	-30.71%
<b>Net Expenditure</b>	<b>193,806</b>	<b>149,887</b>	<b>145,455</b>	<b>4,432</b>	<b>189,652</b>	<b>4,154</b>	<b>2.14%</b>

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Variance %age
Strategic & Resources	£19,423	£16,009	£16,133	(125)	£19,485	(62)	-0.32%
Older People & Adult Community Services	£9,003	£6,644	£6,575	69	£8,920	83	0.92%
Learning Disability	£660	£548	£528	20	£640	20	3.03%
Mental Health	£2,154	£1,293	£1,231	61	£2,093	61	2.84%
Addictions	£462	£245	£244	1	£462	0	0.00%
Planning & Health Improvement	£588	£439	£351	88	£482	106	18.03%
Childrens Services	£2,214	£1,854	£1,804	50	£2,164	50	2.24%
Family Health Services	£29,581	£25,176	£25,176	0	£29,581	0	0.00%
Prescribing	£19,480	£16,270	£15,858	412	£18,993	487	2.50%
Oral Health Services	£10,033	£8,193	£7,955	238	£10,033	0	0.00%
Set Aside	£33,214	£27,678	£27,678	0	£33,214	0	0.00%
Covid Expenditure	£9,559	£5,614	£5,614	0	£9,559	0	0.00%
Net Expenditure	136,370	109,961	109,146	815	135,625	745	0.55%

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Variance %age
Employee Costs	23,933	19,793	19,390	403	23,570	364	1.52%
Property Costs	322	295	288	6	346	(24)	-7.41%
Supplies and Services	2,184	1,596	1,518	78	2,104	80	3.65%
Third Party Payments (care providers)	453	369	439	(71)	527	(74)	-16.24%
Transport & Plant				0	0	0	#DIV/0!
Administrative Costs	11,256	5,570	5,517	53	11,255	2	0.02%
Family Health Services	29,514	25,089	25,089	(0)	29,514	0	0.00%
Prescribing	19,480	16,270	15,858	412	18,993	487	2.50%
Other	(90)	(67)	0	(67)	0	(90)	100.00%
Resource Transfer	18,849	12,433	12,433	(0)	18,849	0	0.00%
Set Aside	33,214	27,678	27,678	0	33,214	0	0.00%
Gross Expenditure	139,116	109,025	108,210	815	138,371	745	0.54%
Income	(2,746)	(2,339)	(2,339)	0	(2,746)	0	0.00%
Net Expenditure	136,370	106,686	105,871	815	135,624	745	0.55%

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Strategic & Resources	(15,950)	(13,290)	(13,358)	68	(16,033)	82	-0.52%
Older People & Adult Community Services	32,367	24,403	23,729	674	30,986	1,380	4.26%
Physical Disability	4,792	3,678	3,746	(68)	5,025	(233)	-4.86%
Learning Disability	19,937	15,256	14,417	838	18,906	1,031	5.17%
Mental Health	2,449	1,953	1,803	149	2,364	86	3.51%
Addictions	595	492	420	72	566	29	4.92%
Childrens Services	11,549	9,456	9,824	(369)	12,215	(665)	-5.76%
Criminal Justice Services	349	259	30	229	192	158	45.17%
Other Non Social Work Services	1,348	994	397	597	771	576	42.76%
Covid Expenditure	0	0	(1,426)	1,426	(964)	964	#DIV/0!
Net Expenditure	57,436	43,201	39,584	3,617	54,027	3,409	5.93%

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Employee Costs	21,509	17,054	17,050	4	21,669	(160)	-0.74%
Property Costs	1	0	26	(26)	15	(14)	-2899.56%
Supplies and Services	992	754	1,236	(482)	1,656	(664)	-66.85%
Third Party Payments (care providers)	54,974	42,285	42,446	(161)	58,758	(3,784)	-6.88%
Transport & Plant	739	606	239	367	394	345	46.67%
Administrative Costs	934	650	441	209	760	174	18.62%
Family Health Services	0	0	0	0	0	0	
Prescribing	0	0	0	0	0	0	
Other	0	0	0	0	0	0	
Set Aside	0	0	0	0	0	0	
Gross Expenditure	79,148	61,349	61,438	(88)	83,252	(4,103)	-5.18%
Income	(21,712)	(18,149)	(21,854)	3,706	(29,224)	7,512	-34.60%
Net Expenditure	57,436	43,201	39,584	3,617	54,027	3,409	5.93%



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

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

19/20/10	Efficiency	Review Approach to Prescribing	Review of local prescribing practice and benchmarks to identify opportunities for further efficiencies in the prescribing of medicines across ED.	Derrick	Carolyn Fitzpatrick	200	0	0	200	200	Board wide savings programme, staff re-directed to Covid response.	Number of risks for prescribing for 20/21 - number of drugs moving onto short supply causing price increases, additional funding for 19/20 for 20% increase in March to be repaid in 20/21 as volumes for April / May show a compensating reduction - monitor closely. In addition pharmacy staff redeployed to Covid effort impacting delivery of local savings.
19/20/14	Access	Re investigate On Line Asset Map	Re establish work to scope and capture community resources across East Dunbartonshire to support self management and sign posting for individuals seeking to access support.	Derrick	David Radford	0	0	0	0	0	Digital Strategy	Work paused - priority directed to covid response. To be delivered through Digital & Care Board
20/21/07	Service Change	Deliver locally based access points and community led support	Deliver locally based access points and community led support	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0		As above
20/21/08	Service Change	Redesign HSCP Staffing and mgt structure to support new ways of working	Redesign HSCP Staffing and mgt structure to support new ways of working	Caroline	Caroline Sinclair	25.0	12.5	0.0	0.0	0		Linked to HSCP delivery model going forward

Ref	Workstream	Action	Description	HOS Lead / Approver	Project Lead / Author	Financial Impact 20/21 (€000) - per 100 March 2020	Financial Impact 20/21 (€000) - 16th July 2020	Financial Impact 20/21 (€000) - Sept 2020	Financial Impact 20/21 (€000) - Dec 2020	Financial Impact 20/21 (€000) - Mar 2021	Dependencies	Comments
20/21/09	New Models / Practice	Pilot family group decision making model	Scope potential for residential care beds in East Dun / new residential care home	David	David	0.0	0.0	0.0	0.0	0		Not progressed during Covid period
20/21/11	New Models / Practice	Evaluation of Care at Home revised service model	Review of in house service delivery models to support individuals with a learning disability requiring residential accommodation	Derrick	Dickson	tbc	tbc	tbc	tbc	tbc		Business case on hold during Covid response
20/21/12	Service Change	LD Supported Accommodation Review (In House Service)	Review of externally purchased service delivery models to support individual with a learning disability requiring support within a supported accommodation model.	David	Richard Murphy	0.0	0.0	0.0	0.0	0		Full implementation of new model on hold during Covid period - establish evaluation 6 months after full implementation.
20/21/13	Service Change	LD Supported Accommodation Review (Commissioned Services)	Review of in house service delivery models to support individuals with a learning disability requiring residential accommodation	David	David	0.0	0.0	0.0	0.0	0		LD Review on hold during Covid response.
20/21/14	Service Change	Sub Total Projects Paused 20/21		David	Gillian Healey	225.0	12.5	0.0	200.0	200.0		LD Review on hold during Covid response.
<b>Projects Reviewed and Considered Management Action and Moved to Operational Service Plans</b>												
19/20/11	Efficiency	Improved management of allocated fleet and pool cars	Improved efficiency in the use of fleet / pool cars to reduce the reliance on the use of mileage.	Derrick	Stephen McDonald	30	15	15	15	15		Anticipate increased mileage for homework during Covid period and impact on ongoing transport provision in adherence to social distancing requirements.
19/20/02	Charging	Day Care / Transport Charging	Increases in charging for daycare services to €20.80 per day and for transport to €4.20 per day.	Jean	Jean Campbell	50	0	6.25	0	0		Daycare / transport services ceased during Covid and will not resume to previous levels due to social distancing measures within day centre provision. Increases set to apply from the 28th Sept 2020. Level of saving achieved dependent on timing and levels of daycare services to resume post covid response period.
19/20/13	Efficiency	Tighter Control of Equipment Ordering	Review of equipment ordering across health and social team	Derrick	Fiona	33	33	33	33	33		In progress.
20/21/03	Workforce / Practice	Upskill staff to provide evidence based interventions (Just Enough Support)	Training and upskilling staff to support evidenced based approach to assessment.	David	Kelly Gainty	0.0	0.0	0.0	0.0	0		Endowment application completed to progress training - no savings anticipated.
20/21/04	Workforce / Practice	Upskill staff to provide evidence based interventions (Signs of Safety)	Training and upskilling staff to support evidenced based approach to assessment.	David	Suzanne Greg	0.0	0.0	0.0	0.0	0		As above
20/21/06	Workforce / Practice	Develop and deliver locally based working with two teams	Develop and deliver locally based working with two teams	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0		Review use of Milngavie Clinic in light of social distancing requirements, progress use of Enterprise House to locate west locality teams (DP)
20/21/16	New Model	Tailored Moving & Handling	Tailored Moving & Handling	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0		In progress (DP)
<b>Project Closed - Completed</b>												
19/20/09	Service Change	Review of Independent Mobility Assessment	Review of process to access a mobility assessment to support entitlement to Blue badge.	Derrick	Fiona Munro	18	9	9	9	9		Review completed - balance of saving into the equipment line.
19/20/08	Service Change	Review of Daycare East	Conclusion of review of daycare provision within the East locality. Re-provisioning of housing support delivered through the Canal Project from Social Work to housing service.	Derrick	Kelly Gainty	25	25	25	25	25		Daycare services ceased during Covid response, consideration of guidance on safe restart to congregate services underway - savings resulting from supplies & services / transport expenditure in short term pending conclusion of review. Final element of review to be re-considered for 2021/22.
20/21/02	Service Change	Withdraw from Canal Project	Withdraw from Canal Project	Claire	Carthy	276.0	276.0	276.0	276.0	0		Complete - Costs are now being met through housing department.
20/21/10	New Models / Practice Enabler	Develop and implement resource management bureau for Adult and Older People Services	Develop and implement resource management bureau for Adult and Older People Services	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0		1st phase complete - Re-visit paper and develop flowchart for RSG process and submit through SMT for approval and implementation (KS / SMed / DA / DP)
20/21/15	Digital	Digital alternative to homework med prompt calls	Scope potential digital solutions to ensure safe and effective med prompts for individuals in receipt of support from homework services.	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0		Review completed - Not viable given the lack of technology awareness of cohort and increased complexity of need limiting numbers where there is a med call only.
20/21/17	New Model	Implementation of East Dunbartonshire Strategic Cancer Partnership	Implementation of East Dunbartonshire Strategic Cancer Partnership	Derrick	David Radford	0.0	0.0	0.0	0.0	0		Approved through HSCP Board and implementation in progress
<b>Sub Total Programme Completed 20/21</b>						<b>319.0</b>	<b>310.0</b>	<b>310.0</b>	<b>310.0</b>	<b>34.0</b>		
<b>Sub Total Programme Approved March 2020</b>						<b>1,920.50</b>	<b>839.25</b>	<b>730.75</b>	<b>898.25</b>	<b>615.75</b>		
<b>Shortfall 20/21</b>								<b>1,189.75</b>	<b>1,022.25</b>	<b>1,304.75</b>		



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NHS Board Directors of Finance  
IJB Chief Finance Officers

via email

5th February, 2021

Dear Colleagues

## **ADDITIONAL COVID-19 FUNDING TO NHS BOARDS AND INTEGRATION AUTHORITIES 2020/21**

As confirmed today by the Cabinet Secretary for Health and Sport, the Scottish Government will allocate further funding of £491 million for NHS Boards and Health and Social Care Partnerships to cover ongoing costs in relation to Covid-19. This follows the further review and scrutiny of Covid spending in recent months and is in-line with our planned approach to allocate a second tranche of funding early in 2021. I am grateful for your support in this process.

This funding will be allocated in line with the position set out in Annex A to this letter, and reflects the following approach:

- Funding is allocated based on the financial position for 2020-21 as reported in January by NHS Boards and Integration Authorities. This includes support for under-delivery of savings.
- Whilst funding is allocated to NHS Boards, we expect that the relevant funding shares are passed to Integration Authorities to ensure delivery of a balanced Covid financial position. A breakdown of these amounts is included within Annex A and B.
- Recognising the exceptional nature of 2020-21 and the impact on delivery of financial recovery plans, funding will be provided to support in-year financial balance across all NHS Boards. This position will be revisited for 2021-22, with due consideration for any ongoing impact of the pandemic.

## **Adult Social Care Winter Plan Funding Tranche 2**

As confirmed in November 2020, funding of £112 million was announced for Integration Authorities to support social care through the Winter Plan. In December, an initial tranche of £72 million was distributed to Integration Authorities to meet the costs arising from sustainability payments, staff restriction policies and additional administration support, as well as Nursing Director support. I can also confirm that up to £14 million of funding for Nursing Director support will be provided on a recurring basis in 2021-22.

In addition to the amounts allocated for Covid-19, I can confirm that the second tranche of £40 million will be provided to Integration Authorities. A breakdown of this funding is provided



in Annex B and should be utilised to meet on-going sustainability payments and staff restriction policies, as set out in the Winter Plan.

In view of the ongoing financial pressures in relation to Covid, along with the need to ensure ongoing financial sustainability across the social care sector, the allocation letters include funding of £100 million to be passed on to Integration Authorities in line with the detail set out in Annex B. This is to support ongoing Covid costs, including new ways of working developed in year, and additional capacity requirements.

A further £20 million of Community Living Change Funding is also being allocated to Integration Authorities. This is to support discharge from hospital of people with complex needs, to support the return to Scotland of those placed in care in the rest of the UK and costs associated with the redesign of service provision in order to avoid future hospitalisation and inappropriate placements. A breakdown of this funding is set out in Annex B.

Finally, further to points raised at the recent Budget update meeting, £57.5 million is being allocated to Integration Authorities in respect of the outstanding balances on the Primary Care Improvement Fund (PCIF), Mental Health Strategy Action 15 Workforce, and Alcohol and Drugs Partnerships (ADPs). This represents the required funding on the three programmes to meet the full commitments as set out previously by the Scottish Government. Integration A breakdown across the three funds is set out in Annex C and the detailed calculation behind each figure will be shared with the Chief Finance Officers Network and the FHS Executives Group.

Any queries on Covid-19 funding allocations should be directed to Stuart Wilson ([Stuart.Wilson3@gov.scot](mailto:Stuart.Wilson3@gov.scot)) and Stephanie Knight ([Stephanie.Knight@gov.scot](mailto:Stephanie.Knight@gov.scot)). Queries regarding social care allocations should be directed to Fiona Bennett ([Fiona.Bennett@gov.scot](mailto:Fiona.Bennett@gov.scot)).

Yours sincerely



Richard McCallum  
Interim Director of Health Finance and Governance

## Annex A: Breakdown of further Covid-19 and Social Care funding by NHS Board Area

All figures in £ millions	COVID-19 Q1-4 Allocation - Tranche 2			Further Integration Authority Support HSCPs	Adult Social Care Winter Plan - Tranche 2 HSCPs	Community Living Change Funding HSCPs
	NHS Board	HSCPs	Total			
NHS Ayrshire and Arran	13.0	7.8	20.9	7.6	3.1	1.4
NHS Borders	2.6	8.0	10.6	2.2	0.7	0.4
NHS Dumfries and Galloway	9.1	1.8	10.9	3.1	1.5	0.5
NHS Fife	10.8	4.3	15.0	7.0	2.7	1.3
NHS Forth Valley	(2.2)	6.9	4.7	5.4	2.5	1.1
NHS Grampian	10.3	6.2	16.4	9.5	4.3	2.0
NHS Greater Glasgow and Clyde	86.3	4.3	90.6	22.4	9.9	4.7
NHS Highland	13.0	11.0	24.0	6.0	2.3	1.1
NHS Lanarkshire	(4.8)	13.8	9.0	12.0	4.5	2.5
NHS Lothian	17.7	17.3	35.1	15.2	5.1	3.2
NHS Orkney	6.5	1.9	8.4	0.4	0.1	0.1
NHS Shetland	2.1	1.8	3.8	0.4	0.1	0.1
NHS Tayside	(2.1)	(4.2)	(6.3)	8.3	3.3	1.5
NHS Western Isles	1.1	1.1	2.2	0.6	0.1	0.1
<b>Total</b>	<b>163.4</b>	<b>81.9</b>	<b>245.4</b>	<b>100.0</b>	<b>40.0</b>	<b>20.0</b>
<b>National Boards</b>	<b>NHS Boards</b>		<b>Total</b>			
NHS National Services Scotland	12.9		12.9			
NHS Education for Scotland	(0.3)		(0.3)			
NHS 24	(0.8)		(0.8)			
Scottish Ambulance Service	0.7		0.7			
NHS Golden Jubilee	2.5		2.5			
Public Health Scotland	(0.1)		(0.1)			
NHS Health Improvement Scotland	0.0		0.0			
The State Hospital	0.0		0.0			
<b>Total</b>	<b>14.8</b>		<b>14.8</b>			
<b>Health and Social Care</b>			<b>Total</b>			
Centrally Held Pandemic Stock			111.0			
<b>Grand total</b>	<b>178.2</b>	<b>81.9</b>	<b>371.1</b>	<b>100.0</b>	<b>40.0</b>	<b>20.0</b>

## Annex B: Breakdown of further funding by Integration Authority

All figures in £ millions	COVID 19 Q1 4 Allocation Tranche 2	Further Integration Authority Support	Adult Social Care Winter Plan Tranche 2	Community Living Change Funding	Total
East Ayrshire	4.1	2.4	0.8	0.5	7.7
North Ayrshire	1.8	2.8	1.2	0.5	6.4
South Ayrshire	2.0	2.4	1.1	0.4	5.9
Scottish Borders	8.0	2.2	0.7	0.4	11.3
Dumfries and Galloway	1.8	3.1	1.5	0.5	6.9
Fife	4.3	7.0	2.7	1.3	15.2
Falkirk	2.2	2.8	1.4	0.6	7.0
Clackmannanshire and Stirling	4.7	2.5	1.1	0.5	8.8
Aberdeen City	2.8	3.7	2.0	0.9	9.4
Aberdeenshire	2.8	4.1	1.7	0.8	9.4
Moray	0.5	1.8	0.6	0.3	3.2
East Renfrewshire	3.6	1.7	0.9	0.3	6.4
Renfrewshire	(2.7)	3.3	1.8	0.7	3.0
Glasgow City	(1.2)	11.9	4.6	2.7	18.1
East Dunbartonshire	2.7	1.9	0.9	0.3	5.9
Inverclyde	0.3	1.7	0.8	0.3	3.1
West Dunbartonshire	1.6	1.8	1.0	0.4	4.7
Argyll & Bute	3.4	1.7	0.6	0.3	6.0
North Highland	7.6	4.3	1.6	0.8	14.3
North Lanarkshire	3.5	6.1	2.0	1.3	12.9
South Lanarkshire	10.3	5.9	2.6	1.2	19.9
East Lothian	1.0	1.9	0.7	0.3	4.0
Edinburgh City	11.5	8.7	2.5	1.9	24.6
Midlothian	1.7	1.6	0.6	0.3	4.1
West Lothian	3.2	3.0	1.3	0.6	8.1
Orkney	1.9	0.4	0.1	0.1	2.4
Shetland	1.8	0.4	0.1	0.1	2.3
Angus	(7.3)	2.3	0.9	0.4	(3.7)
Dundee	1.0	3.0	1.4	0.6	6.0
Perth and Kinross	2.1	3.0	1.0	0.5	6.6
Western Isles	1.1	0.6	0.1	0.1	1.9
<b>Total</b>	<b>81.9</b>	<b>100.0</b>	<b>40.0</b>	<b>20.0</b>	<b>242.0</b>

## Annex C: Breakdown of Integration Authority balances allocation (£57.5 million)

All figures in £ millions	PCIF	Action 15	ADP	Total
East Ayrshire	1.1	0.2	0.0	1.3
North Ayrshire	0.7	0.4	0.1	1.2
South Ayrshire	0.4	0.2	0.0	0.6
Scottish Borders	1.1	0.3	0.3	1.7
Dumfries and Galloway	0.0	-0.1	0.3	0.2
Fife	1.5	1.0	0.0	2.5
Clackmannanshire and Stirling	0.0	0.0	0.0	0.0
Falkirk	0.0	0.0	0.0	0.0
Aberdeen City	1.7	0.4	0.7	2.8
Aberdeenshire	3.1	1.0	0.0	4.1
Moray	0.9	0.2	0.0	1.1
East Dunbartonshire	0.2	0.5	0.0	0.7
East Renfrewshire	0.9	0.2	0.0	1.1
Glasgow City	3.9	1.5	1.5	6.9
Inverclyde	0.5	0.3	0.2	1.0
Renfrewshire	1.8	0.2	0.1	2.1
West Dunbartonshire	1.2	0.3	0.3	1.8
Argyll and Bute	1.4	0.2	0.0	1.6
Highland	3.7	0.6	0.0	4.3
Lanarkshire combined	5.8	2.1	2.0	9.9
East Lothian	0.1	0.1	0.3	0.5
Edinburgh	1.7	0.3	1.5	3.5
Midlothian	0.2	0.1	0.1	0.4
West Lothian	0.5	0.3	0.0	0.8
Orkney Islands	0.4	0.0	0.0	0.4
Shetland Islands	0.2	0.1	0.1	0.4
Angus	1.7	0.3	0.1	2.1
Dundee City	1.8	0.3	0.0	2.1
Perth and Kinross	1.5	0.0	0.4	1.9
Western Isles	0.2	0.2	0.1	0.5
<b>Total</b>	<b>38.2</b>	<b>11.2</b>	<b>8.1</b>	<b>57.5</b>

**TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE  
INTEGRATION JOINT BOARD**

1	Reference number	250321-08
2	Report Title	Financial Performance Budget 2020/21 – Month 10
3	Date direction issued by Integration Joint Board	25 <sup>th</sup> March 2021
4	Date from which direction takes effect	25 <sup>th</sup> March 2021
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes 260320-15
7	Functions covered by direction	Budget 2020/21 – all functions set out within Appendix 3.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2018-21, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £137.370m and East Dunbartonshire Council is £57.436m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2020/21.
10	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
10	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
11	Date direction will be reviewed	31 March 2021



Agenda Item Number: 9.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

<b>Date of Meeting</b>	25 <sup>th</sup> March 2021
<b>Subject Title</b>	Financial Planning and Budget Setting 2021/22
<b>Report By</b>	Jean Campbell, Chief Finance & Resources Officer <a href="mailto:Jean.Campbell2@ggc.scot.nhs.uk">Jean.Campbell2@ggc.scot.nhs.uk</a>
<b>Contact Officer</b>	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221
<b>Purpose of Report</b>	To update the Board on the financial planning for the partnership and agree the budget for 2021/22.
<b>Recommendations</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>a. Note the position within the financial planning assumptions and acknowledge that these have been formed following partnership collaboration.</li> <li>b. Agree to accept the indicative budget settlement for 2021/22 from the NHS (Para 1.9) and Council (1.11-12) while noting the caveats arising from the current situation as it relates to the health and social care partnership's necessary response to Covid-19 and the risks associated with the uncertain landscape of service delivery and associated costs.</li> <li>c. Note and approve the proposed increase in the set aside budget outlined in paragraph 1.10.</li> <li>d. Approve the savings programme for 2021/22 to support delivery of a balanced budget position for the partnership outlined in <b>Appendix 4</b>.</li> <li>e. Approve the creation of a transformation reserve to underwrite the identification and delivery of further transformation and service redesign during 2021/22 to deliver recurring savings in support of a balanced budget into future years.</li> <li>f. Approve the approach for reserves outlined in paragraph 2.6 and note this is dependent on the financial performance of the partnership delivering as projected through the Month 10 budget monitoring reports.</li> <li>g. Note that the risks to the Partnership in meeting the service demands for health &amp; social care functions and in the delivery of the strategic priorities set out in the Strategic Plan.</li> <li>h. Approve the Directions to East Dunbartonshire Council and NHS Greater Glasgow &amp; Clyde for 2021/22 in respect of the delivery of the functions delegated to the East</li> </ol>

	Dunbartonshire Integration Joint Board as set out in <b>Appendix 6</b> of this report.
<b>Relevance to HSCP Board Strategic Plan</b>	The Strategic Plan is dependent on effective management of the partnership resources and directing monies in line with delivery of key priorities.

### Implications for Health & Social Care Partnership

<b>Human Resources</b>	None	
<b>Equalities:</b>	None	
<b>Financial:</b>	The financial landscape for the partnership is challenging for 2021/22 and beyond. This is as a consequence of continuing demand and cost increases, challenging demographic pressures and ongoing financial austerity within Partners.	
<b>Legal:</b>	The Chief Finance Officer's duties in Scotland require a balanced budget to be set. This is established in s108(2) of the Local Government (Scotland) Act 1973 and s93(3) of the Local Government Finance Act 1992. Directions are being issued in line with the legislation	
<b>Procurement:</b>	None	
<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	The financial position of the partnership is dependent on the settlements from the Local Authority and the Health Board. Depending on the outcome of the year-end financial position, the HSCP may have some general reserves to manage in year pressures and smooth in future recurring transformation activity. The Partnership continues to rely on a programme of service redesign and transformation to meet the financial challenges. This requires to be enhanced and is underwritten by Partners in line with the integration scheme.	
<b>Risk Implications:</b>	There are a number of financial risks moving into futures years given the rising demand in the context of reducing budgets which will require effective financial planning as we move forward.	
<b>Implications for East Dunbartonshire Council:</b>	The impact and risks to the services delivered through the partnership will be significant in the event of a financial settlement that challenges the delivery of core, statutory services and contains demand, cost and demographic pressures.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The impact and risks to the services delivered through the partnership will be significant in the event of a financial settlement that challenges the delivery of core, statutory services and contains demand, cost and demographic pressures.	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<b>X</b>

## MAIN REPORT

- 1.1** The Integration Scheme between East Dunbartonshire Council and NHS Greater Glasgow & Clyde sets out the arrangements for the determination of the amounts to be paid to the Partnership from the respective parties in furtherance of the delivery of the Strategic Plan and to support the effective delivery of the services delegated to it.
- 1.2** The Integration Joint Board (IJB) is required to set a balanced budget each financial year and to take a view as to whether the settlement from each constituent body is sufficient for it to be able to deliver on the services delegated to it and the priorities set out within the Strategic Plan.
- 1.3** The Scottish Government 2021/22 Budget was passed by the Scottish Parliament on 9<sup>th</sup> March 2021 which included the financial settlement and distribution for both local authorities and Health Boards for 2021/22. This provides an uplift of 1.5% on recurring NHS delegated budgets and specific additional funding of £72.6m to integrated partnerships to continue delivery on the implementation of the Carers Act, implementation of the Scottish Living Wage and an uplift to free personal and nursing care payments.
- 1.4** The outcome of work undertaken in partnership with finance colleagues within NHS GG&C and East Dunbartonshire Council provides a detailed picture for the partnership on the extent of local pressures and what this will mean in terms of a financial challenge for ED HSCP in 2021/22.
- 1.5** The financial pressures facing the partnership are detailed in the table below:

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
<u>Expenditure Pressures</u>			
Payroll	0.413	0.240	0.653
Other Pay	(0.320)	0.085	(0.235)
Other Non Pay	0.191	0.235	0.426
Contractual Inflation	2.666		2.666
RT Inflation (1.5%)		0.183	0.183
Demand Pressures	(3.346)		(3.346)
Demographic Pressures	1.170		1.170
Implementation of Carers Act	0.100		0.100
Prescribing (assumes 1.5% pass through in line with uplift)		0.300	0.300
<b>21/22 Pressures</b>	<b>0.874</b>	<b>1.044</b>	<b>1.918</b>
Un-achieved Savings 20/21	2.249		2.249
COVID	0.000		0.000
<b>Total Budget Pressures 2020/21</b>	<b>3.123</b>	<b>1.044</b>	<b>4.167</b>

**1.6** Proposed budget allocations have been subject to formal budget challenge with the above uplifts representing expected pay and cost inflation, known current demand pressures, anticipated future activity and trends within prescribing budgets. This also includes legacy savings of £2.2m which remain unidentified as part of agreeing the budget for 2020/21. Further work to identify transformation activity did not progress as planned during 20/21 due to the ongoing management of the response to the pandemic within the HSCP and across partner agencies. This equates to an overall financial pressure for 21/22 of £4.2m.

**1.7** The financial assumptions which have informed the pressures on budget for 21/22 are detailed below:

- Payroll Inflation – pay awards have been assumed at 2% for Social Work services and 1.5% for community health services (being the uplift from the SG for the NHS). Negotiations continue in relation to Agenda for Change and through COSLA for local authorities to finalise pay arrangements for 21/22. The Scottish Government will re-visit funding arrangements for NHS Boards once these pay negotiations are concluded. As an indication, a further 1% increase in the pay award would represent an additional cost pressure of £340k albeit £134k related to NHS should be fully funded.
- Contractual Inflation – contractual inflation reflects anticipated annual increases in payments to third and independent care providers. The key areas of significance in this area are:
  - Scottish Living Wage (SLW) and the impact of moving onto to the Scotland Excel (SXL) National Care at Home Framework to go live in April 2021. The SLW is increasing from £9.30 per hr to £9.50 per hr (2.15%) for 2021/22. The settlement from the Scottish Government is not sufficient to cover the full extent of the cost pressures in this area, particularly when including similar uplifts within the care home sector. Representation continues to agree a national approach to uplifting care at home provider rates and to ensure there is sufficient funding from SG to cover these pressures. A consistent national approach was agreed during the Covid pandemic to negate the need for locality based negotiations with care providers where all were involved in and prioritising the response to Covid.
  - National Care Home Contract (NCHC) - discussions with Scottish Care also continue on the uplift to the NCHC and there has been no specific funding included within the settlement to meet this cost pressure. Provision has been made to uplift rates in line with 20/21 levels (3.51% for nursing care and 3.54% for residential care)
  - Free Personal and Nursing Care - the increase to the FPNC has been uplifted by 7.5% with funding provided from SG to meet this cost pressure.
- Demand Pressures –The demand pressures relate in the main to the full year costs of Social Work care packages for individuals in receipt of social care services. This has

seen a significant downturn during 2020/21, primarily in relation to care home placements for older people and care packages to support adults with a learning disability or mental health need. The level of care placements / packages has levelled off and has seen some recovery in the last few periods, however has not recovered to the levels experienced pre-covid.

- Demographic Pressures – there is an expected growth in care placements / packages in recognition of the continuing increase in demands for social care services in the area of older people’s services, albeit this will be from a much lower baseline for 2021/22. This provides for a 5% projected increase during 21/22 and is based on the trends over the last 10 years (2008 – 2018) expected to continue for the next 10 years (2016 – 2026).
- Prescribing Costs – The uplift on prescribing is in line with the general uplift from the SG of 1.5% for 2021/22. There was a decrease in the volume of prescriptions during 20/21 and price increases related to a number of medicines which moved onto short supply have levelled off – both trends relate to the impact of Covid and are expected to resume to normal trends during 2021/22. Previous (normal) year trends would suggest an increase of 4% on this budget would be prudent, however given the ongoing Covid impact expected until the summer and the level of SG uplift this has been capped at 1.5% for 21/22. Given the volatility of this budget area, it is proposed to create an ear-marked reserve to mitigate any in year risks and movements on this budget in year.
- Covid Costs – there are expected to be ongoing costs related to the response to Covid with support to social care providers extended to June 2021, ongoing costs associated with testing, vaccinations and loss of income from daycare closures being some of the key areas continuing to be impacted. The SG have announced that there will be continuing financial support with additional funding of £869 million provided to support the ongoing response to the pandemic with the allocation of this funding to be developed in line with remobilisation plans due at the end of February. A similar approach is expected to that which was in place for 20/21.

#### Financial Settlement 2021/22

- 1.8 The Scottish Government announced its draft budget on the 28<sup>th</sup> January 2021 with the final budget being approved by the Scottish Parliament on the 9<sup>th</sup> March 2021. This process also included agreement of associated funding allocations to both NHS Boards and Local Government. This provided for specific additional investment in health and social care partnerships to deliver on a number of commitments related to the implementation of the increase in the Scottish Living Wage (SLW), increases to free personal and nursing care (FPNC) and the continued implementation of the Carers (Scotland) Act 2016.
- 1.9 The letter issued from the Scottish Government to NHS Boards and Integration Authorities (attached as **Appendix 1**) specified that NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed

recurring budgets. NHS GG&C have provided the partnership with high level budget figures for 2021/22 and an indicative budget proposal letter based on the SG settlement (attached as **Appendix 2**). This is subject to the final month 12 recurring budget levels and formal Health Board approval in April 2021. The expectation that the full uplift is passed through to partnerships would equate to an uplift to East Dunbartonshire HSCP of £0.765m. An element of this uplift has been re-directed as a contribution to fund the West of Scotland Sexual Assault and Rape Service as agreed across the six partnership areas (this equates to £46k for ED HSCP).

**1.10** In addition to the above, the set aside remains a notional budget allocation and has been restated to reflect current activity within the acute functions delegated to the HSCP and uplifted by 1.5% for 21/22. This is now set at £33.712m. An unscheduled care commissioning plan has been developed across NHS GG&C HSCP's and sets out the first steps in developing strategic plans for un-scheduled care which will support the commissioning intentions for usage of the set aside budget going forward.

**1.11** The letter issued to the President of COSLA (attached as **Appendix 3**) and finance circular issued to local authorities on the 28<sup>th</sup> January 2020 detailed the indicative allocation to local authorities which included specific provision in relation to funding for health and social care totalling £72.6m. This represents an additional £1.593m for ED HSCP and is set out in the table below:

SG Funding Allocation 21/22	2021/22 SG Allocation (£72.6m)	2021/22 ED HSCP Allocation
Continued implementation of the Carers Act	28.500	0.560
FPC Uplift	10.100	0.365
Scottish Living Wage	34.000	0.668
<b>TOTAL</b>	<b>72.600</b>	<b>1.593</b>

**1.12** The letter from the Scottish Government specifies that the funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020-21 recurring budgets for adult social care services that are delegated. Therefore, Local Authority adult social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020-21 recurring budgets. In addition recurring adjustments to SW budgets of £0.058m have been included to bring the total increase in local authority funding to £1.651m.

**1.13** A summary of the impact from the respective financial settlements is detailed below:-

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
<b>Total Budget Pressures 2020/21</b>	<b>3.123</b>	<b>1.044</b>	<b>4.167</b>
<u>Additional Funding (per draft budget 28/01/21)</u>			
EDC - Flat Cash + Share of £72.6m	(1.651)		(1.651)
NHS - 1.5% Uplift		(0.765)	(0.765)
<b>Financial Challenge to be met from Savings</b>	<b>1.472</b>	<b>0.279</b>	<b>1.751</b>

**1.14** The overall financial gap for the partnership is therefore approximately £1.75m.

**1.15** Transformation activity approved from the 2020/21 budget process has been reviewed, quantified and included as full year savings for 2021/22 where these will be recurring and deliverable during 21/22. In total these options are expected to generate £0.676m which includes some additional efficiencies identified following a review of NHS delegated budgets (£0.026m). These are set out in **Appendix 4**.

**1.16** It is clear that whilst the above efficiencies represent a positive step they are not sufficient to transform services and close the current, and future anticipated, financial gap. Partners acknowledge the importance of transformation within delivering services in line with the strategic aims of the HSCP and within a challenging financial envelope. In order to assist the HSCP in its need to transform and, recognising the specific needs within Social Care, engagement with the Council's Organisational Transformation Team continues. This work has been initiated and the next stage in HSCP transformation requires to be re-established. These plans will be specified to ensure governance and delivery within a new transformation plan with underwriting arrangements clearly linked to timing in the delivery of savings.

**1.17** The Transformation Plan for 2021/22 and beyond will be based upon a set of fundamental principles initiating a new way of working within health and social care services and based around:

- Local and community led.
- Digital first.
- Shared ownership and shared care.
- Sustainable.
- Empowered practice
- Maximised independence

**1.18** Work will continue to assess the potential financial impact and benefits accruing from these initiatives into future financial years.

**1.19** There has been a development session with IJB Board members to look at the savings

programme to meet the financial challenge in 2021/22 and beyond. Delivery against these principles will be subject to ongoing scrutiny as part of current governance processes with the update reports on the Transformation Programme being presented for future meetings of the Board and through the Performance, Audit and Risk Committee for scrutiny and challenge.

**1.20** The summary of the financial position for the partnership for 2021/22 is set out below:-

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Recurring Budget 2020/21 (excl. Set aside)	56.750	83.912	140.662
Financial Pressures - 21/22	0.874	1.044	1.918
Recurring Financial Gap 20/21	2.249		2.249
2021/22 Budget Requirement	59.873	84.956	142.580
2021/22 Financial Settlement	58.401	84.678	143.079
Financial Challenge 21/22	1.472	0.279	1.751
Budget Savings 20/21 - F/Y Impact	(0.650)	0.000	(0.650)
Transformation / Application of General Reserves	(0.822)	(0.253)	(1.075)
Savings Plan 21/22	0.000	(0.026)	(0.026)
<b>Residual Financial Gap 21/22</b>	<b>0.000</b>	<b>(0.000)</b>	<b>(0.000)</b>

**1.21** This provides a balanced budget position for the HSCP for 2021/22. It requires the ongoing identification of £1.1m of savings on a recurring basis through transformation and service redesign. It is proposed that this will be underwritten through the creation of a transformation reserve for 2021/22 in recognition that the work to identify and deliver transformation activity has been significantly hindered by the continuing response to the Covid pandemic and will continue to be so during the early part of 2021/22 and thereafter a focus on the recovery and remobilisation of services.

**1.22** This represents a pragmatic and balanced position reflecting on current events. There is a residual risk in relation to the presentation of a finalised transformation programme for Board consideration, however given current, ongoing risks this is not unreasonable. The response to the pandemic may present opportunities to maintain new models for service delivery and escalation of digital solutions which will inform transformation programmes going forward.



## **2.0 Partnership Reserves**

- 2.1** The requirement to hold financial reserves is acknowledged in statute with explicit powers being provided under schedule 3 of the Local Government (Scotland) Act 1975. Such powers allow for the creation and maintenance of a general reserve and for elements to be earmarked for specific purposes. It is the responsibility of the Chief Finance Officer to provide advice on appropriate and prudent level of reserves taking into account the scale of the partnership budgets and the levels of risk to the partnership's financial position.
- 2.2** In common with local authorities, IJB's are empowered under the Public Bodies (Joint Working) Scotland Act 2014 (section 13) to hold reserves and recommends the development of a reserves policy and reserves strategy. A Reserves policy was approved by the IJB on the 11<sup>th</sup> August 2016. This provides for a prudent reserve of 2% of net expenditure which equates to approximately £3.532m for the partnership.
- 2.3** As part of the annual budget setting process the Chief Finance Officer should review the level of reserves in terms of the adequacy of these reserves in light of the IJB's medium term financial plan and the extent to which these:
- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
  - create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
  - create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities
- 2.4** The expected partnership reserves at the year-end are set out below:-

	HSCP Reserves 2020/21			Indicative Balance at 31 March 2021 £000
	Balance at	Movement	2020	
	31 March			
	2020	2020/21	£000	£000
	£000	£0		
Scottish Govt. Funding - SDS	(77)	0		(77)
SG - Integrated Care / Delayed Discharge	(307)	28		(279)
Infant Feeding	(13)	0		(13)
CHW Henry Programme	(15)	0		(15)
SG - Primary Care Cluster funding	(39)	0		(39)
Oral Health Funding	0	(200)		(200)
SG - Primary Care Improvement	(196)	(521)		(717)
SG – Action 15 Mental Health	(108)	(456)		(564)
SG – Alcohol & Drugs Partnership	(38)	(85)		(124)
SG – Technology Enabled Care	(11)	0		(11)
SG - DN funding		(27)		(27)
SG - Integration Authority Support		(1,947)		(1,947)
SG - Adult Social Care Winter Plan		(935)		(935)
SG - Community Living Change Fund		(340)		(340)
SG - Covid Funding (LMP)		(1,098)		(1,098)
Prescribing	0	0		0
<b>Total Earmarked</b>	<b>(804)</b>	<b>(5,581)</b>		<b>(6,385)</b>
Contingency / General Reserve	0	(4,100)		(4,100)
<b>General Fund</b>	<b>(804)</b>	<b>(9,681)</b>		<b>(10,485)</b>

**2.5** The position set out provides for earmarked reserves in the region of £6.4m. The most significant additions relate to funding allocated from the SG for specific initiatives related to Integration Authority Support, Adult Social Care Winter Plan and Community Living Change Funding in support of ongoing costs related to Covid 19. In addition, full funding allocations were made in respect of PCIP, Action 15 MH and ADP where there have been some issues in relation to recruitment which will hamper the ability to spend this money in year.

**2.6** The current financial performance, as set out in the budget monitoring report for Month 10, provides for a projected underspend on budget of £4.1m. This will be subject to some movement as the year end concludes and relates in the main to the significant downturn in care placements across older people and adult social care services and prescribing. This will be taken to reserves and will support the creation of a transformation reserve to underwrite the delivery of transformation and service redesign required during 2021/22 to ensure a balanced budget position for the HSCP. In addition it will facilitate the creation of specific reserves in relation to prescribing, to manage the risks on this budget during the year and also for psychological therapies to improve waiting times performance. This will leave a contingency balance of £2.755m to ensure compliance with the HSCP reserves policy and provide a cushion to manage any in year pressures or unplanned events during

2021/22. This is set out in the table below:

General Reserve	(4,100)
Proposed:	
Earmarked - Transformation Reserve	(1,100)
Earmarked - Prescribing	(185)
Earmarked - Psychological Therapies	(60)
Balance - Contingency	(2,755)

**3.0 Partnership Financial Risks** The most significant risks that will require to be managed during 2021/22 are;

- **Cost Pressures** – The assumptions built in for anticipated demand and cost pressures for social work are beyond that expected, particularly in relation to contractual uplifts relating to the Scotland Excel National Care at Home Framework, NCHC uplift and demand for care placements in line with the recovery of service delivery models post covid. The former two elements are still subject to negotiation and finalisation through COSLA and Scotland Excel. The impact may be mitigated, in part, from moving to block contracts for locality based provision in line with the new homecare model, representation to SG for additional funding to support the SLW and NCHC and robust processes to manage the volume of care placements.
- **Pay Uplift** – The assumptions related to the pay awards for local authority and NHS staff are still subject to negotiation through COSLA and the Scottish Government and if these are higher than assumed will create an additional cost pressure. The latter may be met with additional funding.
- **Prescribing Expenditure** – Prescribing is singularly the most significant risk to the Partnership in terms of cost and demand volatility. This is particularly significant for medicines moving onto short supply which has been a concern over the last couple of years and may be impacted following the UK exit from the EU and the impact on the supply chain from the coronavirus. The uplift included for prescribing is in line with the NHS uplift (1.5%) which will create a gap based on previous year trends being nearer a 4% increase. This will be mitigated through the creation of an earmarked reserve to manage the risks related to prescribing.
- **Covid-19** - The 2021/22 budget proposals are presented on the basis that costs associated with the Covid response and remobilisation of services will continue and that there will be funding available from the SG to cover these costs. There is a risk that funding may not be sufficient to cover the full extent of these costs and the ongoing / long term impact from Covid is not known with certainty at this stage.
- **Un Scheduled Care** - The pressures on Acute budgets remain significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in Partnership performance in this area (targeted reductions in occupied bed days / delayed discharges) then there may be cost implications as the set aside arrangements are finalised and implemented.

- **Achievement of Savings Targets** – There are elements of savings target where further work has to be progressed to realise the efficiency / savings identified and this will be reliant on the resources required to take these initiatives forward. There are also risks attached to the delivery of these savings which have been detailed within individual savings proposals.
- **Partnership Reserves** – the general reserves for the partnership are predicated on the financial performance and projections delivering as expected. These will be used to underwrite the delivery of transformation and service redesign during 2021/22. If these do not materialise then the HSCP will have to rely on recovery plans to ensure a balanced budget for 21/22.
- **Demographic Pressures** – Increasing numbers of older people, children transitioning f into Adult Services and increasing numbers of LAAC is placing significant additional demand on a range of services including residential placements, day care and home care. These factors increase the risk that overspends will arise and that the IJB will not achieve a balanced year end position. The provision of a general / contingency reserve within the HSCP will mitigate these risks.
- **Living Wage** – the costs associated with implementing further commitments in respect of the living wage are subject to on-going negotiation with service providers on the impact of these changes. This is an ongoing issue and the capacity and sustainability of care providers remains a concern to continue to deliver efficient and effective care services.
- **Delivery of Strategic Priorities** – work focussed on identifying areas of efficiencies to meet savings targets detracts from the agenda to redesign services to meet strategic priorities and national outcomes and focus on longer term sustainability
- **Brexit** – the risks arising from an EU exit are being monitored to assess the impact on workforce, equipment supplies and the availability and cost of medicines.

#### 4.0 Directions

- 4.1 Based on acceptance of the indicative budget allocations as described in this report, the HSCP Board will issue Directions to NHSGGC and East Dunbartonshire Council for the operational delivery of services. These directions indicate the service areas to be delivered, and the financial envelop to be made available for each. The details of these Directions are set out in **Appendix 6** to this report.

## Greater Glasgow and Clyde NHS Board

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Dear Caroline

### **2021/22 Financial Allocation to East Dunbartonshire Health and Social Care Partnership**

Further to the Scottish Budget I can now confirm the Board's allocation to the HSCP for 2021/22. This will be updated further when the out-turn for the 2020/21 financial year has been finalised.

#### **Annual uplift to NHSGGC**

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2021/22 is 1.5% totalling £33.7m.

#### **The HSCP Settlement**

The Scottish Government's funding allocation letter issued on 28 January 2021 states that *"In 2021/22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020/21 agreed recurring budgets"*.

The total allocation uplift to all six HSCPs should therefore be £13.1m based on the recurring budget at 31 January 2021 and the partnership's share of this allocation is included in **Appendix 1**.

#### **Set Aside Budget**

During 2020/21 work has continued to identify the actual budgets and costs of unscheduled care services and these will be used as the basis for the set aside allocation for 2021/22. However, until the final out-turn for 2020/21 is confirmed the current value has been uplifted by 1.5%. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation until commissioning plans are in place between HSCPs and the Board.

#### **Recharges to HSCPs**

The following items will continue to be charged to the HSCP during 2021/22:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

Non recurring allocations including Scottish Government allocations for COVID-19 for both health and social care expenditure will be passed directly to the partnership when received by the Board.

Yours sincerely

A handwritten signature in black ink, appearing to read 'James Hobson', with a long horizontal flourish extending to the right.

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

## Appendix 1 – Financial Allocation 2021/22

<b>Spend Categories</b>	<b>East Dunbartonshire Hscp</b>
	<b>£000s</b>
Family Health Services *	29,446
Fhs Income*	(1,392)
<b>Family Health Services Budget (Net)</b>	<b>28,054</b>
Prescribing & Drugs	19,979
Non Pay Supplies	2,138
Pay	16,033
Other Non Pay & Savings	18,940
Other Income	(1,231)
<b>Budget - HCH incl Prescribing</b>	<b>55,858</b>
<b>Total Rollover budget - NET</b>	<b>83,912</b>
<b>Adjustments:</b>	
Non Recurring bud allocated to base	(1,771)
<b>Budget Eligible for HCH &amp; Prescribing uplift</b>	<b>54,088</b>
<b><u>Uplifts</u></b>	
Scottish Government allocation	<b>811</b>
West of Scotland Sexual Assault & Rape Service ( Topsliced)	<b>(46)</b>
West of Scotland Sexual Assault & Rape Service (Hosted)	
Total Uplift	<b>766</b>
<b>Revised Budget</b>	<b>84,678</b>
<b>Set Aside Budget</b>	
2020/21 value	33,214
Uplift at 1.5%	498
<b>2021/22 value</b>	<b>33,712</b>







T: 0300 244 4000  
E: [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot)

Councillor Alison Evison  
COSLA President  
Verity House  
19 Haymarket Yards  
Edinburgh  
EH12 5BH

Copy to: The Leaders of all Scottish local authorities

28 January 2021

Dear Alison,

Today I set out the Scottish Government's proposed Budget, including tax and public sector pay policies for 2021-22 and introduced the associated Budget Bill to Parliament. Further to the announcement I write now to confirm the details of the local government finance settlement.

The intention is that details of the indicative allocations to individual local authorities for 2021-22 will be published on Monday 1 February in a Local Government Finance Circular which will begin the statutory consultation period on the settlement.

COVID-19 has taken a heavy toll on our society, communities and lives. While the local impacts have undoubtedly been severe in many areas, our communities have also shown an enduring resolve in a time of great crisis. I am indebted to local authorities in continuing to support their communities and to deliver vital public services and for the central role in administering financial support to our businesses under the most significant of pressures.

The physical and mental ill-health caused by COVID-19, together with the economic impacts, including loss of businesses and jobs, have in turn impacted people's standards of living and put many more on the cusp of financial insecurity, with the risks of poverty and homelessness that brings. There have been significant consequences for education and our communities have felt the economic impacts sharply in how we travel, live, work, and shop. Our Budget responds to those challenges.

The total non-COVID-19 revenue funding to be provided through the settlement for 2021-22 will be £11,003.4 million, which includes distributable non-domestic rates incomes of £2,631 million.

The Capital settlement has been set at £617 million.

The total funding which the Scottish Government will provide to local government in 2021 -22 through the settlement is therefore £11,620.4 million, and includes;

- £59 million revenue to support the final tranche of increased funding for the expansion in funded Early Learning and Childcare entitlement to 1,140 hours;
- In addition to the £100 million available in 2020-21, a further £72.6 million to be transferred from the health portfolio to the Local Authorities in-year for investment in adult health and social care and mental health services that are delegated to Integration Authorities under the Public Bodies (Joint Working) (Scotland) Act 2014. This brings the total transferred from the health portfolio to support health and social care integration to £883.6 million in 2021-22. The additional £72.6 million for local government includes a contribution to continued delivery of the real Living Wage (£34 million), uprating of free personal and nursing care payments (£10.1 million), continued implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£28.5 million);
- The ongoing £88 million to maintain the pupil:teacher ratio nationally and secure places for all probationers who require one under the teacher induction scheme;
- Continued provision in support of Teachers Pay (£156 million) and Pensions (£97 million);
- An increase of £7.7 million in the specific grant support for Inter-Island Ferries bringing the total to £19.2 million;
- £5.3 million for Barclay implementation costs; and
- The capital settlement includes an uplift in provision for flood risk schemes of £10 million.

In recognition of the unique pressures created by the pandemic the settlement also includes an additional £90 million available to compensate councils who choose to freeze their council tax at 2020-21 levels, helping to protect household incomes. This additional allocation provides compensation to support services and equates to an increase in council tax of around 3%.

Including the additional funding to compensate for a council tax freeze the revenue allocation delivers an increase for local government for 2021-22 compared to 2020-21 of £335.6 million or 3.1% to support services.

I can also confirm local government will be allocated a further £259 million of non-recurring COVID-19 funding for 2021-22. The distribution of this funding, which will be provided as general revenue grant, will be discussed and agreed with COSLA.

Local authorities will again, in return for this settlement, be expected to deliver further certain specific commitments.

This year, we will again work with local government to agree a small number of deliverable outcomes to help ensure Integration Authorities use total resources to focus on delivery of key areas for improvement, including: reducing delayed discharges; improving availability of, and access to, community-based health and social care services; and ensuring more people are

supported to stay at home. We will also wish to ensure that the social care workforce is supported and sustained during and following the challenges of the Covid pandemic. We will provide support and challenge by working with local government to agree a shared national and local approach to accountability for delivery, building upon existing shared mechanisms for routine reporting of expenditure, activity and outcomes across Scotland.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020-21 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020-21 recurring budgets.

The Scottish Government, in partnership with local authorities, retains the ambition of empowering schools to make key decisions over areas such as the curriculum, budgets and staffing while continuing to deepen collaboration across the education sector. In recognising that teachers are central to achieving our ambition of delivering excellence and equity in Scottish education we will continue to commit an overall funding package of £88 million in the local government finance settlement to support both maintaining the pupil teacher ratio at a national level and ensuring that places are provided for all probationers who require one under the teacher induction scheme.

We will continue to invest in the Attainment Scotland Fund to deliver the Scottish Attainment Challenge. This will see each local authority area continue to benefit from over £120 million in Pupil Equity Funding (PEF), which will go directly to headteachers to provide additional support to help close the poverty-related attainment gap and overcome barriers to learning linked to poverty. This is in addition to the £62 million in Attainment Scotland Funding allocated to LAs outwith the local government finance settlement. This funding will continue to provide authorities and schools with additional means to provide targeted literacy, numeracy and health and wellbeing support for children and young people most impacted by poverty.

On non-domestic rates, the Scottish Budget commits, within the fiscal limitations of the devolved settlement, to extending the 100% Retail, Hospitality and Leisure (RHL) and aviation relief for at least three months. We hope that this interim measure will provide a degree of certainty in the absence of any clarity from UK Government over both the future of their equivalent RHL relief and other macroeconomic support measures such as the furlough scheme. Should the UK Government bring forward an extension to their equivalent RHL relief that generates consequential funding, Ministers will match the extension period as part of a tailored package of business support measures. In addition, our decision to reduce the Basic Property Rate ('poundage') to 49 pence, the same as in 2019-20, will deliver savings for Scottish businesses compared with previously published plans. Notwithstanding the limitations of the devolved settlement we are fully committed to doing all we can to prioritise support for businesses and this unprecedented step will ensure that properties' gross rates liabilities are no higher than they were prior to the pandemic, all else being equal.

In coming to the decisions announced in the Scottish Budget I have listened carefully to the representations that COSLA made on behalf of local government over the unprecedented pressures and challenges they are facing and this is recognised in the decisions taken on the level of funding to be delivered through the local government finance settlement.

The Scottish Government and COSLA worked together to agree the details of a lost income scheme to compensate councils for the loss of income from sales, fees and charges due to the pandemic in 2020-21. The scheme was worth an estimated £90 million for 2020-21 but was subject to confirmation of the consequentials from the UK Government. While that confirmation is still awaited, I can also confirm that I am increasing the allocation to £200

million, which when added to the previously committed £49 million of consequential that could also be used to support lost income for council Arm's Length Organisations will provide an extra £249 million of allocated funding to support councils losses due to the pandemic. While I appreciate that confirmation of this additional funding is coming late in the financial year it will allow councils to manage the costs of COVID-19 and subsequently support continued financial sustainability. I can reaffirm my commitment that if there are any further consequential that accrue to the Scottish Budget for this purpose in 2021-22, I will pass these on in full to Scottish local authorities.



**KATE FORBES**

Financial Planning 2021/22 - Savings Programme

Workstream	Action	Lead	Full Year Impact 21/22	Full Year Impact 22/23	Total Saving
	<b><u>Service Redesign (19/20 Savings Cfwd)</u></b>				
Policy	Fair Access to Community Care	David	200	200	400
Service Change	Review of Daycare	Derrick	50	50	100
			250	250	500
	<b><u>Service Redesign (20/21 savings c/fwd)</u></b>				
Assets	Children's Services 'House' Project Development	Claire	400	400	800
Service Change	LD Supported Accommodation Review (In House Service)	David	-	300	300
Service Change	LD Supported Accommodation Review (Commissioned Services)	David	-	325	325
			400	1,025	1,425
	<b>TOTAL C/fwd Savings Programme 21/22</b>		<b>650</b>	<b>1,275</b>	<b>1,925</b>
	<b><u>New Savings 21/22</u></b>				
Efficiency	Review of Health Improvement Budgets		26	-	26
	<b>Total Savings Programme 21/22</b>		<b>676</b>	<b>1,275</b>	<b>1,951</b>

## TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	250321-09
2	Report Title	Financial Planning and Budget Setting 2021/22
3	Date direction issued by Integration Joint Board	25 <sup>th</sup> March 2021
4	Date from which direction takes effect	1 <sup>st</sup> April 2021
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Budget 2021/22 – all functions set out within Appendix 6.
8	Full text of direction	East Dunbartonshire Council is directed to spend the delegated net budget of £58.401m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £118.390 (incl. £33.712 related to set aside) in line with the Strategic Plan and the budget outlined within this report.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £118.194 and East Dunbartonshire Council is £58.401 as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of the development of the budget for 2021/22.
10	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
10	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB.
11	Date direction will be reviewed	May 2021

## Full Year Budget 2021/22 - Delegated Health Services by Subjective and Care Groups

Health Services (Subjective)	Full Year Budget
Payroll	16,358,000
Non Payroll	2,108,000
Purchase of Healthcare	19,065,000
Family Health Services	48,333,000
Financial Planning	58,000
Income	-1,244,000
<b>OVERALL TOTAL</b>	<b>84,678,000</b>

Health Services (Care Group)	Full Year Budget
Alcohol & Drugs	332,000
Adult Community Services	5,437,000
Child Services Community	1,998,000
Child Services Specialist	206,000
FHS - Prescribing	20,105,000
FHS - GMS	14,439,000
FHS - Other	13,701,000
Learning Disability - Community	656,000
Mental Health - Adult Community	1,464,000
Mental Health - Elderly Services	1,099,000
Oral Health	5,473,000
Administration & Management	1,435,000
Planning & Health Improvement	555,000
Resource transfer - Local Authority	17,720,000
Financial Planning	58,000
<b>TOTAL</b>	<b>84,678,000</b>

Set Aside	33,712,000
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<b>118,390,000</b>
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Health and Social Care Partnership

Full Year Budget 2021/22 - Delegated Social Work Services by Subjective / Care Group

Social Work Services (Subjective)	Full Year Budget
Non-Teaching Employee Costs	21,759,025
Property Costs	423
Supplies & Services	997,795
Agencies & Other Bodies	56,327,891
Transport & Plant	720,906
Transfer Payments	198,263
Administrative Costs	781,500
Financing Costs	0
Income from Government Grants	-930,348
Budget Savings	-822,348
Sales	-8,785
Fees & Charges	-1,067,613
Recharges to Other Departments	-75,036
Income from Rents	0
Other Income	-19,480,219
<b>OVERALL TOTAL</b>	<b>58,401,454</b>

Social Work Services (Care Group)	Full Year Budget
Older People	34,955,545
Physical Disability	4,887,565
Alcohol & Drugs recovery Service	1,026,712
Learning Disability	20,567,298
Mental Health	2,499,767
Children & families	11,635,689
Criminal Justice	299,396
SW Resources	1,086,846
Resource transfer Income	-18,557,364
<b>OVERALL TOTAL</b>	<b>58,401,454</b>

RT, DD, SCF, ICF, Cont'Care, Therapeutic Supp, Health Savings, Veteran's (excl sal recharges, Covid Income)

Council - Other Budgets	Full Year Budget
Care of Gardens	
Adaptations (PSHG)	450,000
Care & Repair	214,000
Fleet	
<b>TOTAL Other</b>	<b>664,000</b>

incl in SW budget

incl in SW budget

<b>TOTAL COUNCIL DELEGATED</b>	<b>59,065,454</b>
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Agenda Item Number: 10

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

<b>Date of Meeting</b>	<b>25th March 2021</b>
<b>Subject Title</b>	<b>HSCP Quarter 3 Performance Report 2020-21</b>
<b>Report By</b>	<b>Caroline Sinclair, Interim Chief Officer and Chief Social Work Officer</b>
<b>Contact Officer</b>	<b>Alan Cairns, Planning, Performance &amp; Quality Manager</b> <a href="mailto:Alan.cairns2@ggc.scot.nhs.uk">Alan.cairns2@ggc.scot.nhs.uk</a>
<b>Purpose of Report</b>	The purpose of this report is to inform the 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 October to December (Quarter 3).
<b>Recommendations</b>	It is recommended that the Health & Social Care Partnership Board: <ol style="list-style-type: none"> <li>1. Note the content of this report, and;</li> <li>2. Consider the Quarter 3 Performance Report 2020-21 at <b>Appendix 1</b></li> </ol>
<b>Relevance to HSCP Board Strategic Plan</b>	Quarterly performance reports contribute to HSCP Board scrutiny of performance and progress against the Strategic Plan priorities.

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
<b>Equalities:</b>	None
<b>Financial:</b>	None
<b>Legal:</b>	None
<b>Procurement:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Risk Implications:</b>	None
<b>Implications for East Dunbartonshire Council:</b>	The report includes indicators and measures of quality and performance relating to services provided by the Council, under Direction of the HSCP Board.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The report includes indicators and measures of quality and performance relating to services provided by NHS Greater Glasgow and Clyde, under Direction of the HSCP Board.

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

<b>1.0</b>	<b>MAIN REPORT</b>
1.1	The 2020-21 Quarter 3 performance report at <b>Appendix 1</b> contains a range of performance information, most of which is available and complete for the full reporting period. However 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. A summary of more recent performance using NHS Greater Glasgow and Clyde data is provided to ensure that a more up to date picture is available.
1.2	The Covid-19 pandemic impacts on a number of the performance metrics covering 2020-21, Quarter 3. At its meeting of 17 September, the HSCP Board considered the Quarter 1 report covering the April to June period, which showed the impact of spring lockdown and social distancing on presenting demand and activity, which reduced significantly during this period. During Quarter 2, service activity increased across many functions during summer before again being affected by the Level 3 and 4 constraints. The Quarter 3 report covering October to December reflects this return to more severe public health constraints. Organisational focus has been to move between critical response operational planning and transition to recovery and remobilisation when safe to do so.
1.3	During the pandemic period, operational teams have worked very hard to ensure that the people we support continue to have their eligible needs met, provided in ways that are safe and person-centred. A snapshot of the work of HSCP teams in the form of an infographic has been included on page 3 of Appendix 1, to demonstrate some of this activity.
1.4	As a result of the 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. For example it would be inaccurate to attribute the degree of reduced emergency hospital attendance, admission and delayed discharge during the period since mid March 2020 to the success of the unscheduled care action plan, when significant impact has been due to Covid-19 emergency planning responses. RAG (red, amber and green) ratings are therefore avoided in these circumstances, as the lines of attribution and contribution are more complex and challenging. The individual indicators and measures have therefore been set out in the document with their own individual impact narratives. This approach will be maintained during the Recovery and Transition planning period, to avoid potential misdirection or misinterpretation.

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# PERFORMANCE REPORT 2020-21 QUARTER 3

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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 outbreak impacts on a number of the performance metrics covering 2020-21 Quarters 1-3. With the diversion of health and social care resources to support the crisis response during lockdown, and the impact of social distancing on business-as-usual, service demand and activity reduced significantly during this period. The availability of some data for this period has also been delayed.**

**The HSCP has business continuity plans in place to guide the delivery of essential services and Covid-19 Recovery and Transition Plans are also in place which inform the process of guiding service recovery through and out of the pandemic. These plans sets out the approach the partnership will take to critical response and transitional post emergency phases 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

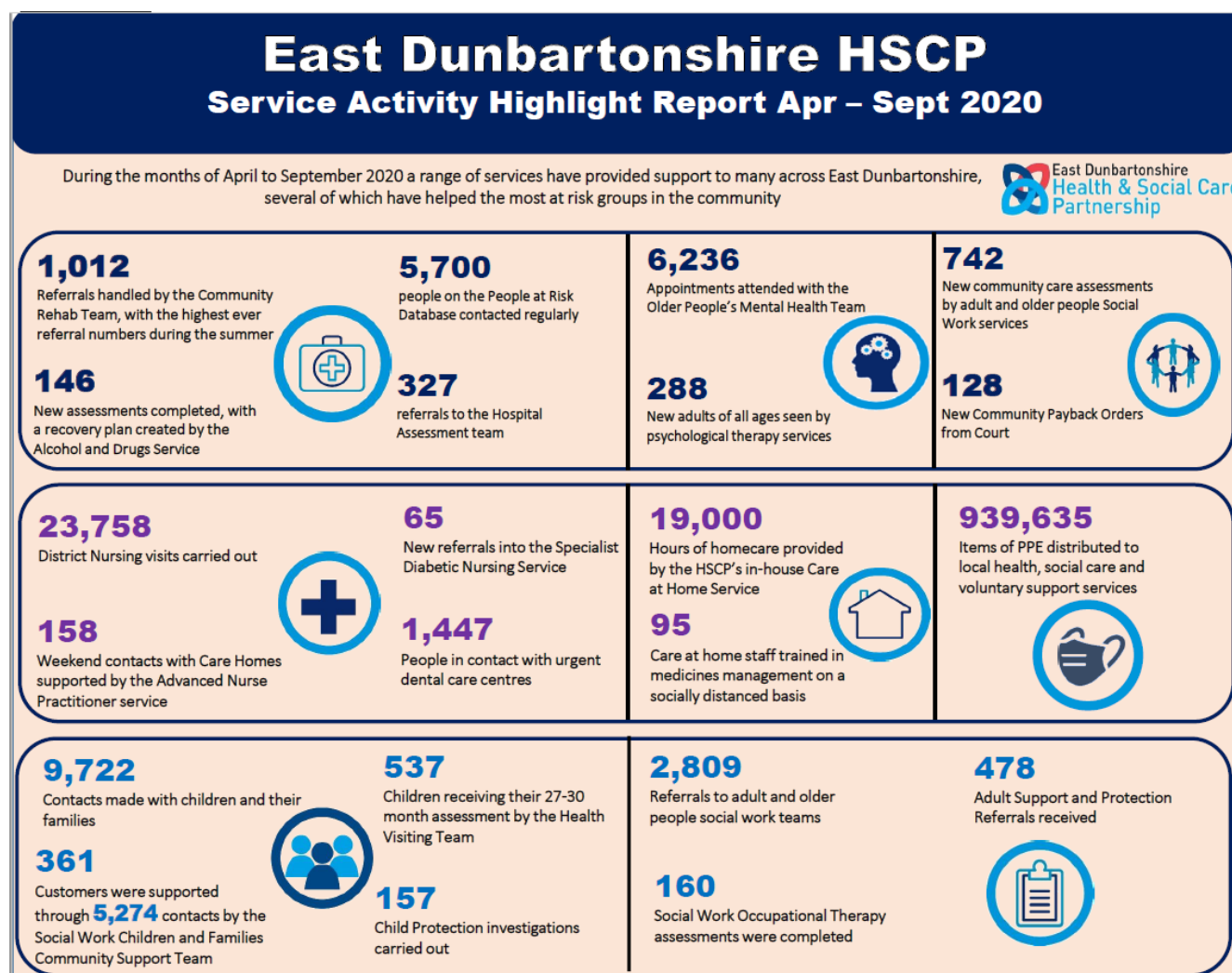
## SECTION 2 Performance Summary at Q3

This section of the quarterly report normally ranks each of the performance indicators and measures that feature in the report against a red, amber and green 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. For example it would be inaccurate to attribute the degree of reduced emergency hospital attendance, admission and delayed discharge during the period since mid March 2020 to the impact of the unscheduled care action plan, when significant impact has been due to Covid-19 emergency planning responses. The individual indicators and measures have therefore been set out in the document with their own individual impact narratives. This approach will be maintained during the critical response, transition and recovery period to avoid potential misdirection or misinterpretation.

Performance reporting in health and social care is often deficit-focused and target driven. While this can bring rigour and focus to the activity of teams in normal times, during the pandemic it has not always fully demonstrated how staff have continued to support vulnerable people.

The infographic below illustrates some of the very high levels of support provided by staff during the first 6 months of the pandemic despite very challenging circumstances:



# 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.

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

### 3.1 Emergency Admissions

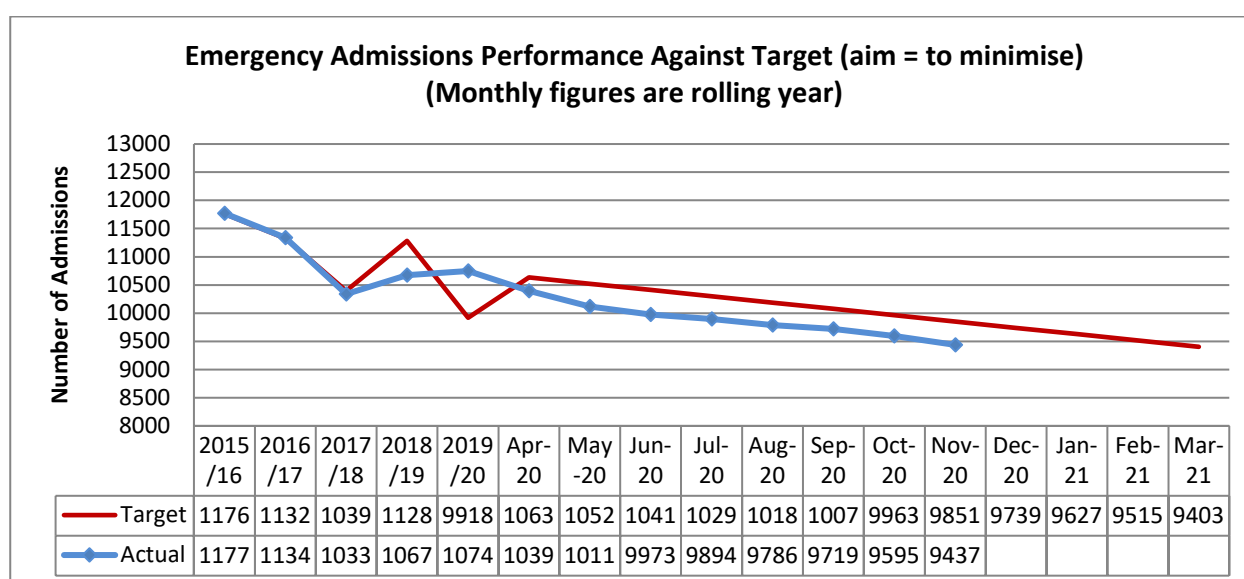
**Rationale:** Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise.

**Table 3.1 Quarterly Number of Unplanned Acute Emergency Admissions**

Q3 2019/20	Q4 2019/20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Target (2020-21)
2,719	2,629	1,951	2,412	Full Q3 not available	2,351

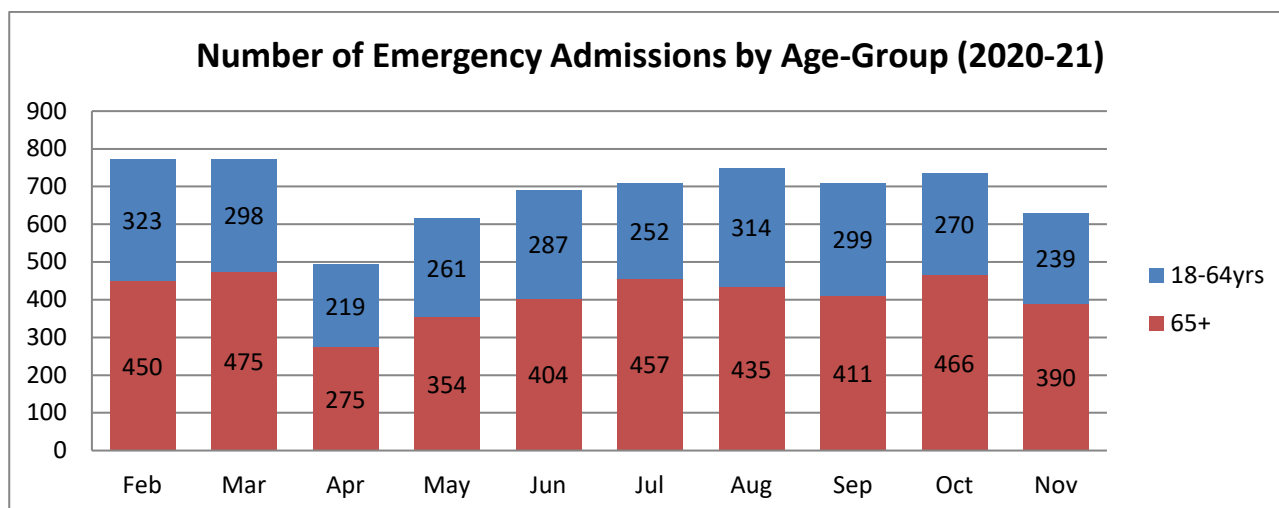
\*Based on availability of complete data for quarter at time of report – subject to update.

**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.

The national source data publication extend only to Nov 2020, but the impact of the Covid-19 pandemic can be clearly seen with the reduction in emergency hospital admissions during the first wave in the spring (particularly in chart 3.1b). This was reflective of a substantial reduction in emergency hospital activity during this period. This was attributed partly to public messaging at the time to protect the NHS in its efforts to treat people with Covid-19. It was also recognised to be a public reaction to avoid public areas where transmission levels may be higher. The charts above show a gradual recovery during late spring and summer, before the second wave began impacting on emergency hospital activity once again, from September. Local NHSGGC data indicates that this second downturn in activity has continued through the second wave period.

**Improvement Actions:**

The Partnership will continue to work with NHSGGC 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, for example: digital consultations. 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

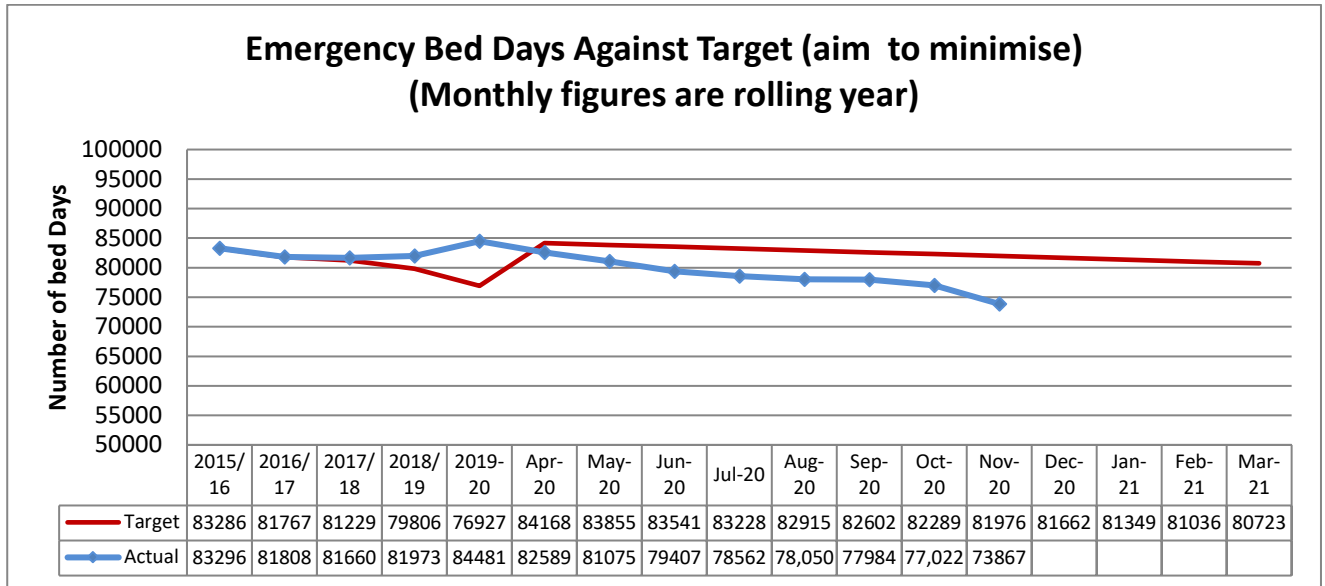


**Table 3.2 Quarterly number of Unscheduled Hospital Bed Days**

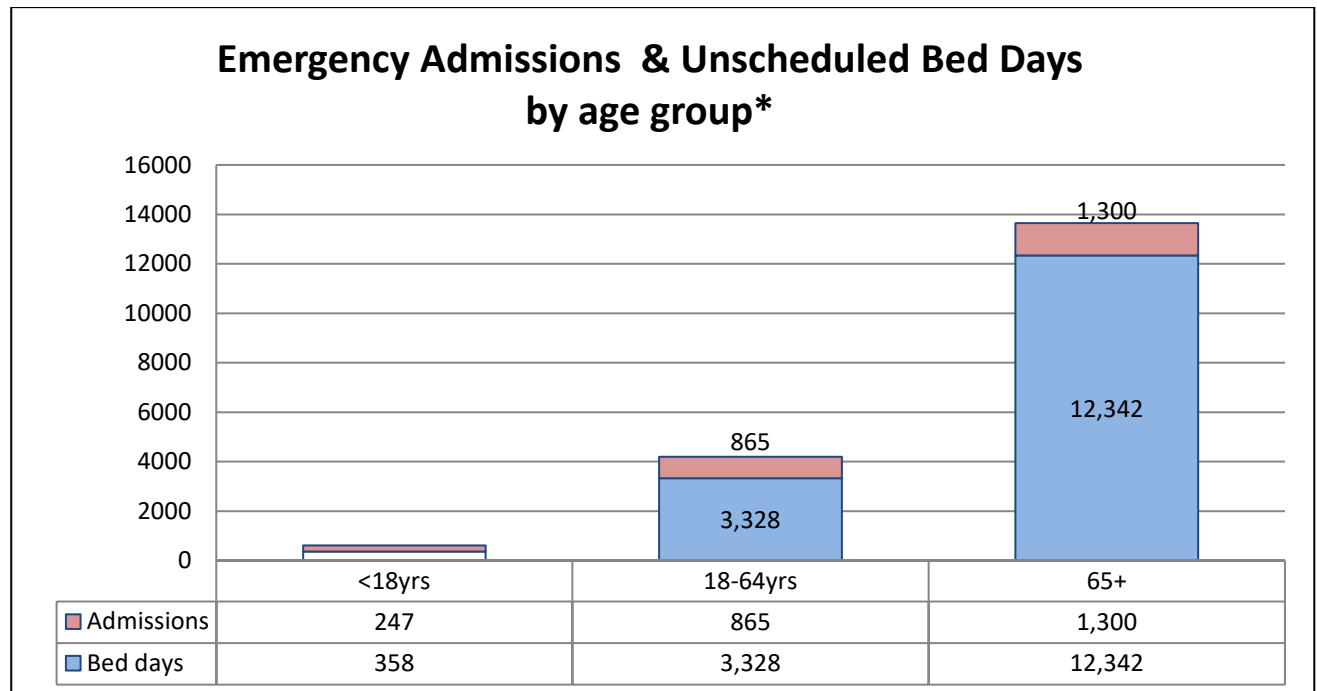
Q3 2019/20	Q4 2019/20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Target (2020-21)
20,438	21,283	15,270	16,028	Full Q3 not available	19,232

\*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 (July to Sept 2020\*)**



\*Based on most recent complete 3 month data period

**Situational Analysis:**

This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. Fig 3.2a shows a challenging trend over the past few years away from the target trajectory. The national source data publication extend only to November 2020, but the impact of the Covid-19 pandemic can be clearly seen with the reduction in unscheduled bed days in the April to June period, reflecting the reduction in emergency hospital admission, described above. Unscheduled bed days increased slightly in quarter 2 (July to Sept), but not enough to change the rolling year trajectory. The impact of the second wave can also be seen with the data to November 2020.

**Improvement Actions:**

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 greatest risk of admission via activity such as falls prevention, polypharmacy management and anticipatory care planning.

**3.3 Delayed Discharges**

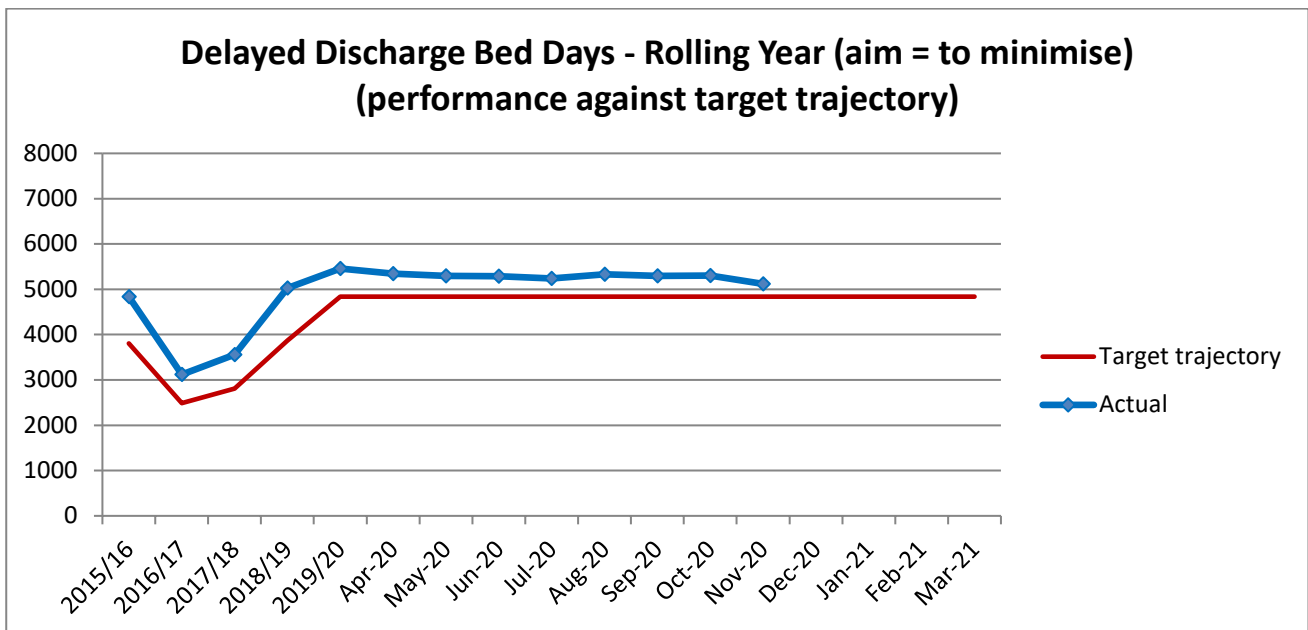
**Rationale:** People who are ready for discharge will not remain in hospital unnecessarily. Aim = to minimise

**Table 3.3 Quarterly Number of Delayed Discharge Bed Days\***

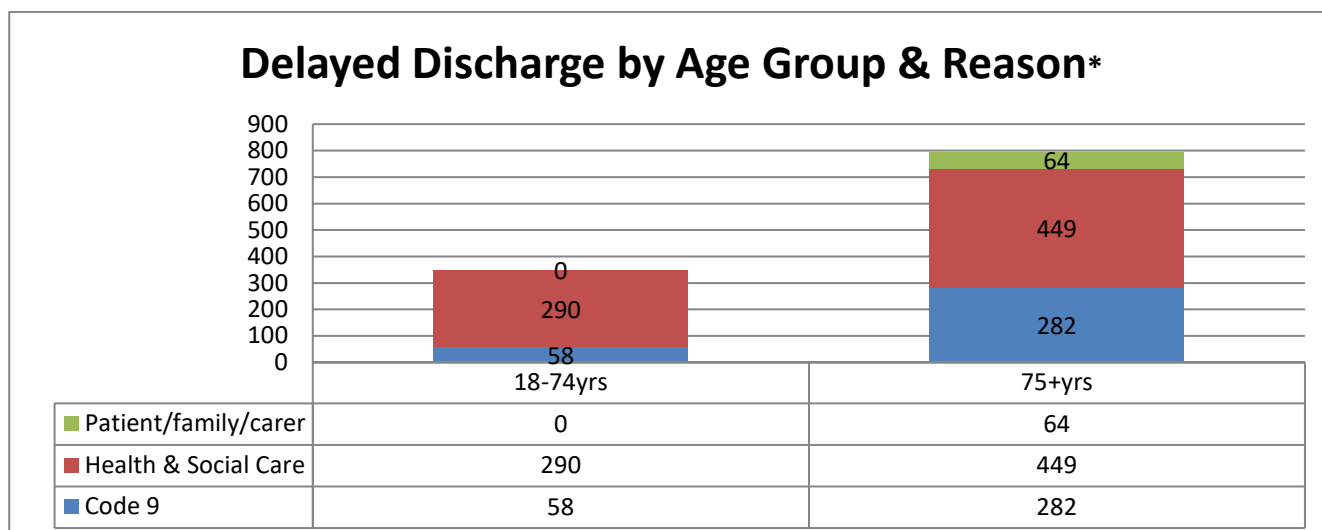
	Q3 2019/20	Q4 2019/20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Target (2020-21)
<b>No. Bed Days</b>	1,592	1,663	749	1291	Full Q3 not available	1,210

\*Based on availability of complete data for quarter at time of report

**Figure 3.3a Rolling year number of Delayed Discharge Bed Days**



**Figure 3.3b Number of Delayed Discharges by Age and Reason (Sept to Nov 20)**



\*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. Data for the period from March 2020 initially showed a marked reduction in delayed discharges due to Covid-19 emergency planning. Delays returned to pre-Covid levels after the first wave, impacted often by the need to ensure safe and well planned discharge through testing and liaison with care providers in the community and because there was an increase in the numbers patients resuming elective surgery and being delayed in their discharge thereafter. External scrutiny from the NHS GG&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 because there is sustained throughput of our delayed patients, unless there are specific circumstances.

### Improvement Actions:

Use of electronic operational activity “dashboards” allow us to be better sighted on 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 is now well established and coordinates our admission avoidance and discharge facilitation work across a range of services. We continue to work closely with care homes and other registered care providers to provide intensive support and assurance during the pandemic.

## 3.4 Accident & Emergency Attendances

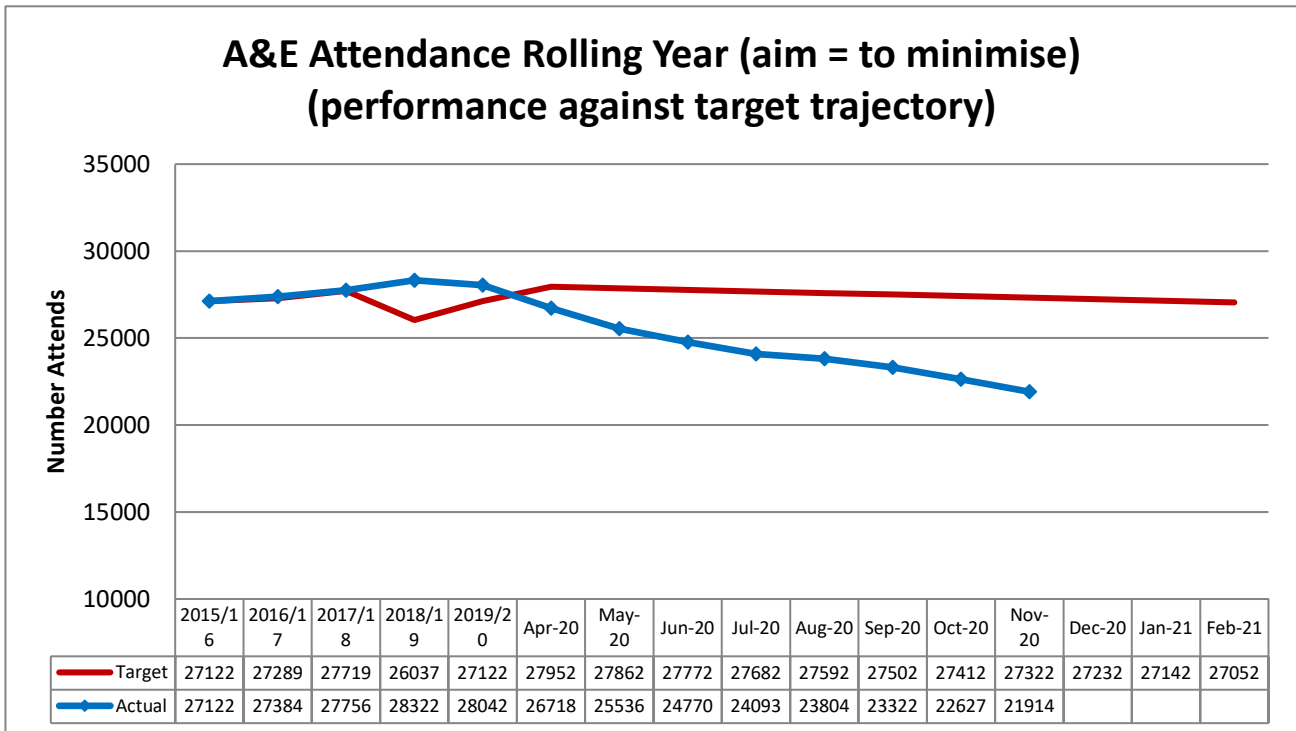
**Rationale:** Accident & Emergency attendance is focussed on reducing inappropriate use of hospital services and changing behaviours away from a reliance on hospital care towards the appropriate available support in the community setting. Aim = to minimise

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

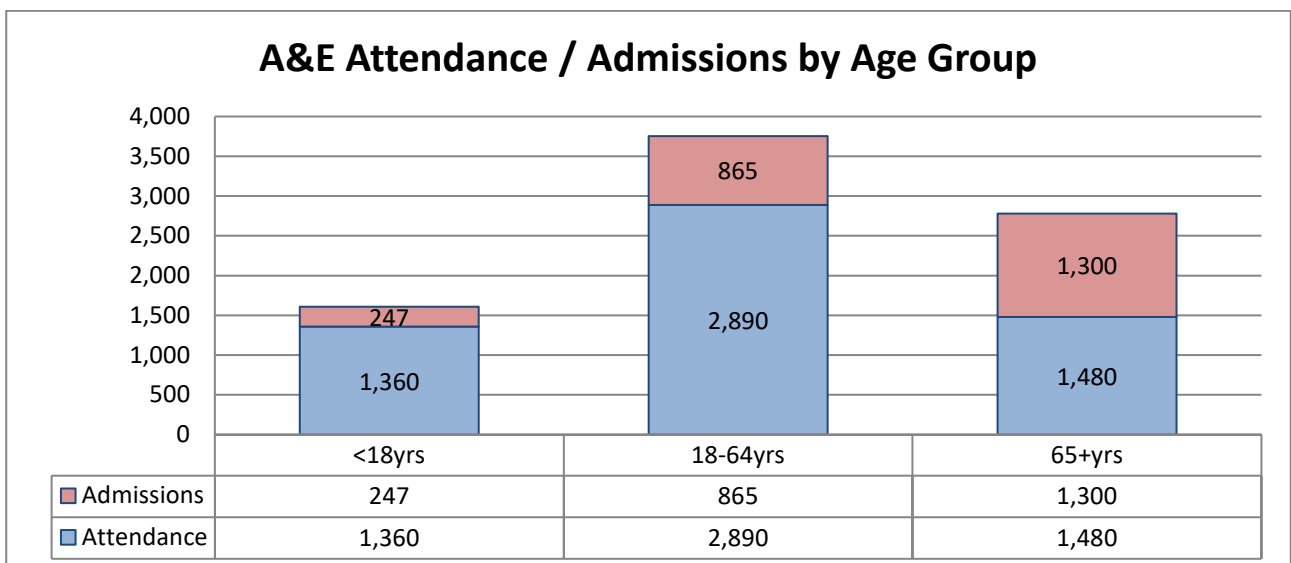
Q3 2019/20	Q4 2019/20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Target (quarter)
7,205	6,028	4,086	5,733	Full Q3 not available	6,740

\*Based on availability of complete data for quarter at time of report

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



**Figure 3.4b A&E Attendances Admitted to Hospital by Age Group (July-Sept 2020\*)**



\*Based on most recent complete 3 month data period

### **Situational Analysis:**

During 2019-20, East Dunbartonshire had the second lowest level of emergency department attendances across Greater Glasgow and Clyde and this continues into 2020-21. The data in figure 3.4b show the proportion of those who attended A&E who were subsequently discharged, suggesting a significant number of those 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” has been launched across Scotland from 1 December. Scotland’s new approach to urgent care will see those with non-life threatening conditions who would usually visit ED be 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 the first wave of the pandemic in the spring, with some recovery during the summer. The fig 3.4a illustrates that a second period of reduced attendance at emergency departments has also been experienced in the second wave of the pandemic.

### **Improvement Actions:**

From an HSCP perspective we continue our work around the Primary Care Improvement Plan, to recalibrate and sustain GP services. This will enable more flexible responses to patient need in the community although it is being significantly impacted in 2020/21 by the Covid-19 experience. We hope that increased focus on self-care for people with long term conditions will also mean that people can manage their own health more proactively. We are working closely with secondary care colleagues around their introduction of redirection protocols to ensure that people who do not need to be at A&E are redirected to community services or self-care timeously. We are also engaged in local implementation of the Right Care, Right Place initiative. Again, winter planning provided an opportunity to sharpen our focus on all these areas in order to help mitigate seasonal pressures we routinely see in all services, but the new context during and post Covid-19 will continue to be highly impactful. As has been indicated above, it is essential during the pandemic that people continue to receive the essential health and social care that they need, when they need it.

## **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 November 2020 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, against performance last year and against other HSCP’s in Greater Glasgow and Clyde. As indicated above, the Covid-19 pandemic has been significantly impactful in the pattern of unscheduled care during 2019-20:

**East Dunbartonshire HSCP Unscheduled Care  
Data Summary: April to January 2020**

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG	Variance with last year (YTD)	RAG	Variance with last year (most recent month)	RAG	Rank in GGC (most recent month)
Emergency Dept Attendances (18+)	12,219	16,395		-26.9%		-22.5%		2
Emergency Admissions (18+)	6,765	7,836		-16.1%		-20.0%		3
Unscheduled bed days (18+)	63,932	67,269		-12.4%		n/a	n/a	3
Delayed discharge bed days (all ages)	3,828	4,032		-13.5%		-24.1%		3

(Source: NHSGGC)

# SECTION 4

## Social Care Core Indicators

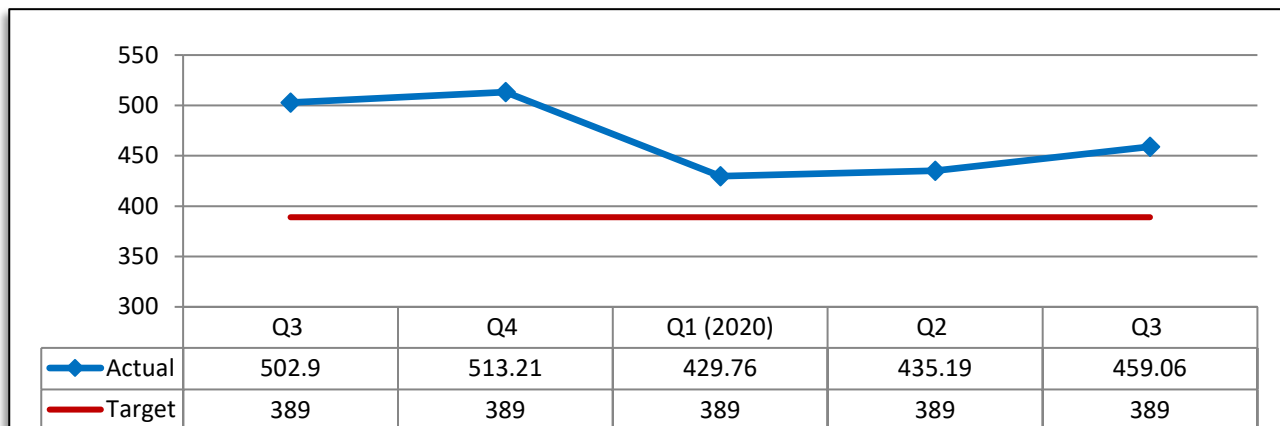
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in Health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



**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 above target. Whilst this demonstrates success in supporting people in the community, the increase is also a result of rising demand overall. Our analysis on the reasons for this rising demand point to the disproportionate increase in people aged 80+ 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 80+ overall have the greatest level need in terms of volume and intensity of older people's service. After a sharp decrease in homecare delivery reported in the Q1 report, data since then show a slight increase in the number of hours provided as families either return to work or become more comfortable that community prevalence and infection control measure in place within the service mitigate the risk of their loved ones contracting Covid-19. The number of hours provided remains below pre-Covid-19 levels, although complexity of need continues to rise.

### Improvement Action:

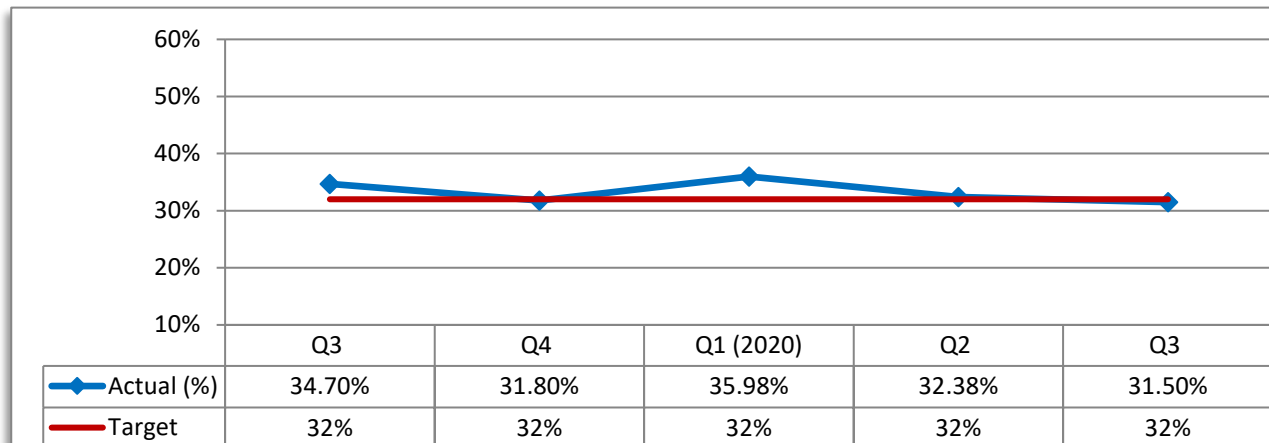
Homecare is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in their preferred place of care and reducing the number of people living in long term care are all dependant on homecare. We are progressing well with the embedding of the new Homecare delivery model which establishes new organisational and service model arrangements to meet future need in a sustainable way. We are also carrying out a significant service improvement plan in partnership with the Care Inspectorate, in preparation for an expected inspection in the coming three months..

The HSCP has developed a 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.

## 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 4.2 Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home (aim = to maximise)**



### Situational Analysis:

This 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 on or above target for this indicator over the past year with a slight 0.5% below target performance being recorded in Q3.

### Improvement Action:

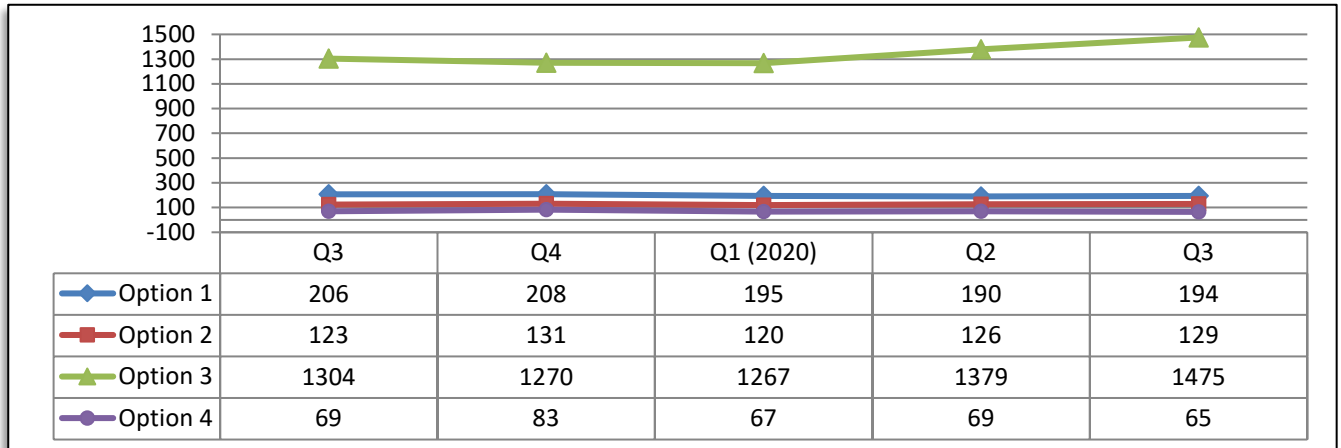
Our intention is to maintain good, balanced performance in this area.



## 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 uptaking SDS options



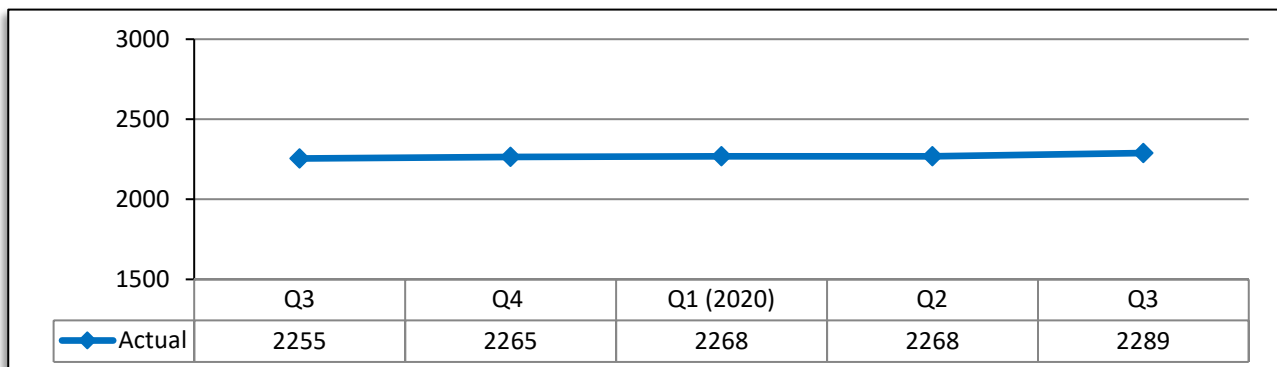
#### Situational Analysis:

The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice. Despite some movement, the distribution of SDS choices is remaining broadly stable.

#### 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)



**Situational Analysis:**

There has been a very gradual increase in the number of people aged 75 and over with a telecare package over the past 12 months. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

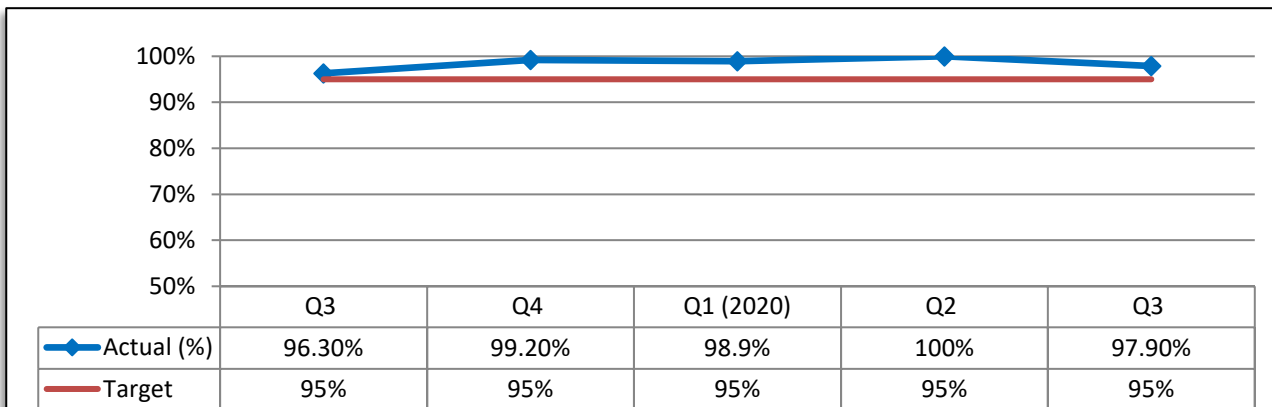
**Improvement Action:**

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. A communication plan has been developed for this programme to support increased workforce awareness of the opportunities technology can bring.

**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)**



**Situational Analysis:**

While very many people receive services well within the 6 week target from the completion of their community care assessment, this measure ensures that we can track compliance with this national target timescale. We consistently score very highly with compliance levels of around 100%. The slight downturn in Q1 as a consequence of Covid-19 lockdown on the ability of staff to arrange services in the normal way has recovered in Q2, as a blended approach to engagement methods has bedded in. A similar downturn has been seen in Q3 reflecting a further Covid-19 lockdown though the service has successfully continued to deliver above the national target.

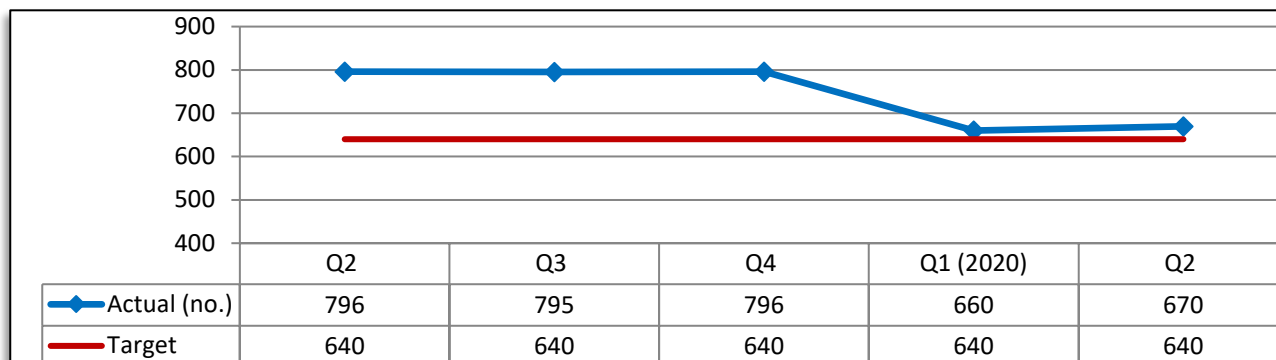
**Improvement Action:**

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

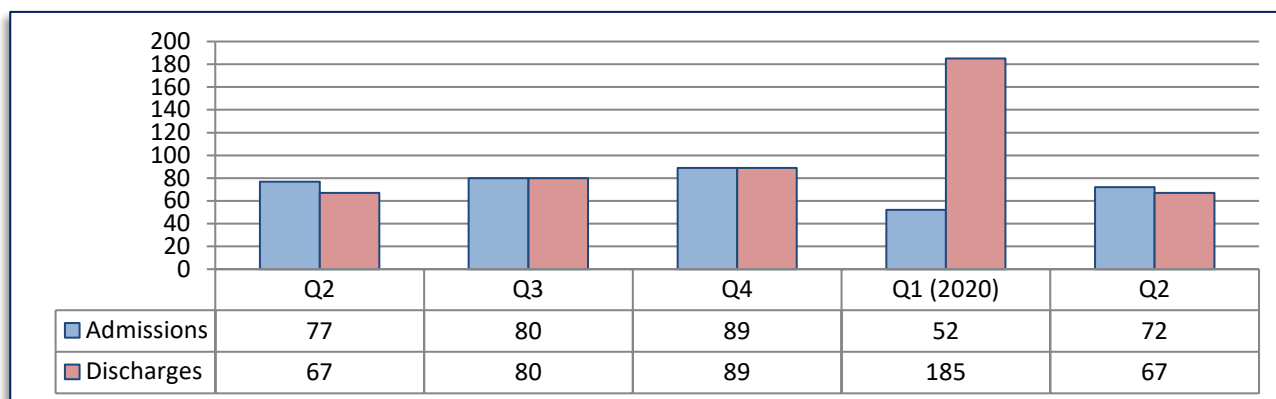
## 4.4 Care Home Placements

**Rationale:** Avoiding new permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. *Aim = to minimise in normal circumstances, but this has been adversely affected by Covid.*

**Figure 4.4a Number of People Aged 65+yrs in Permanent Care Home Placements (snapshot)**



**Figure 4.4b Number of Care Home Admissions and Discharges (including deaths)**



### 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 care home admissions. Increases in care at home provision to older people demonstrates that this has been successful, but demand pressures continue across all service sectors.

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 July to September 2020, but the highly challenging impact of Covid-19 on the care home sector can be seen in the balance of activity in Fig 4.4b in Q1. Some recovery can be demonstrated in Q2, but with lower than pre-Covid admission levels.

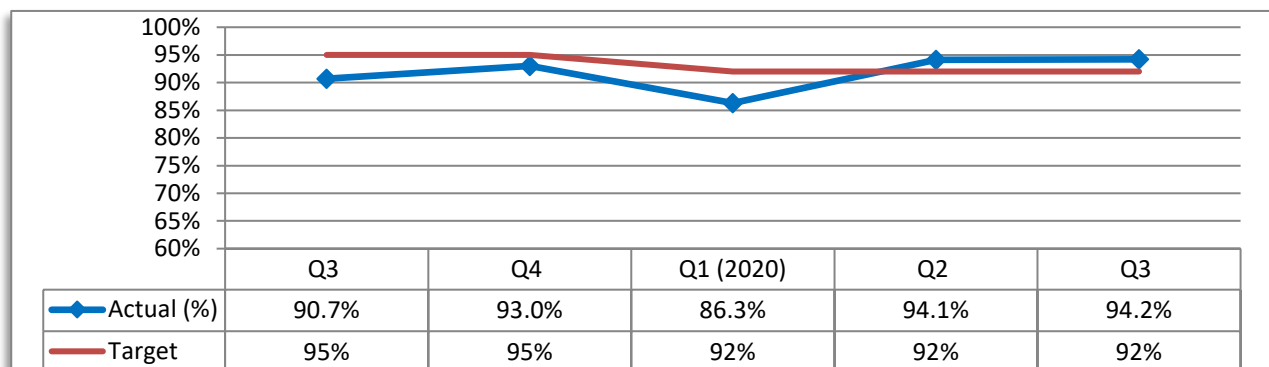
### Improvement Action:

Work continues to analyse and manage care home admission pressures, taking into account the potential consequences, both personal and organisational, for decision-making. Intensive support and assurance work is being provided by the HSCP for all care homes in the area during the pandemic.

## 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)**



### Situational Analysis:

After a period of lower performance last year due to the impact of industrial action, performance recovered to levels much closer to the target. However, increasing rates of referrals linked to a Large Scale Investigation undertaken during the year have also added to the overall workload in this area making consistent achievement of targets challenging. Due to the sustained challenge in achieving target over a number of years, the target was reduced slightly for 2020-21. The combination of a further large scale investigation and lockdown during the spring contributed to lower performance in Q1. Q2 and Q3 performance has increased to above target levels.

### 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 is anticipated during the coming year and reporting will be adjusted to meet this, if required.

# SECTION 5

## Local Delivery Plan (Health) Standards

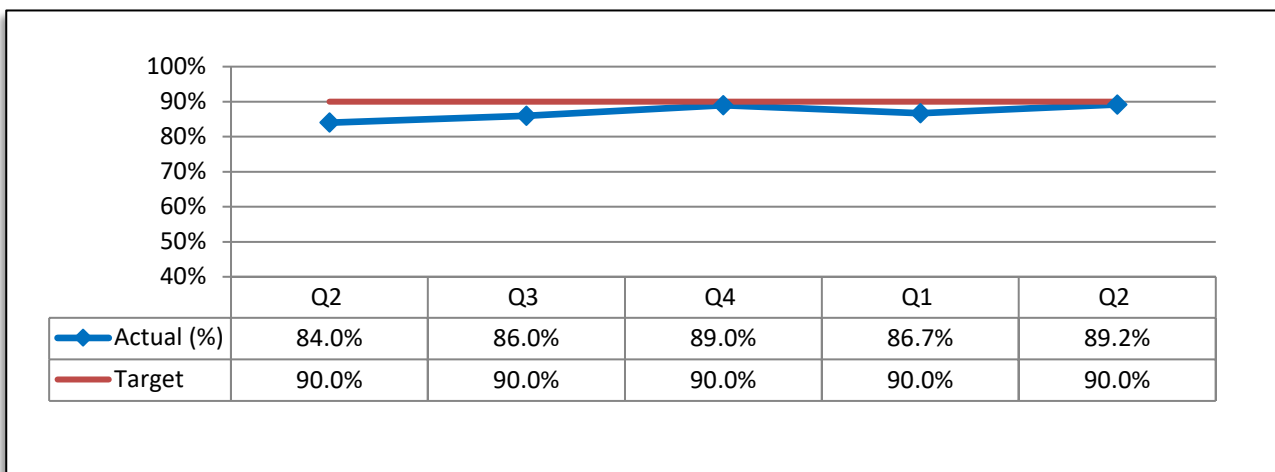
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

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

### 5.1 Drugs & Alcohol Treatment Waiting Times

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

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



**Situational Analysis:**

2020-21 Quarter 3 waiting time performance data had not been published at the time of preparing this report. At Q1, performance was just below target following a period of quarter by quarter improvement. The drug and alcohol team had been significantly impacted by staffing shortages during the last year due to long-term staff absence. Hard work by the team and the successful recruitment to the band 6 alcohol care and treatment nursing post had been instrumental in improving performance in this area. The marginal downturn in performance in Q1 is attributed to the beginning of service interruption caused by the Covid-19 pandemic.

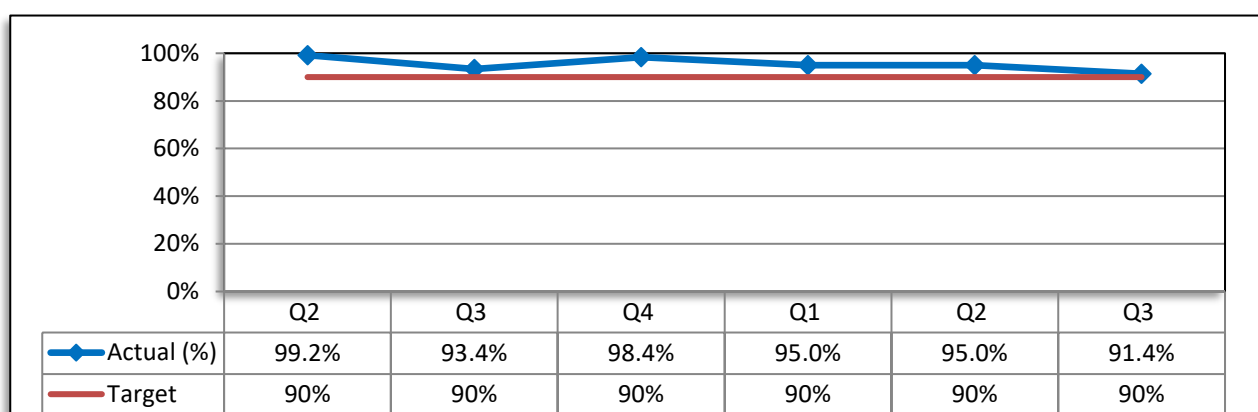
### Improvement Action:

The team will continue to work to maintain and further improve performance in this area in the longer term. However the impact of Covid-19 constraints may be demonstrated in the data that emerges over the following months. The Alcohol and Drugs Recovery Service has well-developed business continuity, transition and remobilisation plans in place.

## 5.2 Psychological Therapies Waiting Times

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

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



### Situational Analysis:

This includes the Community, Primary and Older People’s Mental Health Teams. Performance in the percentage of people seen within 18 weeks from referral to psychological therapy has consistently performed above the standard target. This level of performance was achieved even during periods of pandemic lockdown when alternative mechanisms for providing support were used, where these met the needs of the people being supported. GG&C-wide performance for Q3 stands at 88.7%, which illustrates the good work of the East Dunbartonshire teams.

### Improvement Action:

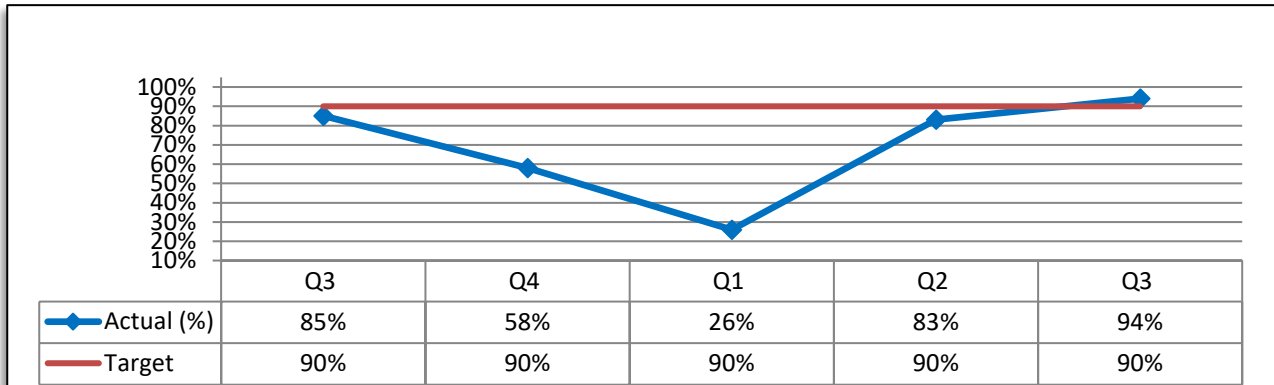
The Mental Health Teams have developed service continuity plans and recovery and transition plans to inform the way forward, to ensure that people continue to have access to therapeutic support. This will continue to include maximising digital methods where this works for patients.

## 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)**



**Situational Analysis:**

This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. The service was impacted significantly by Covid-19 lockdown measures. The period after the first wave saw a significant improvement, with Q3 achieving above target performance.

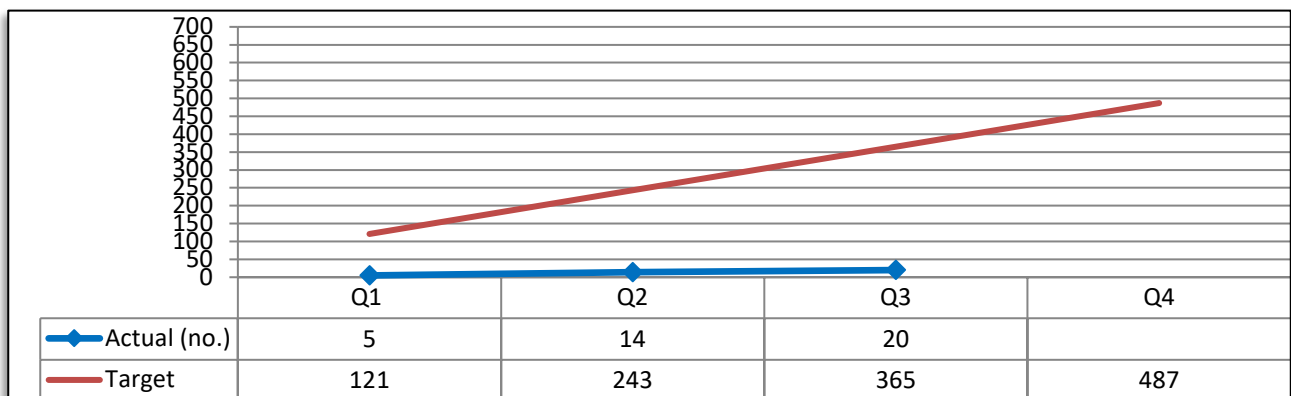
**Improvement Action:**

Work will be ongoing to continue to sustain and improve performance in this area.

**5.4 Alcohol Brief Interventions (ABIs)**

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

**Figure 5.4 Cumulative total number of ABIs delivered (aim = to maximise)**



### Situational Analysis:

The target of 487 Alcohol Brief Interventions was achieved and exceeded by some margin over 2019-20. Fig 5.4 shows that the delivery of ABIs have been significantly reduced during Q1-3 of 2020-21. Only 20 ABIs have been delivered due to the severe impact of Covid-19 restrictions on these therapeutic interventions. Recovery plans are underway to steer the beginning of a return to previous levels of service, but continued social distancing will be impactful.

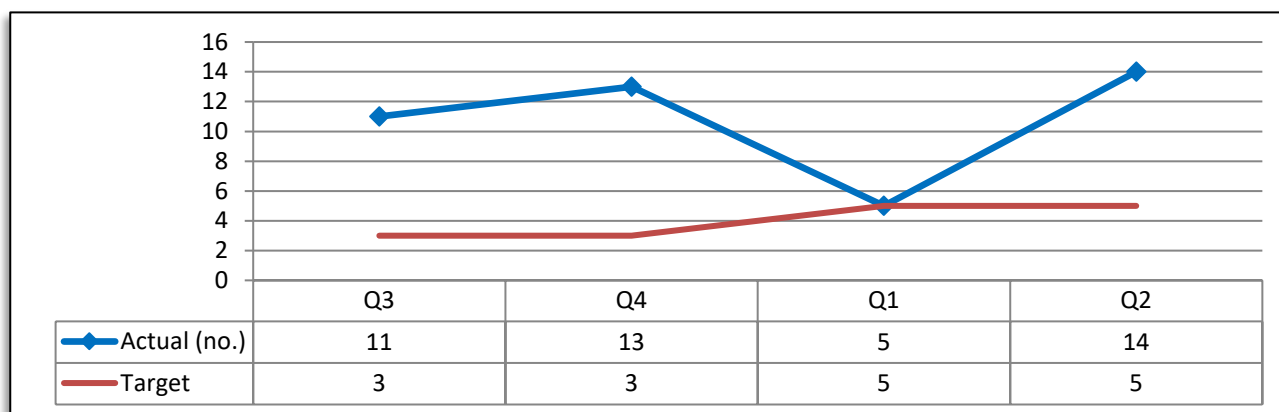
### Improvement Action:

Recovery plans are underway to inform the return to previous levels of service. Alternative engagement methods will be maximised, such as use of digital, but continued social distancing will likely be impactful for a continued period of time.

## 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)**



### Situational Analysis:

Targets for smoking cessation are set centrally by NHSGGC. The target for East Dunbartonshire has been increased by NHSGGC, for 2020-21. Performance in Q1 has been significantly impacted by the pandemic, with a reduction in the number of people coming forward for support and changes to the methods of intervention as a result of social distancing constraints. Data only becomes available 12 weeks after the end of each reporting period, so Q2 is the most recent available data.

### Improvement Action:

Although referral numbers and intervention mechanisms were detrimentally affected during the April – June lockdown, the target was nonetheless met during this period which is a credit to the service. Performance then improved further during Q2, with numbers returning to pre-Covid levels. It is likely that further impact will be reflected in Q3, when these figures

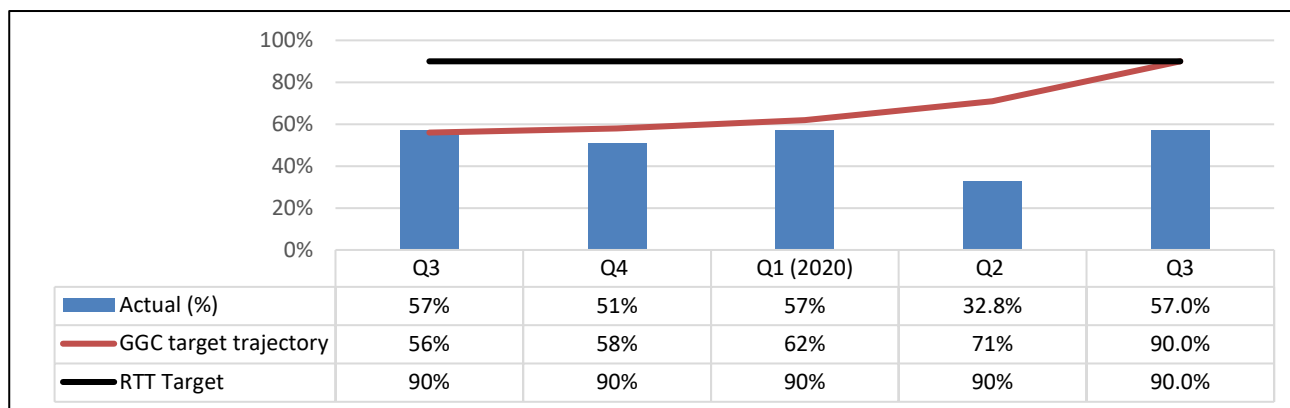


are available, due to the second wave. As we move through and out of the pandemic, the objective will be to increase referrals and reinstate normal intervention methods, when safe to do so. Alternative methods of intervention will continue to be used on a blended basis as some “virtual” approaches have 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 People Waiting <18wks for CAMHS (aim = to maximise)**



### Situational analysis:

NHSGG&C 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 over the last two years have had a significant impact on clinical capacity and we are working to resolve this as efficiently and safely as possible. At the end of quarter 3 (Dec 2020), 53.78% of children currently on the waiting list have waited less than 18 weeks, and 56.96% of children who started treatment had waited less than 18 weeks.

### Improvement Actions:

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

- Focus on remobilisation target data for completed first treatment appointments. Targets of appointments continue to be met and forecast to maintain the target on an ongoing basis, based on current increased performance.
- CAMHS Waiting List Initiative resource agreed with Chief Officers and is close to completing recruitment phase. The plan aims for each HSCP to meet the RTT within one year of successful recruitment.
- The CAMHS Waiting List Initiative Group are meeting monthly to monitor performance of the plan.

- 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 throughout the COVID-19 Pandemic.
- 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 implementation of Attend Anywhere, and remote/digital group options, to increase numbers of children seen and clinical capacity, and encourage teams to work efficiently to see children sooner. GGC CAMHS are within the highest 10 users of video calls when compared to UK CAMHS monthly data.
- Service Managers have undertaken a programme of work with referrers with the intention of implementing throughout 2021.
- There is an increased focus on DNA rate for choice appointments and plans are being developed with the aim of reducing this.
- Systems are already in place to collate learning from during the pandemic which will be used to inform further service developments on an ongoing basis.
- 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.

The CAMHS Waiting List Initiative Group will meet monthly to monitor performance of the plan.

Agreed Trajectory until December 2020

Please note, that this trajectory is for GGC CAMHS and not specific to East Dunbartonshire. SCS Leadership and CAMHS management are closely monitoring this progress and aim to keep the service on track for a return to achieving the RTT target.

<b>Quarter ending</b>	<b>Sep 2019</b>	<b>Dec 2019</b>	<b>Mar 2020</b>	<b>Jun 2020</b>	<b>Sep 2020</b>	<b>Dec 2020</b>
Performance against the standard (%) – Children Waiting at Month End	71.2%	56%	58%	62%	71%	90%

# SECTION 6

## Children's Services Performance

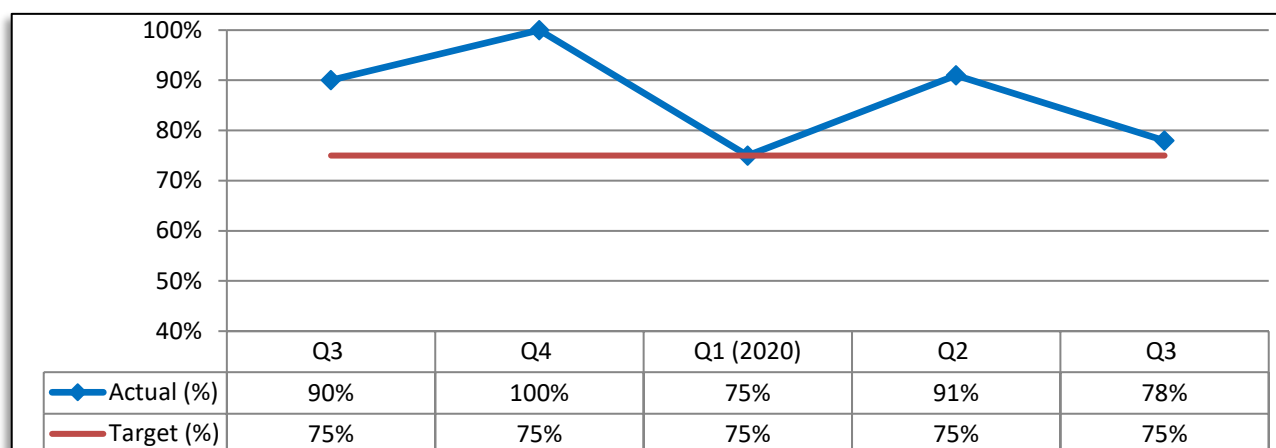
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

- 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)**



**Situational Analysis:**

Q1 in 2020-21 was been a period of significant challenge due to Covid-19 constraints, resulting in a reduction in performance but the indicator remained on target. Q2 has shown a return to above target performance. 11 ICA reports were submitted to SCRA during Q2, 10 of which were within target timescale. Q3 reflects a return to some of the challenges faces in Q1 as the pandemic moved into its second wave.

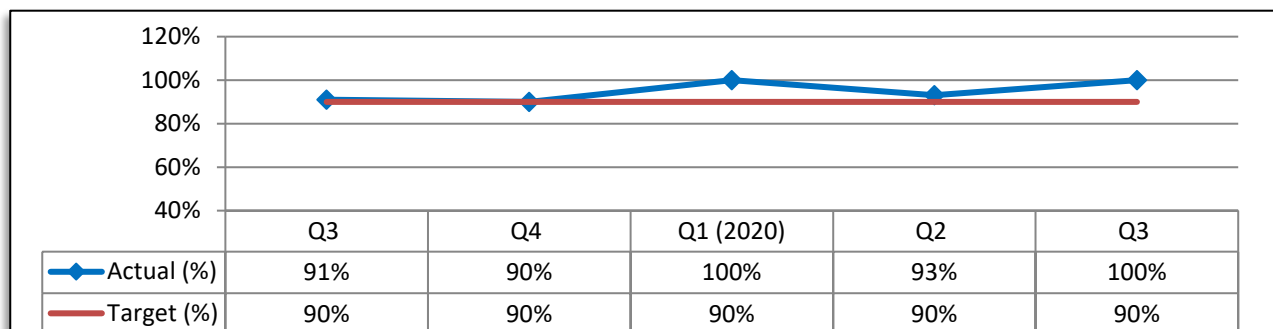
**Improvement Action:**

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)**



### Situational Analysis:

Performance in Q1 was particularly positive as it fell within the period most affected by Covid-19 lockdown. Performance in Quarter 2 has declined slightly from the previous quarter but remains above target. 14 Initial Child Protection Case Conferences were held during Quarter 2, of which 13 were within timescale. Q3 reflects the achievement of 100% of case conferences being held within 21 days of receipt.

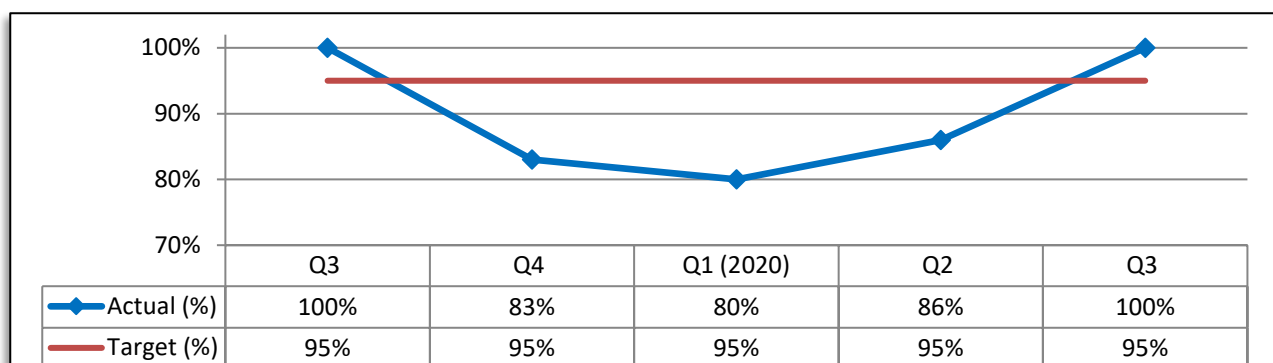
### Improvement Action:

To continue to embed revised operational procedures in order to sustain above target performance.

## 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)**



### Situational Analysis:

Performance during Q2 has improved from the previous quarter but remains below target. 7 first Child Protection Reviews took place during Q1, with 6 of these within timescale. The late review was due to a technical difficulty which was resolved by the rearranged date. Q3 reflects a positive achievement of 100% of cases taking place within the timescale despite the country being returned to a lockdown.

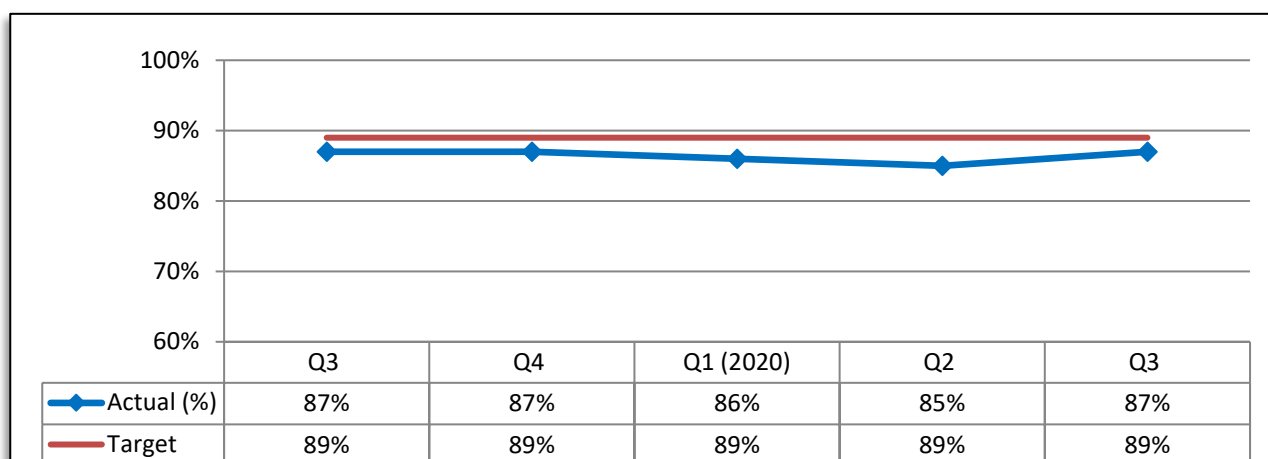
### Improvement Action:

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)**



### Situational Analysis:

Performance at the end of quarter 3 has improved from the previous quarter but is slightly below the target figure. There has been an increase in the number of children in community placements along with a slight decrease in the number of children in residential placements. This has resulted in an improvement in the balance of care.

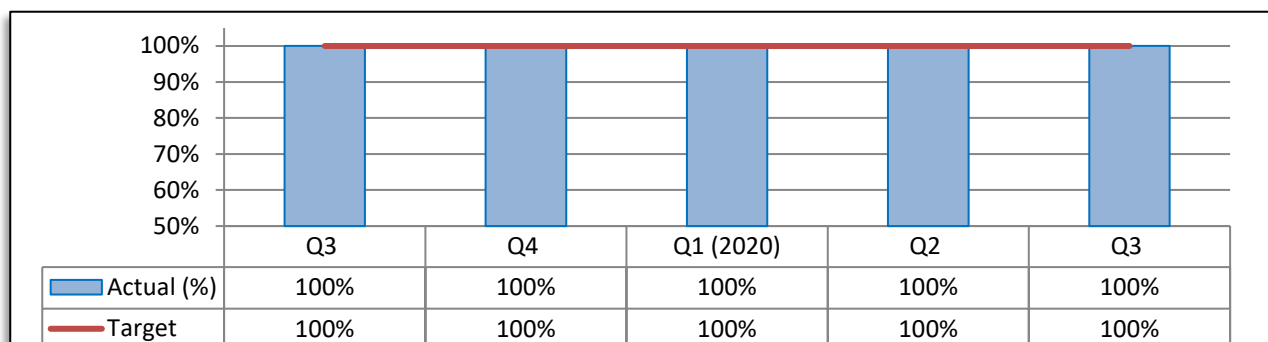
### Improvement Action:

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)**



**Situational Analysis:**

Performance in Quarter 3 is on target. There were 9 first LAAC Reviews held during the quarter and they all took place within the target timescale.

**Improvement Action:**

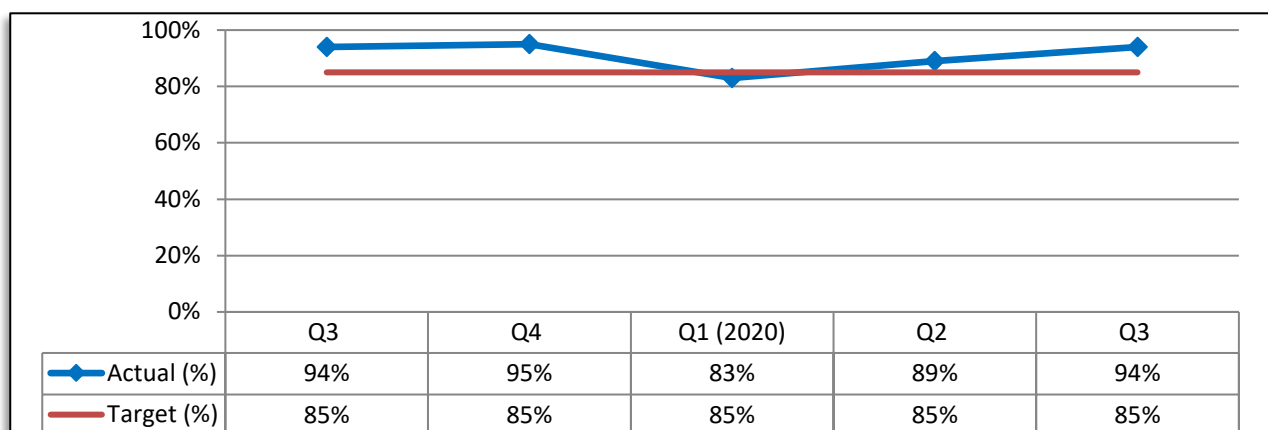
To maintain high levels of performance.

**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 age 3.

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

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



**Situational Analysis:**

This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target. The Q1 figure reflects the impact of Covid-19 public health restrictions on the delivery of service during the lockdown period with a recovery period in Q2. Q3 shows service levels have recovered and performance has returned to an 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

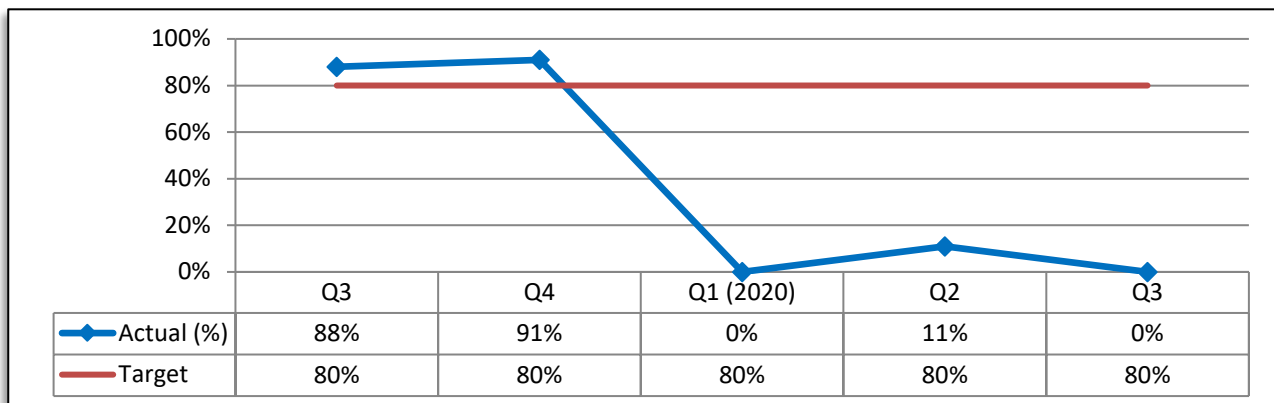
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

- 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)**



### Situational Analysis:

A challenge always remains with this performance metric when service users who attend immediately after court but are then unable to commence due to further conviction, ill health with GP line, employment contract clashing with immediate start or if 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. Nonetheless, performance has been consistently above target during 2019-20. During Q1, all work placements were suspended due to Covid-19 public health constraints. Performance in quarter 2 is still significantly below target due to the current workplace suspension, however 2 people were able to begin a work placement, which accounts for the increase this quarter. Q3 reflects the return to the suspension of all work placements due to Covid-19 public health constraints.

**Improvement Action:** The focus will be on the recovery of services in line with national and local public health guidance.

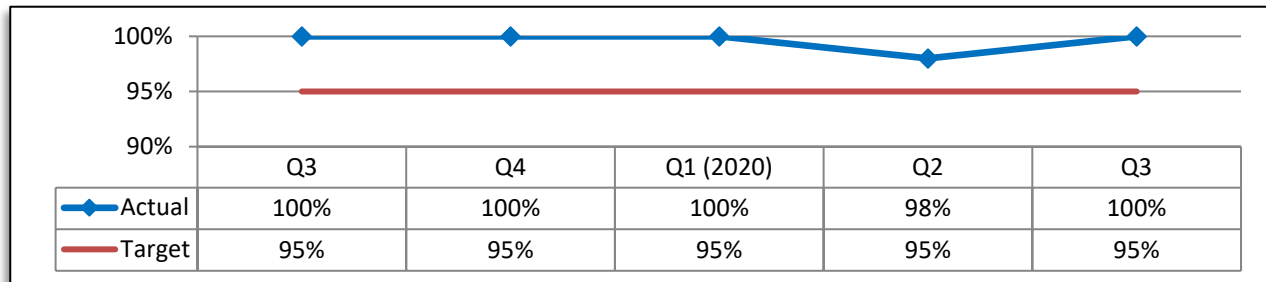


## 7.2 Percentage of CJSW Reports Submitted to Court by Due Date

**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.



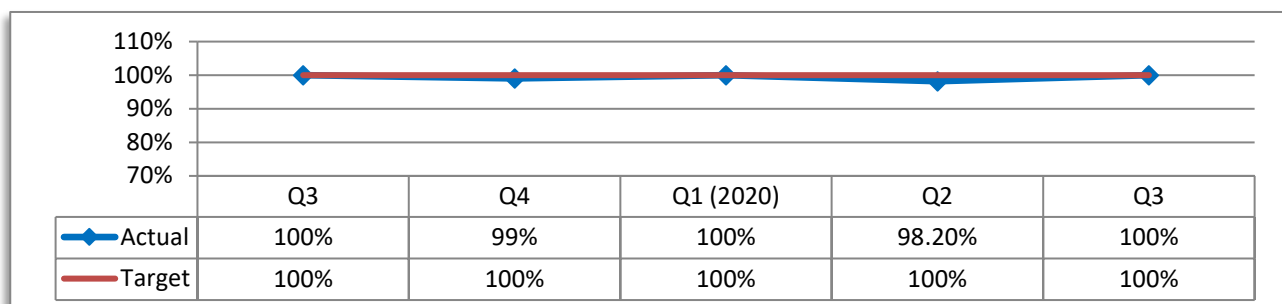
**Situational Analysis:** Performance in Quarter 3 is above target for this indicator. 71 reports were submitted to Court during the quarter and all were within the target timescale.

**Improvement Action:** Monitor and maintain.

## 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.

**7.3 Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim = to maximise)**



**Situational Analysis:** Performance in Quarter 3 is on target. 114 report requests were allocated during the quarter, and all of these were within timescale.

**Improvement Action:** The service will continue to maximise performance levels.

# SECTION 8

## Corporate Performance

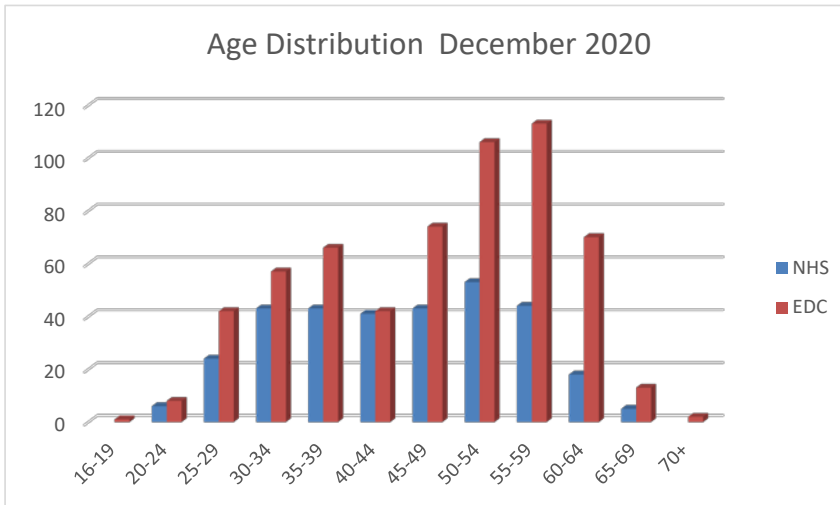
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

### 8.1 Workforce Demographics

Employer	Headcount				WTE			
	Mar - 20	June - 20	Sept- 20	Dec - 20	Mar - 20	June - 20	Sept- 20	Dec-20
NHSGGC	297	307	313	320	250	256	260.6	265.4
EDC	583	584	587	594	491	493	492.4	496.8
Total	880	891	900	914	741	749	752.4	762.2

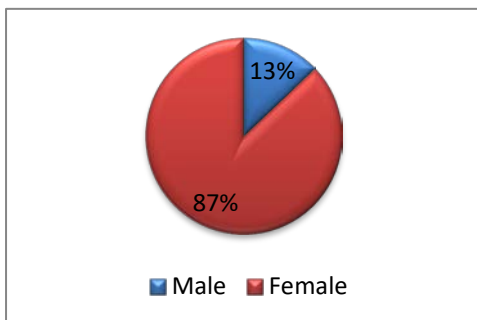
The picture on workforce shows an increase overall since Sept 2020 of 14 with an overall increase of 9.8wte staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff.

### 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 25yrs of age (15). 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 increased for the last 3mths of 2020, with 87% of staff being female.

## 8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within EDC has been slowly rising in 2020-21 following a reduction in quarter 1. Q3 2020-21 has been comparable to Q3 2019-20. Overall absence is well managed within the HSCP and as identified the main contributing factor in both 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
April 20	6.71	5.11
May 20	6.25	4.7
June 20	6.65	5.05
July 20	7.82	4.37
Aug 20	9.04	4.03
Sept 20	8.41	4.28
Oct 20	8.11	4.26
Nov 20	8.48	3.96
Dec 20	11.36	3.88
<b>Average</b>	<b>8.09</b>	<b>4.4</b>

## 8.5 KSF / PDP / PDR

KSF Activity	Jan 20	Feb 20	Mar 20	April 20	May 20	Jun 20	Jul 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20
<b>Actual</b>	<b>54.9</b>	<b>50.6</b>	<b>44.3</b>	<b>40.7</b>	<b>40.5</b>	<b>46.5</b>	<b>52.4</b>	<b>56.4</b>	<b>59.8</b>	<b>58.5</b>	<b>57.6</b>	<b>56.3</b>
<b>Target</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>	<b>80</b>

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 first quarter of 2021 before we return to target, and we are building it around Wellbeing.

## 8.6 Performance Development Review (PDR)

PDR		
Quarter	% recorded	Target %
<b>Q4</b>	82.44	85
<b>Q1</b>	1.3	60
<b>Q2</b>	2.19	75
<b>Q3</b>	3.89	80

PDR (Performance, Development Review) is the Council process for reviewing staff performance and aligning their learning and development to service objectives. Due to Covid-19 some staff have been shielding, redeployed and working from home, therefore the recording and upload of PDR has not been an area of focus. During quarter 4, work will be undertaken to support managers in this area and review the PDR process.



Agenda Item Number: 11

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

<b>Date of Meeting</b>	25 <sup>th</sup> March 2021
<b>Subject Title</b>	East Dunbartonshire HSCP Draft Performance Audit and Risk Minutes held on 5 <sup>th</sup> January 2021
<b>Report By</b>	Jean Campbell, Chief Finance & Resources Officer <a href="mailto:Jean.Campbell2@ggc.scot.nhs.uk">Jean.Campbell2@ggc.scot.nhs.uk</a> Tel: 0141 232 8216
<b>Contact Officer</b>	Jean Campbell, Chief Finance & Resources Officer <a href="mailto:Jean.Campbell2@ggc.scot.nhs.uk">Jean.Campbell2@ggc.scot.nhs.uk</a> Tel: 0141 232 8216
<b>Purpose of Report</b>	To update the Board on HSCP Performance, Audit and Risk Committee meeting held on 5 <sup>th</sup> January 2021 (attached as <b>Appendix 1</b> ).
<b>Recommendations</b>	The Board is asked to: a. Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 5 <sup>th</sup> January 2021.
<b>Relevance to HSCP Board Strategic Plan</b>	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.

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
<b>Equalities:</b>	None
<b>Financial:</b>	None
<b>Legal:</b>	None
<b>Procurement:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Risk Implications:</b>	None
<b>Implications for East Dunbartonshire Council:</b>	None
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None

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

**Appendix 1: Draft Performance, Audit and Risk Committee Minutes of 5<sup>th</sup> January 2021**

Agenda Item Number: 11a.

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

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

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

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

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



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

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

Agenda Item Number: 12.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

<b>Date of Meeting</b>	25 <sup>th</sup> March 2021
<b>Subject Title</b>	East Dunbartonshire HSCP Clinical & Care Governance Group minute of meeting held on 21 <sup>st</sup> October 2020
<b>Report By</b>	Paul Treon, Clinical Director
<b>Contact Officer</b>	Paul Treon, Clinical Director <a href="mailto:Paul.Treon@ggc.scot.nhs.uk">Paul.Treon@ggc.scot.nhs.uk</a> Telephone: 0141 232 8237
<b>Purpose of Report</b>	To share the minutes of the Clinical & Care Governance Group meeting held on 2 <sup>nd</sup> December 2020.
<b>Recommendations</b>	The Partnership Board is asked to:  1. note the content of the Clinical and Care Governance meeting of 2 <sup>nd</sup> December 2020.
<b>Relevance to HSCP Board Strategic Plan</b>	None

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None	
<b>Equalities:</b>	None	
<b>Financial:</b>	None	
<b>Legal:</b>	None	
<b>Procurement:</b>	None	
<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	None	
<b>Risk Implications:</b>	None	
<b>Implications for East Dunbartonshire Council:</b>	None	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None	
<b>Direction Required to Council, Health</b>	<b>Direction To:</b>	
	1. No Direction Required	<input checked="" type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>

Board or Both	3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

## MAIN REPORT

### 1. Clinical and Care Governance Group minutes highlight:

- 1.1. This meeting saw the launch of the new agenda format including a 'focus' on an incident theme that crosses multiple HSCP services. The group focused on GDPR/confidentiality as it was felt that with the increase in remote/virtual working the risks of increasing incidents was high and was relevant to all teams. As an outcome the issue was highlighted via the 'Our News' with direction to Learn pro/staff net learning modules.
- 1.2. The group have also recommended a focus on the complaints process would benefit Team Leads; this will be addressed via the ESMT/Leadership Group.
- 1.3. The Oral Health Directorate highlighted a new 'Varnishing' pilot project underway – aiming to delay the decaying process and reduce the need for GA procedures.
- 1.4. The group reviewed the Care Home Assurance Visit processes that are in place and the Enhanced Home Support available. The group noted the high level of scrutiny Care Homes are under as a result of the Pandemic; and were satisfied that the Care Home Daily Huddle and Weekly Oversight Group meeting provided an appropriate and robust level of local assurance.

**Appendix 1:** Clinical & Care Governance Group minutes of meeting held on 2<sup>nd</sup> December 2020.

Minutes of  
East Dunbartonshire Health & Social Care Partnership Clinical & Care Governance Sub Group  
Wednesday 2<sup>nd</sup> December 2020, 9.30am  
Microsoft Teams Meeting

**Members Present**

<b>Name</b>	<b>Designation</b>
Paul Treon	Clinical Director, Chair
Michael McGrady	Consultant in Dental Public Health
Caroline Sinclair	Interim Chief Officer
Leanne Connell	Chief Nurse
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Derrick Pearce	Head of Community Health & Care Services
Vandrew McLean	Corporate Business Manager
Raymond Walsh	Fieldwork Manager

**In Attendance**




<b>Name</b>	<b>Designation</b>
Lorraine Arnott	PA to Clinical Director & Head of Community Health & Care Services.

**Apologies**




<b>Name</b>	<b>Designation</b>
Raymond Carruthers	Operational Service Manager, Oral Health
David Aitken	Interim Head of Adult Services
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Fraser Sloan	Clinical Risk Analyst
Lorraine Currie	Operations Manager, Mental Health

No.	Topic	Action by
1.	<b>Welcome and Apologies</b>	
	<p>Apologies are noted on page 1.</p> <p>PT thanked those in attendance.</p>	
2.	<b>Minutes of Previous Meeting</b>	
	<p>Minutes approved as an accurate account.</p>	
3.	<b>Matters Arising</b>	
	<p>Datix Inconsistencies – Re missing entries for Adult Services and Mental Health Services. PT will email DA and Lorraine Currie as both had submitted apologies for the meeting, to determine if adjustments have been made.</p> <p>Anonymisation of records – Patient identifiable information on entries needing anonymised.</p> <p>Report Categorisation – VMcL advised that some tidy up is required to ensure all incident are categorised correctly. <b>ACTION:</b> VMcL will take this as an action for next meeting.</p> <p>Analysis of SW complaints – Will be discussed within the agenda for today’s meeting.</p> <p>Core Audit Timescales – Not an urgent priority given current circumstances however all services to ensure that these are completed as and when required.</p>	
4.	<b>Incident Trends</b>	
	<p>PT went through the attached Datix reports for the benefits of those present and identified various issuing arising from same.</p> <p>Clinical Incidents One incident currently sitting as red. DP will check this and as potentially awaiting further information.</p> <p>VMcL discussed timescales and closing off of incidents, and the requirement for correct coding and sign off. This issue will also be discussed through the local Health &amp; Safety meeting.</p> <p>MMcG updated that there are current no major issues within Oral Health at present. Three current incidents being dealt with regarding ongoing issues with IT. The service is in close dialogue with HIS regarding these issues; challenging at present to get technicians to install new equipment. CS asked with regard to queries from elected members in relation to ionising radiation. MMcG will draw up a technical note with an explanation in respect of this and forward on once completed.</p>	
5.	<b>Incident Theme</b>	


	<p>VMcL gave a brief overview for the current incidents in relation to GDPR/Confidentiality breaches from a report produced on incidents relating to Information Governance. She detailed that the incidents are evenly spread across all service areas. In particular she informed that there has been two in relation to peer warnings, two patient paperwork breaches, one winscribe issue, one GP practice via admin and two emails errors. Six incidents also around lost paperwork and one incorrect patient information. All incidents are being dealt with in accordance with procedures.</p> <p>With regard to Information Governance she advised that all staff should be aware of the principles in relation to Data Protection and SAR. Staff should be aware of the processes. Staff should also be aware of the Fair Warning policy and FOI responsibilities when requests are received and how they should be handled as there needs to be a consistency in response. Staff should also ensure that they are aware of the Records Management Plan. Furthermore, she stated that there is a requirement for a up to date and accurate Information Asset Register, and staff should be notified when data breaches occur.</p> <p>Training and staff awareness session would be useful to ensure that none of these incidents or issues arise. Various training and learning modules on Staffnet and Learnpro. Information Governance Department can also provide bespoke training if required. Given the increase in home working awareness sessions and re-training would now be of increased value for staff. PT agreed that it would be useful to find out if sessions could be arranged. This issue could also be highlighted through the Our News platform to keep the importance of confidentiality and GDPR relevant to staff.</p> <p>PT thanked VMcL for her informed update.</p> <p><b>ACTION:</b> Medication errors for February's theme, and PT will liaise with CF regarding this.</p>	
6.	<b>Complaints</b>	

	<p>VMcL advised that no health complaints have been received this period. With regard to Social Work complaints she informed that the report she received advised that from 1<sup>st</sup> July to 20<sup>th</sup> October there had been fourteen complaints received, two upheld, eight not upheld, three partially upheld and one to be confirmed. Seven dealt with at Stage 1 and seven dealt with at Stage 2. Various different reasons for complaint including service standards and staff attitudes. The report did not detail the care group that the complaints referred to. CS noted that there are a high number of these complaints upheld. Communication is a key aspect to provide further time to reflect within services and is a common issue in respect of complaints. CS suggested that it would be useful to discuss such issues through a future ESMT meeting regarding standards of how findings of complaints are communicated. She further informed that the SPSO website is also full of useful information and guidance in respect of complaints. <b>ACTION:</b> PT will discuss a complaints process input with Linda Tindall for the next ESMT after the new year. It will also be the intention to discuss occasional complaint reviews as part of this meeting.</p> <p>For next meeting anonymised District Nursing service complaint to be brought for discussion. Kathleen Halpin to attend and provide input.</p> <p>With regard to Oral Health complaints MMcG advised that the two current complaints have been outlined in attached papers sent for the meeting. Patients and families have been able to provide positive feedback to the service through this difficult time which is heartening. With regard to the risk register, risk of infection to staff is still high. IPCC procedures in all clinical settings are extremely robust however. Information has been sent to staff around increased vigilance.</p>	
7.	<b>Core Audit Reports</b>	
	Nothing to report at this time.	HoS
	<b>GOVERNANCE LEADS UPDATES / REPORTS</b>	
8.	<b>Children &amp; Families/Criminal Justice</b>	
	  <p>Governance Leads updates template C&amp;F   Governance Leads updates template CJ</p> <p>RW – papers attached. Alex O'Donnell will attend the next meeting to provide comprehensive update in respect of Criminal Justice. RW further updated that current SCR has commenced, with expected conclusion late spring. CS asked that this conclusion be reported back to this meeting once reached. RW will feed this back to CC.</p>	
9.	<b>Community Health &amp; Care Services</b>	
	 <p>Governance Leads updates CHCS Dec.do</p> <p>DP – Nothing further to note other than the information in the attached paper. With regard to Commissioned services, it was agreed that rather than a separate agenda item, that the information relevant to commissioned services would be included in each individual service area governance update provided prior to the meeting. <b>ACTION:</b> Remind all Service Leads to include this information within their governance lead reports.</p>	
10.	<b>Joint Adult Services</b>	



	 Governance Leads updates Adult Service  Nothing further to report at this time.	
<b>11.</b>	<b>Oral Health – Primary Care</b>	
	 Governance Leads updates template OHI  MMcG advised that radiation incidents are continuing, and currently continuing to address patients waiting for GA procedures. Quality improvement issues currently being undertaken. Varnishing pilot also commencing similar to Childsmile in an attempt to delay the need for GA procedures and delay the decaying process. Will feedback on at next meeting.	
<b>12.</b>	<b>Mental Health</b>	
	 Governance Leads update PCMHT CMHT  Nothing further to report at this time.	
<b>13.</b>	<b>Primary Care &amp; Community Partnerships Governance Group update</b>	
	CF advised that there had not been a meeting to report back from at this time. Next meeting is scheduled for 3 <sup>rd</sup> December 2020.	
<b>14.</b>	<b>Board Clinical Governance Forum update</b>	
	PT to find out more on this for the next meeting.	
	<b>RISK MANAGEMENT</b>	
<b>15.</b>	<b>Clinical Risk Update</b>	
	Nothing of note to report at this time.	
<b>16.</b>	<b>SCI Actions</b>	
	Nothing specific to report on. FS had submitted apologies for the meeting however did advise that there is now there's now a short presentation available to go over the SAER policy and toolkit update and stated that he would be happy to meet with any SAER commissioners/lead reviewers to go over this new information.	
	<b>CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT</b>	
<b>17.</b>	<b>Quality Improvement Projects within HSCP</b>	
	Nothing to report at this time. Some work still ongoing at present.	
	<b>SCOTTISH PATIENT SAFETY PROGRAMME</b>	
<b>18.</b>	<b>Partnerships Patient Safety minutes</b>	
	None available at time of meeting.	

	<b>CHILD PROTECTION</b>	
<b>19.</b>	<b>Child Protection Stats &amp; updates</b>	
	RW advised that there are currently 16 investigations, a rise of 5 with 8 further registrations. One young person currently on the Young Persons register, one electronic tag on the register via Children's Hearing system. Most likely linked to increased difficulties during the pandemic. 161 deemed LAAC; 48 at home and 131 LAAC. 50 young people in kinship placements and 29 young people in continuing care placements. RW addressed that these are particularly high numbers for the size of the authority area.	
	<b>ADULT PROTECTION</b>	
<b>20.</b>	<b>Adult Protection Stats &amp; updates</b>	
	CS advised that there is an increasing level of business within Adult Protection. More focused version of case reviews targeted on chronology action has been translated into operational practice.	
	<b>JUSTICE SERVICES</b>	
<b>21.</b>	<b>Public Protection</b>	
	PPLG meets on a regular basis to analysis and keep track on data.	
<b>22.</b>	<b>MAPPA / Management of high risk offenders</b>	
	CS informed the meeting that there are currently 47 cases currently being jointly managed with police colleagues. Previous erroneous reporting to Scottish Government suggested 57 cases however this has been identified as a typing error and is indeed only 47.	
<b>23.</b>	<b>MARAC</b>	
	CS advised that case numbers remain stable. Virtual MDT meetings back up and running also. 1 live PREVENT case ongoing also.	
	<b>INFECTION CONTROL</b>	
<b>24.</b>	<b>Infection Control Minutes</b>	
	Minutes attached for information.	
	<b>ESCALATIONS</b>	
<b>25.</b>	<b>Items to be escalated to HSCP Board</b>	
	Nothing of note at this time.	
<b>26.</b>	<b>Items to be escalated to NHS G&amp;C C&amp;CGG</b>	
	Nothing of note at this time.	
	<b>GENERAL BUSINESS</b>	
<b>27.</b>	<b>Care Homes Assurance Visits Processes</b>	
	LC gave a brief overview of the process and advised that a second iteration of the assurance visit process template had been agreed and ratified and she informed that the intention would be to undertake assurance visits and will arrange this through the Care Homes Assurance Group. PT highlight the challenge faced with the link in process between the HSCP and the Care Inspectorate. Finding a balance has at times been difficult.	
<b>28.</b>	<b>Enhanced Care Home Support</b>	
	DP advised that enhanced clinical support has been provided at weekends and an increase in the daily contact within homes. Using PCIP funded ANPs to cover weekends. Care Inspectorate inspections of Care Homes will be picked up on at the next meeting.	

<b>29.</b>	<b>Any other business</b>	
	Nothing at this time.	
<b>30.</b>	<b>Schedule of meetings 2020/2021</b>	
	 Meeting Schedule 2020 2021.doc	
<b>31.</b>	<b>Date and time of next meeting</b>	
	<b>3<sup>rd</sup> February 2021, 9.30am via MS Teams</b>	



Agenda Item Number: 13.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

<b>Date of Meeting</b>	<b>25<sup>th</sup> March 2021</b>
<b>Subject Title</b>	<b>East Dunbartonshire HSCP Strategic Planning Group Minutes of 22<sup>nd</sup> October 2020.</b>
<b>Report By</b>	<b>Derrick Pearce, Head of Community Health and Care Services</b>
<b>Contact Officer</b>	<b>Derrick Pearce, Head of Community Health and Care Services</b> <a href="mailto:Derrick.Pearce@ggc.scot.nhs.uk">Derrick.Pearce@ggc.scot.nhs.uk</a> <b>Tel: 0141 232 8233</b>
<b>Purpose of Report</b>	To share the minutes of the HSCP Strategic Planning Group held on 17 <sup>th</sup> December 2020.
<b>Recommendations</b>	The Partnership Board is asked to:  1. note the content of the HSCP Strategic Planning Group on 17 <sup>th</sup> December 2020.
<b>Relevance to HSCP Board Strategic Plan</b>	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.

**Implications for Health & Social Care Partnership**

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

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

Agenda Item Number: 13a.

## EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held  
On 17<sup>th</sup> December 2020 at 2.30pm via MS Teams

### Present

Derrick Pearce	Head of Community Health & Care Services
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Fiona McManus	Carers Representative
Alan Cairns	Planning, Performance & Quality Manager
Linda Tindall	Senior Organisational Development Adviser
Joni Mitchell	Partnership Development Officer
Dr Alison Blair	GP
Gillian Notman	Change & Redesign Manager
David Radford	Health Improvement & Inequalities Manager
Lisa Johnston	Interim General Manager, Oral Health

### Minutes:

Catriona Burns                      Minute Taker

#### 1.        **Introductions & Apologies**

Apologies: to be added Gillian Healey Laura Coia, Alex O'Donnell, Leanne Connell, Bernadette Laffey, Stephen Russell, Jenny Proctor, Susan Frew

CC advised that DP had been delayed in another meeting and would join as soon as possible.

#### 2.        **Notes of Previous Meeting**

The minutes of the previous meeting were after approved

Action

### 3. Matters Arising

None

### 4. Updates

#### 4.1 East & West LPG

Both groups have now met virtually 2-3 times over the last 6 months. The groups have taken stock of the changes over the past year and how services have adapted. The main challenges are due to Community Services not being open, although some are operating virtually. Services are moving towards Practitioner Collaborative model, which will foster good relationships. DP gave further back on these models. DP advised that we will reflect further on Practitioner Collaborative models again in a meeting in the New year.

#### 4.2 3<sup>rd</sup> Sector Update

Work continues to support people in the community. The 3<sup>rd</sup> Sector have started a survey on home working and the development of future services. JM will work with AC to look at how to align services with Strategic Priorities. JM feels that doing this will assist in securing funding as it will help to show how the 3<sup>rd</sup> Sector are achieving their priorities.

#### 4.3 Independent Sector Update

DP advised that there will be changes to sustainability payments as a result of the downturn in occupancy levels and that we are working closely with our partners in the Independent Sector

#### 4.4 PS&UC Update

FM advised that the group met on 7<sup>th</sup> December 2020 and were updated on the vaccination programme. There is a recruitment programme underway to recruit more carers and service users to the group. As Jenny Proctor has resigned we are also looking for a new Board member.

New films have been produced by Paul Treon and Antony Craig which will be issued shortly advised patients how to access care over the Christmas holidays.

Carers Link Update. The Echo Group gave mainly positive feedback on the SDS service. The staff received very positive feedback with the only negative being there is not enough people to deliver the service. DP advised that we have continued to engage with clients throughout and that the service will be back on a limited basis very soon.

DP took the opportunity to note the thanks of the SPG to Jenny Proctor for all her hard work and huge contribution and scrutiny over the years.

#### 4.5 Housing Update

Commenced in August:

Former Tom Johnson House, Kirkintilloch - this site is progressing well with the scaffolding now a prominent feature as the flatted blocks begin to be assembled.

To commence in early 2021:



Former Lairdsland Primary, Kirkintilloch - expected to start with the demolition of Lairdsland Primary into February 2020.

The council are also in the process of buying properties at Kilmardinny from Robertsons (9 Shared Equity) completion due in 2021 Blacklands Place in Lenzie from Cala (16 Council Social Rent & 10 Shared Equity) due to be completed in 2022, and Adamslie Park (9 Shared Equity) from Dawn Homes with completion due in 2022.

#### Homelessness

Homelessness numbers remain low with approximately 170 applications this year. The out of hours service continues to be very busy, which has been challenging.

The Homelessness and Prevention Team are operating an emergency only basis from 14 December 2020 - 11 January 2021.

Confirmation was received on 14 December 2020 in relation to the Rapid Rehousing Budget for year 3 (2021/22). A committee report will be undertaken early next week to confirm funding and action plan.

There have been no breaches to the unsuitable accommodation order.

#### Housing Operations

Housing Officers continue to provide advice and support to those tenants whose circumstances may have changed as a result of the pandemic or are struggling to pay their rent. Arrears letters are being issued to tenants who fail to pay and arrears are increasing, however, no court actions are taking place at this time as evictions cannot be carried out until at least 31 March 2021 as required by the Coronavirus (Scotland) Act 2020.

To date this financial year, 117 new tenancies have been created as a result of void properties being returned 'fit to let' from Property Maintenance, 45 of which are new build properties. There are currently another 120 void properties on-going and Housing staff continue to work closely with Property Maintenance to ensure a quick turnaround and clearing of the voids backlog which resulted due to Covid-19 lock down restrictions.

## 4.6 Primary Care Update

GN advised that an update on progress has been requested by the Scottish Government. We have advised that there will only be a partial delivery of commitments. Gap analysis will be required as the funding may not meet the needs of the contract. A workshop has been arranged to review the priorities.

Dr Blair reported a very busy situation for GP's. Consultations have continued although not always face to face, buildings have been adapted to ensure safety for all. Morale is waning and everyone is tired. Positive feedback on the new model particularly for the input from pharmacy and this has freed up GP time significantly. Physio is working well however the ANP moved on and there is now a new post holder in place.

LJ gave an update on dentistry which had opened up in July to all routine care except aerosol treatments. Pilots on PPE through PECOS are ongoing. There have been

access issues reported in the media because some practices are deregistering NHS patients however GG&C is not affected. The PDS Review concludes in March 2021 and LJ will bring this to the SPG in due course

DR gave an update on the Vaccination Programme within Care Homes which has commenced and the first phase of over 80's vaccinations will commence the 2<sup>nd</sup> week of January 2021

**5. Improving the Cancer Journey in East Dunbartonshire**

DP advised that the first ICJ meeting took place today and will meet again in January 2021 and a more detailed update will be given following this

**6. Strategic Focus – Strategic Plan – Review and Replacement**

AC presented the draft document which has been widely circulated for comments. Following the presentation and a full discussion, the following outcomes were agreed

- The SPG agreed the Review of the Strategic Plan
- A development day with the HSCP Board in March 2021; the SPG to have a role in this
- To include as a standing item on the agenda to ensure focus on the preparation of the new plan

**7. Date of Next Meeting**

**The next meeting is 25<sup>th</sup> February 2021 at 10am via MS Teams**

Agenda Item Number: 14.

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

<b>Date of Meeting</b>	25 March 2021
<b>Subject Title</b>	Staff Forum Minutes – 25 January 2021
<b>Report By</b>	Tom Quinn, Head of Human Resources <a href="mailto:Tom.quinn@ggc.scot.nhs.uk">Tom.quinn@ggc.scot.nhs.uk</a> 07801302947
<b>Contact Officer</b>	Tom Quinn, Head of Human Resources <a href="mailto:Tom.quinn@ggc.scot.nhs.uk">Tom.quinn@ggc.scot.nhs.uk</a> 07801302947
<b>Purpose of Report</b>	To provide re-assurance to the Board that Staff Governance is an integral part of the governance activity within the HSCP
<b>Recommendations</b>	Board members are asked to <ul style="list-style-type: none"> <li>• note the content of the minutes</li> </ul>
<b>Relevance to HSCP Board Strategic Plan</b>	Key component of Workforce

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	Compliance with the NHS Reform act 2002
<b>Equalities:</b>	None
<b>Financial:</b>	None
<b>Legal:</b>	None
<b>Procurement:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Risk Implications:</b>	None
<b>Implications for East Dunbartonshire Council:</b>	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	

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

<b>1.0 MAIN REPORT</b>
<p>1.1 The full minute is attached at Appendix 1</p> <p>1.2 Key items discussed included:</p> <ul style="list-style-type: none"> <li>- The forum received an updated position on the risk assessment work that continues to be undertaken to keep our building safe for both staff and users. The risk assessment has reviewed social distancing, access to hand sanitiser, updated on the wearing of face masks and face coverings whilst in and moving around buildings and on the current audit being undertaken by NHSGGC.</li> <li>- Staff who are participating in providing the covid vaccination programme were thanked and their efforts had shown that 100% of eligible staff had either received or where booked on their first vaccination and 98% of Care Home residents had also received their first vaccination which was very welcomed news.</li> <li>- We also highlighted the forthcoming staff mental health check-in being organised by NHSGGC for all staff working across health and social care services within its boundaries. The check-in would go live on the 1 February 2021 for 4 weeks and all staff are encouraged to participate. We are ensuring that the information goes out to home carers and will also be in Our News.</li> </ul>

**Appendix 1: Minute of the Staff Forum of 25 January 2021**

**Minutes of East Dunbartonshire HSCP Staff Forum Meeting  
Monday 25 January 2021 at 12 noon via MS Teams**

**PRESENT**

Andrew McCready (AMcC)	Unite (Co Chair)
Caroline Sinclair (CS)	Interim Chief Officer East Dun HSCP (Co-Chair)
Claire Carthy (CC)	Interim Head of Children & Criminal Justice Services
Caroline Smith (CSm)	HR Business Partner
Derrick Pearce (DP)	Head of Primary Care and Community Services
Tom Quinn (TQ)	Head of Human Resources
Craig Bell (CB)	Unison EDC Convenor – (Co-Chair) Chairing
Simon McFarlane (SMcF)	Unison Regional Organiser
Pauline Halligan (PH)	Executive Officer Organisational Transformation
Jean Campbell (JC)	Chief Finance and Resource Officer
Sharon Mackle	Unison EDC Rep
Linda Tindall	Senior Organisational Development Advisor
Margaret McCarthy	Unison Rep
Anne McDaid	RCN Steward
Siobhan McGinley	Corporate Admin – Minute Taker

ITEM	SUBJECT	ACTION
1.	<b><u>Welcome &amp; Confirmation of Attendees</u></b>  CS opened the meeting with welcome and introductions. Apologies from Jenny Russell, Margaret Hopkirk, David Aitken, Alan Cairns, Janice Campbell, Leanne Connell and Karen Gillespie.	<b>CS</b>
2.	<b><u>Minutes of 21 December 2020</u></b>  Two items of factual accuracy were highlighted from last meeting's minute, these were: <ul style="list-style-type: none"> <li>• LT had offered apologies which hadn't been noted.</li> <li>• On page 2, COVID-19 Vaccination Plan, 'Care at Home staff sitting at priority level 3.....' should have been 'level 2'.</li> </ul> Both corrections have now been applied.	<b>CS/LT</b>  <b>SMcG</b>
3.	<b><u>Building Update</u></b>  Risk Assessment Update – JC advised that audits are currently underway. NHSGGC rolled out a process of audit across the estate and a survey must be completed in order to provide assurance that these assessments have been carried out in all of the buildings. An email has been issued to all team leads to update risk assessments in their own service areas which is being collated as and when the information comes in.  The completion of works on the KHCC car park should be concluded in the next couple of weeks, currently staff are being trained on use of intercom and barrier system, fobs are to be issued in the first couple of weeks in	<b>JC</b>

	<p>February.</p> <p>Communication will be circulated to local residents advising them of the anticipated completion date and to advise not to park their cars inside once the barriers become functional.</p> <p>Renovation works in KHCC are now complete apart from the issue with the heating which should be completed very soon.</p> <p>AMcC asked the question on whether fobs will be routinely allocated to those staff working regularly in KHCC or whether the distribution would be kept to the individuals who submitted a request. JC advised that those being considered for fobs at this time it would only be those who were accessing KHCC on a regular basis.</p>	
<p>4.</p>	<p><b><u>COVID-19 Vaccination Plan</u></b></p> <p>DP advised a 100% uptake from staff who are eligible to receive the vaccination, some of whom have already received it, the rest have booked their slot.</p> <p>Data shows that 98% of care home residents have received their first dose as has the vast majority of care home staff.</p> <p>Over 80s targeted vaccinations run by HSCP and Primary Care are moving forward and discussions with GPs and LMC taking place for the over 75s cohort. EDC and Health Board working towards mass community vaccination hubs.</p> <p>CS asked if there was a definitive outcome on numbers of care home staff who had been vaccinated and latest figures show around 93%, however, there are still mop up sessions taking place.</p> <p>AMcC requested final uptake figure for staff seasonal flu vaccinations. CS advised that due to fewer staff being present in the buildings meant that any opportunistic vaccinations were not able to take place so this may have had an impact on figures potentially falling short. In addition, those who had not received a flu vaccine were holding off to prioritise the COVID vaccine, there had been some overlap with the two.</p> <p><b>ACTION</b> - DP advised he will email the final staff flu figure to the group.</p>	<p>DP</p>
<p>5.</p>	<p><b><u>Lateral Flow Testing</u></b></p> <p>Last week, LFT was rolled out to all community health care staff and to employers of personal assistants and staff in supported accommodation settings as well as the care home at John Street. Adult field work social work staff beginning today. Care at Home testing is being carried out once per week using PCR via a self-testing and return model, however, there is a slight delay from UK government with reference numbers and links, but DP reassured the group that all infrastructure is in place.</p> <p>SMcF raised a concern with the delay in PCR kits being issued to Care at Home staff within East Dunbartonshire. DP advised there is a delay within GGC in receiving the unique reference numbers which is needed before kits can be ordered and there has been some difficulty with uploading details at Dept. of Public Health England to allow these kits to be ordered. DP also advised that Care at Home services would only be using PCR testing and any escalations in terms of issues with test kits for the national group, should be routed through the representative from GMB. The name of the individual is Megan Fisher who deals with Trade Unions input to Scottish Government.</p>	<p>DP</p>

	AMcC also raised a concern that some staff had not followed the correct procedure when using test kits meaning that when processing at the labs, machinery was being clogged with cotton bud parts resulting in a time delay in getting results. DP mentioned there could have been some confusion in procedure when people use self-tests compared to those undertaken through surveillance/outbreak testing.	
6.	<p><b><u>Finance Update</u></b></p> <p>JC advised that the paper on this has been issued to the IJB, an HSCP overspend of £0.8 million was noted, this includes COVID expenditure (£3.8m). Full funding support expected from Scottish Government to cover expenditure which should result in an overall underspend of around £3m. Largest element of risk is unachieved savings, confirmation awaited from Scottish Government what this will be included in funding, in the event that this does not happen then a the figure of around underspend £2m it is expected.</p>	JC
7.	<p><b><u>Performance Plan – Quarter 2</u></b></p> <p>In AC's absence, CS provided a brief overview on this Plan which covers all areas delegated to the services. It was noted that this year has been a difficult year to look at performance due to the pandemic.</p>	
8.	<p><b><u>Staff Wellbeing update</u></b></p> <p>a) Local Activity – TQ explained that support for staff will be set up as a method to encourage regular contact and engagement for staff particularly during this period of home working. A national campaign is being rolled out in February, March and April which is National Stress month. A discussion on posters being shown around buildings to advertise the Promise website/NHS24 dedicated support site took place however due to limited staff in offices at present and to discourage too many people congregating in corridors, it was thought best not to have these on show. AMcC raised the possibility of these going electronically which was agreed.</p> <p>PH commented that she has posters for EDC staff being shared via the Employee Zone and will be working with Derrick to pick up any other pieces of information and helpful links.</p> <p>b) Mental health Check-in – TQ advised this will be implemented end of January/beginning of February which will include evidence based surveys and offer additional support for individuals from dedicated psychologists. Staff are being encouraged to take part in the survey.</p>	TQ
9.	<p><b><u>Care Homes Update</u></b></p> <p>There continues to be some outbreaks for which enhanced clinical support has been given. However, it was noted that the Care Homes are in a better position now than during the initial outbreaks, staff are better equipped to manage outbreaks and residents are not becoming as unwell.</p>	DP
10.	<p><b><u>Workforce Planning Update</u></b></p> <p>TQ advised on upcoming updates from Scottish Government, draft</p>	TQ

	templates have been made however there is a potential cancellation of the one year plan for 2021/22 and replacing it with 2022/25 year plan. The resumption of the Workforce Planning Group will start in the next couple of weeks.	
11.	<p><b><u>AOCB</u></b></p> <p>SMcF requested some discussion on the UNISON Ethical Care Charter concerning in particular some provider failings regarding an occupational health service and failing to pay out government funded support to workers who had been absent due to COVID.</p> <p>PH advised that this had been picked up through the Commissioning Team and a response will be provided. GH is involved in the pay issues and a discussion on these issues will be scheduled in the next couple of weeks against the current priorities in COVID response as outlined today and the recovery elements too. The content of the email from SMcF was noted and PH and GH will look to clarify this with the provider.</p> <p>AMcC requested that the staff side pre-meeting be reintroduced.</p>	SMcF
	<p><b><u>Date &amp; Time of Next Meeting</u></b></p> <p>Monday 22 February 2021, 12noon via MS Teams – agenda and Teams link to follow.</p>	TQ



## East Dunbartonshire HSCP Board Agenda Planner Meetings

January 2021 – March 2022

**Updated 02/03/2021**

<b>Standing items (every meeting)</b>
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Board Agenda Planner (CS)
<b>HSCP Board Agenda Items – 21 January 2021</b>
<b>Topic Specific Seminar – Staff Governance</b>
East Dunbartonshire HSCPs Primary Care Improvement Plan for year 3
HSCP Strategic Plan 2021 – 2023 Draft
Directions Report
Performance Reports
Corporate Risk Register
Financial Reports
Transition/Recovery Planning
<b>HSCP Board development Session – Tuesday 2<sup>nd</sup> February 2021 2pm – 4pm via MS Teams</b>
Directions Process
Financial Budget for 2021-22
<b>HSCP Board Agenda Items – 25<sup>th</sup> March 2021</b>
Q3 Performance Report
Financial Reports (JC)

Transition/Recovery Planning
Records Management Plan (JC) – For approval
ADP Strategy and Annual Action Plan – (Strategic Item – For approval) (DA)
Integrated Children's service plan 21/23 Plan – For Approval (CC)
<b>HSCP Board Development Session – 25<sup>th</sup> March – 2.00pm – 4.00pm (via teams)</b>
Strategic Plan – Outline process for new 3 year plan including timescales
Workforce Plan – TQ
<b>HSCP Board Agenda Items – 24<sup>th</sup> June 2021</b>
<b>Topic Specific Seminar</b> – Update on Life Changes Trust Partnership Work
Performance Reports
Financial Reports
Transition/Recovery Planning
3 <sup>rd</sup> Sector update (A Meikle) tbc
Community Transport (A Meikle) tbc
Health Visiting (paper from Chief Nurse) –
Woodhead Practice Proposed Closure of Branch Surgery (DP)
Sexual Health Service Review Implementation Plan – tbc
Annual Report (AC)
<b>HSCP Board Development Session – 24<sup>th</sup> June 2021 – 2.00pm - 4.00pm (via teams)</b>
Debrief on impact of Covid and lessons learnt: Effect on service delivery Community Justice
Response to the Covid Vaccination process
SDS Updated report (Scottish Government SDS Transformation Annual Report)
<b>HSCP Board Development Session 19<sup>th</sup> August 2021 (time to be confirmed)</b>
Mental Health Update: The impact Covid has had on people's mental health

Mental Health for Young People Mental Health Assessment Units / Update on Out of Hours Update on action 15
<b>HSCP Board Agenda Items – 16<sup>th</sup> September 2021</b>
Performance Reports
Financial Reports
Transition/Recovery Planning
Unscheduled Care
<b>HSCP Board Development Seminar – 23<sup>rd</sup> September (time to be confirmed)</b>
Primary Care Improvement Plan
Care at Home
Update on financial commitments and sustainability
<b>HSCP Board Agenda Items – 18<sup>th</sup> November 2021</b>
<b>Topic Specific Seminar -</b>
Performance Reports
Financial Reports
Transition/Recovery Planning
<b>HSCP Board Development Seminar – 25<sup>th</sup> November 2021</b>
Oral Health
<b>HSCP Board Agenda Items – 20<sup>th</sup> January 2022</b>
<b>Topic Specific Seminar -</b>
Performance Reports
Financial Reports
Transition/Recovery Planning
<b>HSCP Board Development Session – 25<sup>th</sup> February 2022</b>
Financial Planning 2022/23

HSCP Board Agenda Items – 24 <sup>th</sup> March 2022
Topic Specific Seminar - tba
Performance Reports
Financial Reports
Transition/Recovery Planning



<b>ED HSCP BOARD - DISTRIBUTION LIST</b>		
<b>ED HSCP BOARD MEMBERS - VOTING</b>		
<b>Name</b>	<b>Designation</b>	
Susan Murray	Chair - EDC Elected member	1
Jacqueline Forbes	Vice Chair -EDC Elected member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Ketki Miles	NHS non-executive Board Member	1
Ian Ritchie	NHS non-executive Board Member	1
<b>ED HSCP BOARD MEMBERS - NON VOTING</b>		
Caroline Sinclair	Interim Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Alex Meikle	Voluntary Sector Representative	1
Gordon Cox	Service User Representative	1
	Carers Representative	1
Leanne Connell	Chief Nurse Representative	1
Andrew McCreedy	Trades Union Representative	1
Craig Bell	Trades Union Representative	1
Paul Treon	Clinical Director for HSCP	1
Adam Bowman	Acute Services Representative	1
<b>ED HSCP SUPPORT OFFICERS - FOR INFORMATION</b>		
Linda Tindall	Organisational Development Lead	<b>e-copy only</b>
Gillian McConnachie	Chief Internal Auditor HSCP	<b>e-copy only</b>
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	<b>Paper copy / e-copy</b>
Martin Cunningham	EDC Corporate Governance Manager	7
John Hamilton	Head of NHS Board Administration	<b>e-copy only</b>
Lisa Johnston	General Manager, Oral Health Directorate	<b>Paper copy / e-copy</b>
Tom Quinn	Head of Human Resources	<b>e-copy only</b>
Derrick Pearce	Head of Community Health and Care Services	1
Claire Carthy	Interim Head of Children's Services & Criminal Justice	1
<b>For information only (Substitutes)</b>		
Councillor Mohrag Fischer	EDC Elected member	<b>e-copy only</b>
Councillor Graeme McGinnigle	EDC Elected member	<b>e-copy only</b>
Councillor Rosie O'Neil	EDC Elected member	<b>e-copy only</b>
Suzanne McGlennan Briggs	Carers Representative	1 copy
Mary Kennedy	Service User Representative	1 copy