For meeting on

5 SEPTEMBER 2019

Agenda 2019

East Dunbartonshire Health & Social Care Partnership Board

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 5 September 2019 at 9.30am** 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

Topic Specific Seminar – Health & Well Being Survey results (9am start)

Signature of minute of meeting for the HSCP Board held on; 27 June 2019

Item	Report by	Description	
		STANDING ITEMS	
1.	Chair	Declaration of interests	
2.	Martin Cunningham	Minute of HSCP Board held on 27 June 2019	**1-10**
3.	Susan Manion	Chief Officers Report	
		STRATEGIC ITEMS	
4.	Caroline Sinclair	Alcohol & Drug Partnership Action Plan	**11- 30**
5.	Caroline Sinclair	Autism Strategy 2014-2024 Refresh	**31-38**
6.	Jean Campbell	Commissioning Strategy and Market Facilitation Plan Update	**39-46**
7.	Caroline Sinclair	East Dunbartonshire Child Poverty Report 2018/19	**47-114**
8.	Caroline Sinclair	Sandyford Service Review	**115-150**

9.	Caroline Sinclair	Learning Disability Services Strategic Review	**151-162**
10.	Jean Campbell	Draft Assistance with Transport Policy	**163-197**
11.	Susan Manion	Joint Inspection (Adults) - The Effectiveness of Strategic Planning in East Dunbartonshire Health And Social Care Partnership July 2019	**198-246**
12.	Lisa Williams	East Dunbartonshire HSCP Clinical Governance Annual Report 2018	**247-274**
13.	Jean Campbell	Financial Performance Budget 2019/20 – Month 3	**275-298**
14.	Caroline Sinclair	Financial Framework for the NHS Greater Glasgow & Clyde five year Adult Mental Health Services Strategy	**299-302**
15.	Lisa Johnston	Oral Health Directorate Performance Report – Overall GGC	**202-334**
16.	Lisa Johnston	Oral Health Directorate Performance Report – East Dunbartonshire HSCP – June 2019	**335-370**
17.	Caroline Sinclair	Quarterly Performance Report Q3 & Q4	**371-404**
18.	Caroline Sinclair	Public, Service User & Carer (PSUC) Representative Support Group Report	**405-414**
19.	Lisa Williams	Clinical and Care Governance Sub Group Minutes of meeting held on May 2019	**415-426**
20.	Tom Quinn	East Dunbartonshire HSCP Staff Partnership Forum Minutes of meeting held on 17 June 2019	**427-434**
21.	Susan Manion	East Dunbartonshire HSCP Board Agenda Planner Meetings - October 2019 - January 2021	**435-436**
22.	Chair	Any other competent business – previously agreed with Chair	**-**

FUTURE HSCP BOARD DATES

Date(s) of next meeting(s) – 09.30am to 1pm if Seminar schedule start time will be 9am.

Thursday 14th November 2019

Thursday 23rd January 2020

Thursday 26th March 2020

All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT

Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 27 June 2019.**

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

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

Non-Voting Members present:

S. **Manion**	Chief Officer - East Dunbartonshire HSCP
M. **Brickley**	Service Users Representative
J. **Campbell**	Chief Finance and Resource Officer
A. **McCready**	Trades Union Representative
J. **Proctor**	Carers Representative
V. **Tierney**	Chief Nurse
G. **Thomson**	Third Sector Representative

Councillor Susan Murray (Chair) presiding

Also Present:	M. **Cunningham**	EDC - Corporate Governance Manager
	S. **Greig**	Interim Fieldwork Manager (C&F)
	L. **Johnston**	Interim General Manager – Oral Health Directorate
	G. **McConnachie**	Internal Auditor
	D. **Pearce**	Head of Community Health & Care Services
	T. **Quinn**	Head of Human Resources
	C. **Sinclair**	Head of Mental Health, Learning Disability, Addictions & Health Improvement. (Acting Chief Social Work Officer)
	L. **Tindall**	Organisational Development Lead

APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillor Sheila Mechan, Lisa Williams, Adam Bowman, and Claire Carthy.

The Chair paid tribute to the late Paolo Mazzoncini, Head of Children & Families and Criminal Justice and CSWO for the East Dunbartonshire HSCP, who had recently passed away. Commenting on his passion, drive, commitment and humanity throughout his career as an individual colleague and team player, she intimated her and the Board's condolences to his wife and extended family.

ANY OTHER BUSINESS WHICH THE CHAIR DECIDES IS URGENT

The Chair advised that there was no urgent business.

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
27 JUNE 2019

1. DECLARATION OF INTEREST

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

2. MINUTE OF MEETING – 28 MAY 2019

There was submitted and approved a minute of the meeting of the HSCP Board held on 28 May 2019.

3. CHIEF OFFICER'S REPORT

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

- 10 June 2019 – Visit from Scottish Government re Joint Planning Arrangements for Children's Services – attended by approximately 25 officers across the Community Planning Partnership. Very positive feedback re current arrangements which would help inform review / development of Children's Plan to be published by 1 April 2020.
- 26 June 2019 – Chief Social Work Officer for Scotland hosted event at Dynamic earth in Edinburgh celebrating Joint working across Children's Services and sharing examples of good practice.
- May 2019 – National NHS event – networking and shared good practice.
- Joint Inspection of Strategic Planning – final meeting to agree content and report back to Board with an agreed action plan once completed.
- David Williams formerly Glasgow City HSCP Chief Officer has been appointed on an interim basis as the Scottish Government Director for Integration Delivery incorporating MSG returns.
- Across Scotland there is a review of Integration Schemes. There is an obligation to review schemes 5 five years so the revised scheme will need to be agreed and sent to the Scottish Parliament by June next year. Across GGC, we are collectively working on a review. .

Following consideration, the Board noted the information.

4. PUBLIC DENTAL SERVICE REVIEW

A Report by the Interim General Manager, Oral Health, copies of which had previously been circulated, informing Members of the purpose of the review which was to begin the process of ensuring that the services currently provided by the Public Dental Service were fit for the future in the context of the strategic direction set by the national OHIP. Full details were contained within the Report and attached Appendix.

Members noted that in January 2018, the Scottish Government launched the Oral Health Improvement Plan (OHIP) for Scotland, which set out the Scottish Government's direction of travel for NHS dental services and oral health improvement in Scotland. The review sets out to identify the drivers for change, the challenges, risks and opportunities for the Public Dental Service in the future and to provide

recommendations to be tested as part of the next steps. The Report gave the GGC wide perspective as well as an outline of the issues for East Dunbartonshire specifically.

Following discussion the Board agreed as follows:-

a) To note the Review for Greater Glasgow and Clyde, to approve that the review would be subject to wide consultation and engagement and that the Report would be returned to the HSCP Board when the process was complete and in advance of moving to completion; and

b) To note the Review outlined in the context of East Dunbartonshire would be subject to detailed consultation and stakeholder engagement and that the Report would also be returned to the HSCP Board in advance of implementation.

SEDERUNT
Lisa Johnston left the meeting upon conclusion of the last item.

5. LEARNING DISABILITY SERVICES STRATEGIC REVIEW

A Report by the Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addiction & Health Improvement Services, copies of which had previously been circulated, advising Members of the outcome of the consultation relating to proposed learning disability day service redesign principles. Full details were contained within the Report and attached Appendix.

The Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addiction & Health Improvement Services sought approval; to agree to a further period of consultation on a proposed framework of service redesign principles for accommodation-based support services and to authorise a process of exploration of day care service site options.

Following discussion the Board agreed as follows:-

a) To note the progress of the overall Learning Disability Services Strategic Review as outlined at section 1.2 of the Report;

b) To note the consultative feedback on the proposed day services redesign principles, as set out at Appendix 1;

c) To approve the day services redesign principles, as set out at section 1.4 of the Report;

d) To note that the HSCP Chief Officer, in consultation with East Dunbartonshire Council, would commence exploration, option appraisal and planning for potential alternative day care service sites that align with the service redesign principles, as set out at section 1.4 of the Report;

e) To agree to the HSCP engaging with the public and stakeholders on proposed accommodation-based support service redesign principles as set out in section 1.11 of the Report;

f) To request a further report to the HSCP Board at the conclusion of the consultative process on proposed accommodation-based support service redesign principles, outlining responses and recommendations for further action; and

g) To request a further report to the HSCP Board on progress in identifying a suitable alternative day care service site.

6. STRATEGIC REVIEW OF CARE AT HOME SERVICES – OUTCOME AND NEXT STEPS

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, advised Members on the outcome to date of the Care at Home Service Review and sought approval to implement the proposed revised model and structure. Full details were contained within the Report and attached Appendices.

Members noted that Care at Home was a cornerstone service in the delivery of health and social care services in the community. It was noted that Care at Home provides essential servicest for vulnerable people in the community and prevents the escalation of need resulting in increased service input. There were on average 110 referrals for care at home each month, with around 60% of all referrals for care at home coming from secondary care to facilitate hospital discharge. The levels of referrals were increasing in line with the demographic pressures and in the last 5 years the level of referrals has increased 5% year on year.

Following discussion and having heard the Head of Community Health and Care Services in response to questions, the Board agreed as follows:-

a) To note the outcome of the service review;

b) To approve the proposed new service model and structure for care at home;

c) To note the intended next steps to continue the on-going development of the service; and

d) To note the intention to bring back a report focussed on the demand and capacity based on current levels of activity and future projections.

7. SELF DIRECTED SUPPORT POLICY – MAY 2019 UPDATE

A Report by the Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addiction & Health Improvement Services, copies of which had previously been circulated, requesting approval from Members to publish and disseminate the updated Self-Directed Support Policy. Full details were contained within the Report and attached Appendix.

Following discussion and having heard from the Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addiction & Health Improvement Services, the Board agreed to approve the Self-Directed Support Strategy.

8. RE-PROVISIONING OLDER PEOPLE DAY CARE SERVICES – EAST LOCALITY

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, updating Members on the completion of the re-provisioning of Day Care services in the East Locality. Full details were contained within the Report.

The Head of Community Health and Care Services confirmed the successful delivery of the Plan within budget and ahead of schedule, which generated part year savings of £54k and full year recurring savings of £155k.

Following discussion the Board agreed to note the contents of the Report.

9. THE COMMUNITY CARE (PERSONAL CARE AND NURSING CARE) (SCOTLAND) AMENDMENT (NO. 2) REGULATIONS 2018 (FRANK'S LAW) FREE PERSONAL AND NURSING CARE EXTENSION TO ADULTS AGED UNDER 65 – 'FRANK'S LAW'

A Report by the Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addiction & Health Improvement Services, copies of which had previously been circulated, updating Members on the implementation of the extension of free personal & nursing care in Scotland to adults aged under 65 as set out in the Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No.2) Regulations 2018, commonly referred to as 'Frank's Law'. Full details were contained within the Report and attached Appendices.

Members noted that following the implementation of 'Frank's Law' on the 1st April 2019 Free Personal and Nursing Care was now available to all adults who were assessed by their HSCP as needing these services regardless of their age, income or assets. Prior to this Free Personal Care (FPC) was only available to people over the age of 65.

The Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addiction & Health Improvement Services confirmed that the HSCP had received £562k from the Scottish Government to cover lost income. Furthermore she confirmed that work was ongoing to analyse the level of demand which factored in both increased uptake through increased awareness and the upgrade to the demand for premium service levels caused by Scottish Government funding as opposed to self-funded service level.

Following discussion the Board agreed to note the contents of the Report and consider strategic direction and implications.

10. EAST DUNBARTONSHIRE PRIMARY CARE IMPROVEMENT PLAN (PCIP) 2019/20

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, presenting Members with the final draft of the East Dunbartonshire Primary Care Improvement Plan (PCIP) 2019/20. Full details were contained within the Report and attached Appendices.

Members noted the latest draft PCIP was reflective of a reworked financial plan to reflect commitments to deliver the Memorandum of Understanding (MOU) for services within the allocated Primary Care Improvement Fund budget and a reworked financial plan to demonstrate full delivery of the Memorandum of Understanding (MOU), detailing required funding.

Appended to the final draft PCIP was also a letter from the Glasgow Local Medical Council (LMC) stating their concerns around the HSCP's difficulty in achieving the full delivery of the MOU within agreed timescales, reflective of the budget allocation parameters. The HSCP's formal response to the LMC letter was also appended.

The Head of Community Health and Care Services was heard in response to questions and intimated some typographical corrections and thereafter the Board agreed as follows:-

a) To note the reported progress in delivering the new GP Contract via the Primary Care Improvement Plan in 2018/19;

b) To approve the revised draft of the East Dunbartonshire Primary Care Improvement Plan, reflecting delivery of the MOU to the extent of the available budget in 2019/20;

c) To note the revised financial framework for full delivery of the MOU by April 2021, reflecting the funding shortfall and workforce challenges recognised nationally;

d) To note that the East Dunbartonshire PCIP had been subject to discussion and negotiation with the HSCPs Local Medical Committee (LMC) representative but that formal sign off had not been agreed;

e) To note the contents of the letter to the HSCP Chief Officer from the LMC rep and our response;

f) To note that ongoing communication and engagement with key stakeholders would support the cultural transformational changes required to implement the Memorandum of Understanding (MOU); and

g) To note that regular updates would continue to be provided to the HSCP Board on implementation progress and funding usage.

11. UNAUDITED DRAFT ANNUAL ACCOUNTS 2018/19

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated Members on the financial out turn for 2018/19 and presented

the draft Annual Accounts for East Dunbartonshire HSCP. Full details were contained within the Report and attached Appendices.

Members noted the Board was specified in legislation as a "section 106" body under the terms of the Local Government Scotland Act 1973 and as such was expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

In the ensuing discussion, members intimated their significant concerns regarding the budgetary position and the future sustainability of the HSCP. The points raised included:-

- Future sustainability of the financial position and the level of investment required to achieve service transformation before savings were realised
- The level of overspending including the planned use of general reserves
- The speed of the Transformation programme and the timescales for impact / improvement on the financial position
- The impact of the Transformation Programme on partner organisations
- No guarantee of further Scottish Government assistance re the funding gap
- Scale of Transformation required – alterations or complete re-design, and
- Establish consultation with other HSCPs at Senior Officer level ,within GG&C and nationally re their approach to the same issues,

In response, the Chief Officer confirmed the following:-

- The planned use of general reserves as reported to the Board previously, to establish a balanced budget and the risks identified in this approach
- The acknowledgement of the scale of the required change and the continued need to focus on the Transformation Agenda
- The impact of ever-increasing demand for services
- The transformation projects already reported to the Board – including Home Care Services, Learning Disability Review and Day Care Services.
- The Scottish Government had collated all 31 HSCPs Year-end positions for analysis at a national level. As information became available this would be collated and reported to a future meeting of the Board.

Lastly the Chief Officer confirmed that a HSCP Board Development Session would be arranged for August to consider / establish the financial / strategic plan reflecting among other things, the level of risk, the options and current / future service demand levels and their impacts on the transformation programme, the levels of service to be delivered and the consequential impacts across other services.

Thereafter the Board agreed as follows:-

a) To agree the unaudited Annual Report and Accounts for 2018/19;

b) To note the annual report and unaudited accounts were subject to audit review;

c) To approve the reserves allocation outlined at paragraph 1.8; and

d) To approve the local code of governance against which the IJB would measure itself in the Annual Governance Statement for 2018/19.

12. EAST DUNBARTONSHIRE HSCP ANNUAL PERFORMANCE REPORT 2018-19

A Report by the Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addiction & Health Improvement Services, copies of which had previously been circulated, seeking Members approval for a draft Annual Performance Report for the year 2018-19 that details progress in line with the Strategic Plan and National Health and Wellbeing Outcomes. Full details were contained within the Report and attached Appendix.

Members noted the Annual Performance Report measures and reports on progress in support of the Strategic Plan's Strategic Priorities, which was achieved by providing qualitative evidence in line with the relevant success measures and through the use of quantitative performance data, both national and local.

Following discussion the Board agreed as follows:-

a) To consider and approve the draft provisional Annual Performance report 2018-19, as set out at Appendix 1; and

b) To note the reasons for the provisional nature of the publication and the intention to update and reissue the report when NHS data completeness issues were rectified.

13. CLINICAL AND CARE GOVERNANCE SUB GROUP MINUTES OF 3 APRIL 2019

A Report by the Clinical Director, copies of which had previously been circulated, providing Members with an update of the work of the Clinical & Care Governance Sub-Group. The group supports the clinical and care delivery aspects of the Strategic Plan. Full details were contained within the Report and attached Appendix.

Following discussion the Board agreed to note the contents of the minute of the Clinical & Care Governance Sub-Group held on the 3rd April 2019.

14. PUBLIC, SERVICE USER & CARER (PSUC) REPRESENTATIVE SUPPORT GROUP REPORT

A Report by the Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addiction & Health Improvement Services, copies of which had previously been circulated, describing to Members the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC). Full details were contained within the Report and attached Appendix.

Members noted the Report supported the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan. The Service Users and Carers representatives commented on the progress made and the recent events which the Board commended, particularly the information leaflet which contained details of Out of Hours GP Services at Stobhill and Gartnavel Hospitals.

Following discussion the Board agreed to note the progress of the Public, Service User & Carer Representatives Support Group.

15. EAST DUNBARTONSHIRE HSCP STAFF PARTNERSHIP FORUM MINUTES OF MEETING OF 18 MARCH 2019

A Report by the Head of People and Change, copies of which had previously been circulated, providing Members with the re-assurance that Staff Governance was monitored and reviewed within the HSCP. Full details were contained within the Report and attached Appendix.

Members noted the key topics covered within the minute included; Strategic Inspection; Staff Governance Committee; and Combining Survey results.

Following discussion the Board noted the contents of the Report.

16. HSCP AGENDA PLANNER

The Chief Officer provided an updated schedule of topics for HSCP Board meetings 2019/20 which was duly noted by the Board. The Chief Officer intimated this would be updated to reflect the additional sessions noted above. Members also intimated their interest in "e-health" and "Hospital at Home" for future development sessions.

17. DATES OF NEXT MEETINGS

The HSCP Board noted that the scheduled meetings for 2019/20 were as follows:

- Thursday 5 September 2019;
- Thursday 14 November 2019;
- Thursday 23 January 2020; and
- Thursday 26 March 2020.

Members noted meetings would be held within the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT, starting at 9.30am. There is a a seminar scheduled, and as such, the meeting will start at 9am.

Chief Officer
Susan Manion

Agenda Item Number: 4

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Alcohol & Drug Partnership Action Plan
Report By	Caroline Sinclair, Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions & Health Improvement Tel: 0141 304 7435
Contact Officer	David Aitken, Joint Service Manager Adults (Depute Chief Social Work Officer)

Purpose of Report	To provide a summary briefing to HSCP Board on the work of the Alcohol & Drug Partnership and Action Plan for 2019/20.

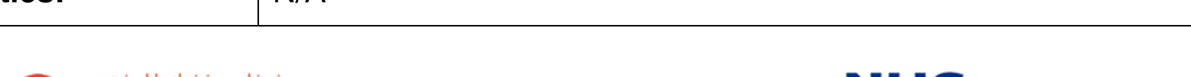
Recommendations	It is recommended that the Board notes the content of the report.

Relevance to HSCP Board Strategic Plan	East Dunbartonshire HSCP's Alcohol and Drug Partnerships (ADP) is responsible with local partners for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs.

Implications for Health & Social Care Partnership

Human Resources	N/A

Equalities:	N/A



Financial:	N/A

Legal:	N/A

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	N/A

Implications for East Dunbartonshire Council:	Implications in respect of Strategic Priorities within HSCP Strategic Plan and in respect of LOIP 3 & 5.

Implications for NHS Greater Glasgow & Clyde:	As above.

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1. No Direction Required	
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0 MAIN REPORT

1.0 Background & Current Context

1.1 East Dunbartonshire HSCP Alcohol and Drug Partnership (ADP) is responsible, with local partners, for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs. The ADP in East Dunbartonshire is a multi-agency based partnership whose membership is comprised across NHSGGC, East Dunbartonshire Alcohol & Drug Service, Police Scotland, Housing services, Scottish Fire and Rescue Service, Licensing, Third Sector providers, Community Safety Partnership, Community Justice Partnership, Mental Health Services, Children's Services, and Education and Leisure services.

1.2 The ADP is aligned to public protection partnerships with representation within the Community Justice and Community Safety Partnerships, and reports are prepared annually on activity to the Scottish Government. The ADP in East Dunbartonshire meets on a quarterly basis and representatives attend quarterly national meetings with representative from all 31 ADPs and the Scottish Government.

1.3 In terms of the challenges faced locally our most recent Needs Analysis indicated that in East Dunbartonshire there were 3800 people living with an alcohol related problem and 600 people with drug/substance misuse issues, and that for every individual with an alcohol or substance misuse issue at least two family members will be adversely and directly affected.

1.4 Drug death rates across Scotland and NHSGGC have risen significantly and the most recent nationally published figures (National Records of Scotland 2019) detail that there were 1136 drug related deaths in Scotland in 2018. NHSGGC area had the highest number of drug related deaths with 394 recorded, followed by Lothian (152), Lanarkshire (130) and Tayside (109). Reasons advanced for Scotland's much higher than average national drug death rate are complex and multi factorial but consensus exists in terms of the higher number of problematic drug users, an ageing population of those who may have misused substances for many years, and a propensity for dangerous multi drug use with often opiates such as heroin and methadone combined with benzodiazepines. Locality figures for East Dunbartonshire are not available at the time of writing but are expected to indicate a proportionate increase in drug related deaths.

1.5 ADP priorities and planning are aligned to the national strategy 'Rights Respect and Recovery - Scotland's Strategy to Improve Health by Preventing and Reducing Alcohol and Drug Use, Harm and Related Deaths' (2018) which focuses upon:

- Prevention and early intervention
- Developing recovery orientated systems of care
- Getting it right for children, young people and families
- A public approach to justice

1.6 Additionally the ADP has sought to take forward the recommendations within the national 'Suicide Prevention Action Plan: Every Life Matters' (2018) to develop work across suicide prevention locally recognising the interface with mental health and alcohol and drug services and suicide prevention.

1.7 Priorities and actions for the ADP in 2019/20 were developed during an ADP development day held in April of this year in the Bishopbriggs Memorial Hall at which over forty representatives from local partners attended.

1.8 In terms of the development East Dunbartonshire ADP Action Plan, in common with other partnerships members have been awaiting the updated framework for the preparation the our Action Plan from the Scottish Government. This has been received in late July from the Scottish Government and the ADP will be updating its Action Plan and Strategy in line with the new framework which replaces the previous memorandum of understanding.

1.8 In terms of commissioning the ADP has sought to utilise additional funding from the government to develop locality services which align with both national and local strategic priorities.

2.0 ADP Priorities and Action Plan

2.1 As part of our prevention and early intervention priorities the ADP has supported Licensing to develop underage ‘test’ purchasing and 15 off sale premises have been visited this year by a testing team which has utilised the services of a number of young people aged under 18. Phase one testing in January chose 15 sites across East Dunbartonshire ranging from small independent stores to large retailers with 5 failing the integrity testing including two branches of the same large supermarket chain. The five premises which failed were revisited in May 2019 as part of phase two testing and all passed with a further 13 tests completed with no further fails. Testing will continue this year to ensure that all off sales premises will be tested, and known ‘hot spot’ areas or known problem premises will be revisited. The success of this initiative is both local in impact, but also more widespread as we have been advised that the large retailer concerned has initiated re-training for staff in all regional sites.

2.2 As part of our annual plan the ADP is required to maintain and meet nationally set Alcohol Brief Intervention (ABI) Standards. ABIs contribute to the Scottish Government's overall objective of reducing alcohol-related harm by promoting and helping individuals to reduce their drinking to within sensible guidelines. East Dunbartonshire ADP has consistently met and exceeded national targets in this important area of work, however in recognition of the very high numbers of problematic alcohol users within East Dunbartonshire the ADP has this year additionally supported the Public Health Improvement Team to further develop alcohol awareness, alcohol screening and to provide further training across partners to embed ABI processes within partner agencies to ensure more comprehensive screening and early identification of those whose alcohol use may be problematic

2.3 A key element in terms of prevention, early intervention and across our work with families has been the continued ADP support of third and voluntary sector organisations and particular developments have been established to enhance the partnership’s work with families and children affected by alcohol and drugs. ADP support has been continued and extended to Scottish Families Affected, GRACE, Smart Recovery and The Foundry, all of whom have contributed to the development of local recovery focussed services which are person centred, supportive and inclusive of family and carer involvement. Following multi sector assessment of the local service landscape a new service has been commissioned to work specifically with young people and their families which is being taken forward as a joint statutory / third sector initiative as part of a whole system approach.

2.4 An independent evaluation was undertaken in August of 2018 and published by the Scottish Drug Forum (SDF) which found that local recovery and statutory services evidenced very good practice in relation to family involvement and inclusion and that the service promoted choice and that families were valued and included within the service which is a key principle within the Scottish Government's Quality Principles in Drug and Alcohol Services.

2.5 In 2019 ongoing funding has been provided to Turning Point Housing First Project by the ADP to provide an intensive service to support the accommodation needs of those whose lives are in the most significant turmoil as a consequence of substance misuse issues, often additionally affected by mental health and trauma related experiences. Alongside this initiative as part of the ADP's work to coordinate partnership working further initiatives have been established across statutory partners between EDADS and EDC Homeless services to enhance support to those most at risk of homelessness.

2.6 Initiatives within East Dunbartonshire Drugs & Alcohol Service (EDADS) are highlighted within the ADP with waiting time data reported within ADP quarterly meetings.

2.7 In order to develop our emergency response to overdose and potential drug related deaths the ADP has overseen the development of additional preventative services this year. Provision of Naloxone to service users, family and carers has been enhanced in response to demand; Naloxone blocks or reverses the effects of opioid overdose and is a vital harm reduction measure, and improvements have been established this year to ensure that EDADS Staff now have a supply of Naloxone directly available to use within KHCC.

2,8 Additionally in response to drug related deaths East Dunbartonshire HSCP have developed a system for reviewing and monitoring alcohol and drug related deaths which reports to the ADP. A detailed monthly multi agency meeting is now held with statutory partners from the HSCP and GGCNHS to examine the circumstances of all alcohol and drug related deaths in East Dunbartonshire to improve interventions and draw on any lessons or learning identified. This meeting has also established enhanced structures for decision making in terms of Significant Case Investigations, and established enhanced liaison with both the ADP and NHSGGC Addiction Services.

2.9 The ADP has continued to fund and enhance the Blood Borne Virus testing and treatment provision as part of our harm reduction measures

2.10 Additional Community based Alcohol care and treatment services have also been developed this year in partnership with Auchinairn Medical practice to ensure a place focussed approach to alcohol care and treatment.

3.0 Future Developments & Actions

3.1 In terms of outstanding work for the ADP this year's action plan will be updated to take account of the new framework from the Scottish Government which replaces the previous memorandum of understanding. The work plans of ADPs two current sub groups, the Drug Intervention and Awareness sub Group and the Treatment and Recovery sub Group are attached as appendices 1 and 2 to this report.

3.2 The ADP has identified suicide prevention as a key area of work to be developed across both the Mental Health Strategic Group and ADP. It has been agreed that a further joint sub-group focussing specifically on suicide prevention will be established and that this group will report directly to both the ADP and HSCP Mental Health Strategic Group, and work has been progressing to ensure that this will be established in late 2019.

3.3 Further outstanding tasks are the completion next month of our annual report to the Scottish Government and the preparation of our new Alcohol and Drug Partnership Strategy.

Appendix 1 – Alcohol & Drug Intervention and Awareness sub Group Action Plan 2019-20

Appendix 2 - Alcohol & Drug Treatment and Recovery sub Group Action Plan 2019-20

East Dunbartonshire Health & Social Care Partnership (HSCP)

Alcohol & Drug Intervention and Awareness Group (ADIAG) Action Plan 2019-20

National Context

In late 2018 The Scottish Government launched "Rights, Respect & Recovery" – Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths. Delivering this strategy will focus involve actions in four key areas:

- Prevention and Early Intervention
- Developing Recovery Oriented Systems of Care
- Getting it Right for Children, Young People and Families
- Public Health Approach in Justice.

Scottish Government also launched the Alcohol Framework 2018: Preventing Harm – next steps on changing our relationship with alcohol; a refresh of the 2009 Alcohol Framework. The framework calls for sustained action in three areas:

- Reducing Consumption
- Positive Attitudes, Positive Choice
- Supporting Families and Communities

The strategy and framework provide vision and direction for Alcohol & Drug Partnerships (ADPs) on the actions they should undertake to prevent alcohol and drug harm at a local level.

Local Picture

The East Dunbartonshire Adult Health and Wellbeing Survey is carried out every 3 years with the most recent survey taking place in 2017/18. This survey sets out, amongst other things, to explore the different experience of health and wellbeing across East Dunbartonshire and within our most deprived communities. One of the key chapters examines health behaviours within East Dunbartonshire including use and views on alcohol.

The survey participants answered a set of 10 questions which comprise the Alcohol Use Disorders Identification Test (AUDIT). Together the responses to the questions provide a score and a level of risk for each respondent. In East Dunbartonshire, 92% of those surveyed were at low risk, and 8% were found to be at increasing risk of alcohol related harm. Those under 25 were the most likely age group to have an AUDIT score which indicated risk, and men were more than twice as likely as women to have scores indicating risk. Survey respondents were also asked about single episodic drinking e.g. if women drank 6 or more units in one occasion, and for men 8 or more units. 55% of drinkers had drunk alcohol at this level in the last year; including 13% weekly.

Governance

Alcohol and Drug Partnerships (ADPs) have a key role in delivering Scotland's national alcohol and drug strategy and are responsible for developing local strategies for tackling alcohol and drugs based on assessment of local needs, circumstances and resources.

The East Dunbartonshire ADP delegates the delivery for a range of public approaches and programmes that partners will collectively deliver. The Alcohol & Drug Intervention and Awareness Group (ADIAG) is a subgroup of the East Dunbartonshire ADP and has been delegated the delivery of Alcohol Brief Interventions (ABI); substance misuse education, training and information; and enforcement. The ADIAG will report on the ADIAG Action Plan to the ADP.

The Local Outcome Improvement Plan (LOIP) is a shared plan of six strategic outcomes for all East Dunbartonshire Community Planning Partners to work towards over 2017-2027. The ADIAG will also report on the ADIAG Action Plan to:

- The Joint Health Improvement Plan (JHIP) Planning and Performance Group which is responsible for LOIP 5, “Our people experience good physical and mental wellbeing with access to quality built and natural environment in which to lead healthier more active lifestyles”.
- The Delivering for Children & Young People’s Partnership (DCYPP) which is responsible for LOIP 3, “Our children and young people are safe, healthy and ready to learn”

Both of those groups report into the Community Planning Executive Group (CPEG) and the Community Planning Partnership board.

Each ADIAG organisation will also have accountability and governance arrangements in place for their own organisation.

ADIAG

The ADIAG was formed in 2018 by the merging of two local ADP subgroups; the ABI Steering Group and the PEPC (Prevention, Education, Enforcement and Control) subgroup. Membership of the ADIAG will include representatives from:

- East Dunbartonshire Health & Social Care Partnership
- East Dunbartonshire Council
- NHS Greater Glasgow & Clyde
- Police Scotland
- Scottish Prison Service
- Scottish Fire & Rescue
- Third sector – (GRACE)

In order for the ADIAG to be successful, it needs to be equitable, multi-agency and accountable, have a shared goal and a clear action plan. The ADIAG aims to provide an opportunity to increase the effectiveness of alcohol and drug prevention activities by co-ordinating the work of the ADIAG, thereby gaining maximum impact.

The terms of reference for the ADIAG are reviewed annually by all partners.

ADIAG Action Plan

The action plan will reflect the strategic vision and direction of the ADP. It will also reflect the NHS Greater Glasgow & Clyde Alcohol & Drug Prevention Framework 2019.

The overarching aim of the plan is to increase individual's knowledge and capacity to understand and address the harmful impact that a relationship with alcohol or drugs can have on their health and wellbeing. The plan will identify approaches that partners will co deliver and will be set against the ages and stages of people's life course and identify the lead partners in the delivery of each approach.

The action plan will be reviewed annually by the ADIAG as part of an ongoing development process.

ACTION PLAN 2019-20

Core Groups	Initiatives	Partners	Timescales	Budget source and amount	Evaluation / monitoring methods
Pre birth and early years	Promotion of Alcohol Focus Scotland (AFS) "Oh Lila" training courses including at annual Health Forum and Early Years Health Event	EDC Education ED HSCP PHIT AFS	Ongoing	NHSGGC A&D HI Team	Numbers attending training courses and feedback from participants questionnaires / evaluation report
Children and young people	Promotion of AFS "Rory" training courses including at annual Health Forum and Early Years Health Event Promotion of Substance Misuse Toolkit (SMT) to schools and youth workers Campus officers delivering input in schools in response to particular issues or concern Positively challenging on street drinking, engaging with youths and disposing of alcohol *(only Police Scotland have authority to confiscate*	EDC Education ED HSCP PHIT AFS ED HSCP PHIT EDC Education Police Scotland EDC Education EDC Community Safety Police Scotland	Ongoing Ongoing Ongoing Ongoing	NHSGGC A&D HI Team	Numbers attending training courses and feedback from participants questionnaires / evaluation report GLOW Survey on SMT for teachers running April/May 2019 Numbers attending CPD sessions on SMT Tracking number of users on the SMT website Number and type of sessions delivered by Police and feedback from young people Number of incidents recorded and reported quarterly via Place & Community Planning Business Improvement Plan

	alcohol. Regular patrols are carried out in known "hotspot" areas which are agreed at weekly tasking between both partners. Appropriate action is taken including EEI disposals, confiscation of alcohol, parent alert letter etc.				
	Fire Reach – youth project aimed at challenging negative attitudes and behaviour in young people of secondary school age	Scottish Fire & Rescue Service	One or more run per year		Numbers attending training and feedback from participants/ referrers and trainers
	Multi Use Games Arena (MUGA) on Friday evenings deployed in known areas of youth disorder/underage drinking etc	EDC Community Safety Police Scotland Street League	Ongoing		Numbers attending and areas reviewed on a regular basis
	KLC 629 Youth Club on Saturday evenings for 8-18 years old	EDC Community Safety EDCL Police Scotland	Ongoing		Numbers attending and activities provided
	Investigate implementing Glasgow City HSPC Drug & Alcohol Youth Pack and CRAFFT screening tool in East Dunbartonshire	ED HSCP PHIT EDC CLD EDC Community Safety EDC Social Work NHSGGC Third Sector	Mar 2020	NHSGGC A&D HI Team	
	Cannabis training courses for staff working with young people	Scottish Drugs Forum (SDF)	Ongoing	NHSGGC A&D HI Team	

					Numbers attending training courses and feedback from participants questionnaires / evaluation report
Adults	Deliver ABI Training for Trainers (T4T) within all priority settings	ED HSCP PHIT NHSGGC	Ongoing	ADP	Number of training courses and staff trained Number of courses delivered by staff trained
	Deliver ABI Training	ED HSCP PHIT NHSGGC	Ongoing	ADP	Number of training courses and staff trained
	Deliver ABIs in primary care and wider settings	Commissioned service Primary Care Staff SPS EDCL HSCP Teams	Ongoing		Number of ABIs delivered in primary and wider settings reported quarterly by NHSGGC
	Delivery of four SDF training courses per year (e.g. Stigma, General Alcohol & Drug Awareness, Staying Alive etc) to relevant staff	ED HSCP PHIT SDF	4 courses per year	NHSGGC A&D HI Team	Numbers attending training courses and feedback from participants questionnaires / evaluation report
Older People	**ABI Initiatives as above** **SDF training as above** Deliver older people specific ABI training to relevant teams	 ED HSCP PHIT	 Ongoing	 ADP	 Evaluation of older ABI project Number of training courses and

	Deliver ABIs to older people Deliver "Older & Wiser? Working with people who use substances as they age" training	Older Adults Team ED HSCP PHIT SDF	Ongoing 1 course per year	 NHSGGC A&D HI Team	staff trained Evaluation of older ABI project Number of ABIs delivered Numbers attending training courses and feedback from participants questionnaires / evaluation report
Society wide	Needle disposal National and local alcohol campaigns Drugs misuse on licensed premises campaign Promotion of the alcohol and pregnancy campaign Providing support and training to licensees Enforcement of no smoking in taxis in EDC area	EDC Community Safety Police Scotland ED HCP PHIT NHSGGC A&D Comms Group EDC Licensing Licensed Premises Police Scotland ED HCP PHIT NHSGGC A&D Comms Group EDC Licensing Officers EDC Community Protection	Ongoing Ongoing 2019 Ongoing Ongoing Ongoing		Streetscene monitor the number and locations of needles found Delivery and evaluation of national and local campaign Delivery and evaluation of campaign Delivery and evaluation of campaign Number of training events Number of Fixed Penalty Notices recorded by Licensing

					Advisors

Appendix 2

East Dunbartonshire Health & Social Care Partnership (HSCP)

Alcohol & Drug Partnership Treatment and Recovery sub group Action Plan 2019-22

ACTION PLAN 2019-20

Themes	**Initiatives**	**Partners**	**Timescales**	**Budget source and amount**	**Evaluation / monitoring methods**
Human rights and person centeredness	All services and staff to promote and model a human rights and person centred approach to service delivery in line with the Quality Principles.	All treatment and recovery service partners and to be imbedded in future service commissioning.	Ongoing	No additional budget requirement	SDF service user feedback survey
Reduce and tackle stigma	SDF Stigma training provided for all ADP services via ADIAG. Awareness raising sessions via Healthy working lives.	SDF & All treatment and recovery service partners.	By end June 2019	Existing ADP training budget	Evaluation of training included
Promote Access to services	EDADS accepts self-referrals and professional referrals. Widen access by opening Recovery services to referrals from Criminal Justice and other recovery services. Recovery Focus leaflet to be relaunched following service review. All	All treatment and recovery service partners.	January 2020	Within Existing budgets	HSCP & ADP monitors SG Waiting times targets

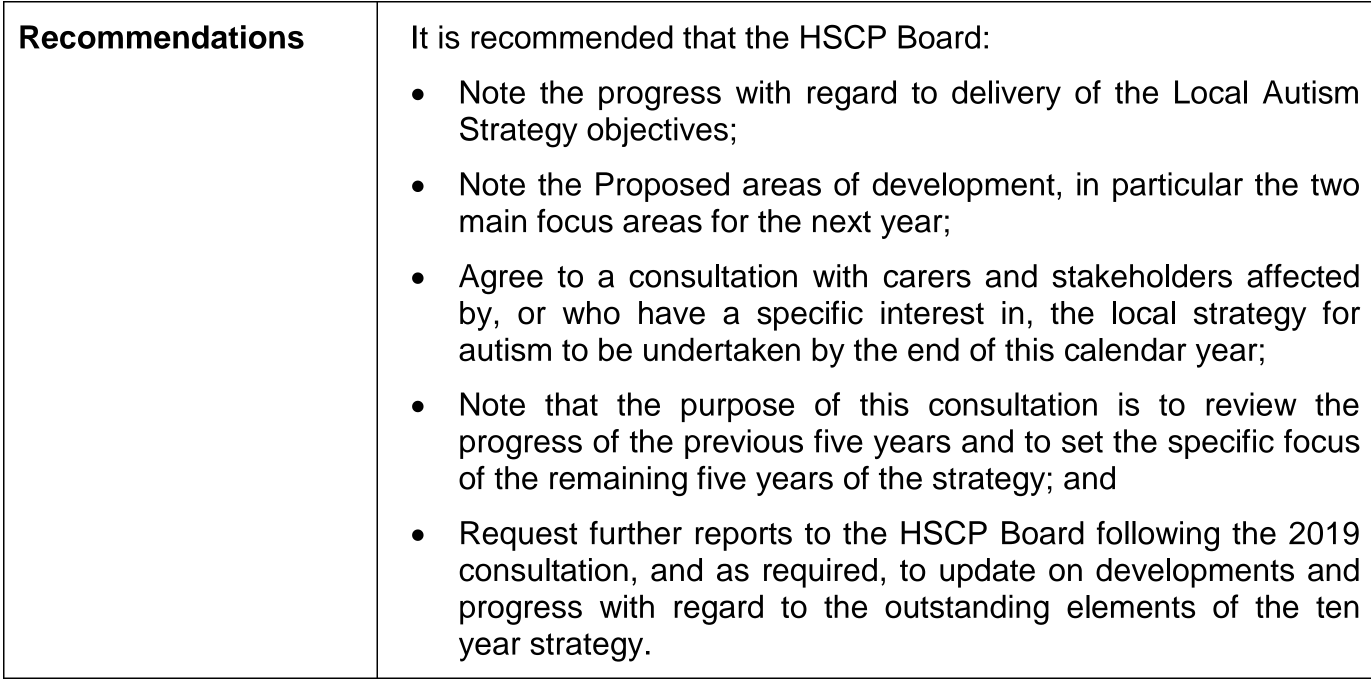
	service leaflets distributed via GP surgeries and local hubs. Services to consider flexible access, opening hours etc.				
Trauma informed services	Promote trauma informed service provision. T&R group links to ACES steering group. Trauma informed practice project at KHCC. KHCC Environmental improvement programme.	All treatment and recovery service partners	2017/18	Existing ADP budget	SDF trauma informed provision study 2018 and future service user feedback.
Family inclusive services	Ensure family inclusive services in East Dunbartonshire as outcome of needs assessment and review.	All treatment and recovery service partners	2019/20	Within existing ADP budget	SDF Family involvement survey 2018 and future service user feedback.
Listening to and valuing lived experience	Recovery café and Sharing time meetings used to promote recovery stories and lived experience and used to inform service developments.	All treatment and recovery service partners	2019	Within existing ADP budget	SDF service user feedback survey
Harm reduction	Promote harm reduction approaches e.g. Injecting equipment provision (IEP), Naloxone and Foil supply. Existing Service users in ORT are routinely prescribed 'Prenoxad' (Naloxone). Training and kit supplies are available for staff, families, carers, services. ABI's (GCA).	East Dunbartonshire Alcohol and Drugs Service (EDADS) and All treatment and recovery service partners	2019/20	Within exiting budgets	IEP and Naloxone supply reported to Glasgow Addiction Services.

	Include in health and safety booklet (LH) Fire safety visits (Fire service)				
Community Justice	Closer partnership working with criminal Justice services via CJ attendance at the T&R group, EDADS worker based at CJ service ½ day per week.	East Dunbartonshire Alcohol and Drugs Service (EDADS) and Criminal Justice services	2019/20	Within existing budgets	Improved outcomes for CJ services users with substance use issues monitored at CJ reviews
Recovery	Recovery week event plan (Football tournament)	All treatment and recovery service partners	September 2019	Within existing ADP budget	Promote and celebrate local success within Recovery week.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Autism Strategy 2014-2024 Refresh
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement Services, Interim Chief Social Work Officer
Contact Officer	Richard Murphy Adult Day Services Manager richard.murphy@eastdunbarton.gov.uk

Purpose of Report	The purpose of this report is to advise the Board on the progress of the current 10 year Autism Strategy; to report on the recent review of the strategy at its half way stage; to indicate the focus for the refreshed strategy and to advise of the proposed consultation process which will aim to share progress and seek agreement on the focus for the remaining five years of the local strategy.



Recommendations	It is recommended that the HSCP Board: • Note the progress with regard to delivery of the Local Autism Strategy objectives; • Note the Proposed areas of development, in particular the two main focus areas for the next year; • Agree to a consultation with carers and stakeholders affected by, or who have a specific interest in, the local strategy for autism to be undertaken by the end of this calendar year; • Note that the purpose of this consultation is to review the progress of the previous five years and to set the specific focus of the remaining five years of the strategy; and • Request further reports to the HSCP Board following the 2019 consultation, and as required, to update on developments and progress with regard to the outstanding elements of the ten year strategy.

Relevance to HSCP Board Strategic Plan	This report supports the achievement of the HSCP Boards following priorities: PRIORITY 2. Enhance the quality of life and supporting independence for

	people, particularly those with long term conditions PRIORITY 4. Address inequalities and support people to have more choice and control PRIORITY 5. People have a positive experience of health and social care services

Implications for Health & Social Care Partnership

Human Resources	There are no Human Resources implications arising from this report at this stage. If any future Human Resources implications arise with regard to proposals or developments relating to the strategy, in its remaining five years, then these will be responded to in line with established policies and procedures

Equalities:	An Equality Impact Assessment (EQIA) has not been undertaken relating to the work of the Local Autism Strategy Steering Group. Any proposals or developments which would require an EQIA will be addressed as appropriate.

Financial:	There are no financial considerations attached to this update and it is expected that the progress of the Local Autism Strategy at this stage will remain within existing financial parameters

Legal:	None at this stage

Economic Impact:	It is hoped that the strategy will support individuals and families who are affected by autism into meaningful educational or employment opportunities, thus having a positive economic impact

1.1 **Sustainability:**	Existing developments from the strategy are sustainable; any future developments would be reviewed with regard to sustainability.

Risk Implications:	No risks identified with the report at this stage

Implications for East Dunbartonshire Council:	As a provider of supports and services to individuals and families affected by autism, and with knowledge that many families and individuals within EDC across the lifespan are affected by the condition, the Council will have significant interest in the development of appropriate Autistic Spectrum Disorder (ASD) pathways and supports.

Implications for NHS Greater Glasgow & Clyde:	Implications could be with regard to scrutiny of diagnostic supports and services in relation to a support pathway for those affected by the condition

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

1.0 MAIN REPORT

Introduction

1.1 The ***Scottish Strategy for Autism*** was published jointly by Scottish Government and COSLA in 2011, the aim being to improve the lives of autistic people and their families and to build on improvements to autism services and access to them where appropriate. The original document set out 26 recommendations and set a vision that by 2021 *'individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives'*

1.2 Subsequently, in 2014 the Scottish Government published a report on the progress made by the autism strategy during its first two years. A mapping exercise was also conducted, which sought to 'map out' local autism services and to improve their coordination. This exercise coincided with the one-off investment of £35,000 for each local authority in Scotland to develop local autism strategies and action plans.

1.3 In East Dunbartonshire, we established our main objectives for our local autism strategy plan using an independent organisation, Figure 8, who undertook a consultative exercise and a needs assessment which helped set objectives for East Dunbartonshire; this was completed in 2014. From the needs assessment there were 19 key objectives established, which we committed to deliver as part of a 10 year strategy

1.4 Underpinning our objectives are values from the Scottish Autism Strategy which are integral to any activities or development.

- **Dignity** – people should be given the care and support they need in a way which promotes their independence and emotional well-being and respects their dignity;
- **Privacy** – people should be supported to have choice and control over their lives so that they are able to have the same chosen level of privacy as other citizens;
- **Choice** – care and support should be personalised and based on the identified needs and wishes of the individual;
- **Safety** – people should be supported to feel safe and secure without being over protected;
- **Realising potential** – people should have the opportunity to achieve all they can; and
- **Equality and diversity** – people should have access to information, assessments and services; health and social care agencies should work to redress inequalities and challenge discrimination

Review of current strategy

2.1 At recent East Dunbartonshire Autism Strategy meetings, in recognition that the strategy is nearly half way through its lifespan, there has been reflection on what has been achieved, what still needs to be done and what changes need to be made. There is also recognition of the need to be cognisant of direction and policy coming from the Scottish Government with regard to the national strategy.

2.2 The 19 objectives have been reviewed from the local ASD strategy and the extent to which each is confirmed as being met/partially met or unmet has been considered. As would be expected at the midpoint of the life span of a strategy, few single objectives are fully met – as work should be ongoing and improvements should be made throughout the ten year period of the strategy. Notwithstanding this, indications at the five year stage indicate that improvements and development in relation to twelve objectives from the

strategy have been made. This leaves seven objectives which will require some specific focus and attention in the remaining life span of the strategy. Based on discussions from the steering group; analysis of the local objectives; and feedback from one stop shops, our ASD parent carers forum and ASD drop in sessions (including those carried out at our recent EDC Autism Festival) it has been concluded that many of the remaining local objectives can be covered by two main areas of development and that short term working groups can be used to take forward work in each of these areas as follows:

- **Establishing Clear Pathways** (from pre diagnosis, through to post diagnosis; covering significant transition periods for individuals and families and identifying and signposting to supportive resources)

- **Developing Autism Friendly Communities** (Raising awareness of autism in EDC and exploring the development of autism friendly environments in HSCP, Council, Education and leisure and culture services - and in mainstream community settings and resources)

2.3 Consideration has also been given as to how the current ASD carers forum (established by Local Area Co-ordinators) can feed into any future work or developments by providing their personal and shared experiences of the condition.

Recent Scottish Government Policy and direction relevant to the development of the local strategy

3.1 The most recent Scottish Government review of its Autism strategy **'Outcomes and Priorities 2018-2021'** sets out priorities for action through to 2021 to improve outcomes for autistic people living in Scotland. This report identifies four strategic Outcomes and Priorities which would inform future work and direction for our local strategy, as follows:

- **Strategic Outcome One: A Healthy Life** - Autistic people enjoy the highest attainable standard of living, health and family life and have timely access to diagnostic assessment and integrated support services.

- **Strategic Outcome Two: Choice and Control** - Autistic people are treated with dignity and respect and services are able to identify their needs and are responsive to meet those needs.

- **Strategic Outcome Three: Independence** - Autistic people are able to live independently in the community with equal access to all aspects of society. Services have the capacity and awareness to ensure that people are met with recognition and understanding.

- **Strategic Outcome Four: Active Citizenship** - Autistic people are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities.

3.2 These priority areas have also been incorporated into the focus of the Autism Steering group and all four sit within the two main focus areas for the next year: Establishing Clear

Pathways and Developing Autism Friendly Communities

Consultation with individuals/carers and stakeholders 2019

4.1 It is proposed that four consultation sessions take place to seek input and participation from all those with an interest in or who are affected by ASD in East Dunbartonshire. This will involve two afternoon and two evening sessions to take place in Kirkintilloch and Bearsden with the intention to hold these sessions in October 2019. The purpose of these sessions will be to provide information on the stage of the current strategy and to consult and reach agreement on the proposed focus of the next five years of the local strategy. Feedback from these sessions will be incorporated into the future strategy reported to the HSCP Board

Appendix 1 Local Strategy 19 Objectives

- 1. Review current information systems with a view to streamlining and developing a joined up approach and accurate data
- 2. Work towards developing a clear pathway and accountability for the diagnosis, treatment, care and support of children, young people and adults with autism, ensuring the engagement of relevant stakeholders
- 3. Ensuring the route to diagnosis is more consistent, accessible and visible, whilst recognising the needs of individuals without a formal diagnosis
- 4. Develop a single point of access for information for individuals with autism , their families, carers and practitioners
- 5. Ensure there is a robust transitions process in place at each important life stage with clear responsibility across health , social work and other relevant agencies
- 6. Develop a post-school framework as part of the transitions process by engaging with local further education facilities, employment agencies and other local organisations in order to maximise opportunities for people with autism
- 7. Focus on supporting those individuals with co-existing problems around mental health, substance misuse and offending behaviour as part of the wider pathway, in particular those regarded as 'hard to reach' and non-engaging
- 8. Enable people with autism to feel safe in their communities via measures around self-protection and links with community safety agencies
- 9. Work with the local community in relation to a wider social integration agenda; promoting local assets through the East Dunbartonshire Community Asset Map and raising awareness of autism e.g. use of Autism Awareness week
- 10. Review existing employment support programmes, the impact of welfare reform and ways to improve engagement with local employers across all care groups with a specific focus on autism
- 11. Ensure that people with autism and their carers are enabled to actively engage with mainstream services e.g. leisure and culture
- 12. Address the geographical challenges, ensuring equitable access to resources and the development of outreach/mobile support
- 13. Work in partnership with local organisations to raise awareness and provide autism specific support if required
- 14. Undertake a multi-agency training needs assessment and develop a strategic training plan
- 15. Promote access to self-help groups and peer support for individuals with autism, their families and carers including use of self-directed support
- 16. Develop meaningful consultation involving individuals with autism, parents and carers in the planning and evaluation of services
- 17. Ensure that the needs of people with autism are reflected in local housing plans
- 18. Develop a self-evaluation framework to ensure best practice implementation and monitoring including updating the existing action plan
- 19. Ensure that people with autism and their carers benefit from services that are integrated and complimentary – a multi-disciplinary approach which is clear and accessible to those who make use of it

Chief Officer
Susan Manion

Agenda Item Number: 6

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Commissioning Strategy and Market Facilitation Plan Update
Report By	Jean Campbell, Chief Finance and Resources Officer
Contact Officer	Gillian Healey, Team Leader, Planning & Service Development 0141 777 3074 gillian.healey@eastdunbarton.gov.uk

Purpose of Report	To update Board members on plans to develop a Commissioning Strategy and incorporated Market Facilitation Plan and outline the approach taken to develop and implement the strategy.

Recommendations	To note and approve the content of this report

Relevance to HSCP Board Strategic Plan	The Commissioning Strategy underpins the HSCP's Strategic and Business Plans and aligns the respective priorities

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	An Equalities Impact Assessment (EQIA) will be completed in conjunction with the development of this strategy

Financial:	Minimal financial resource may be required to support the development of the Strategy, for example, engagement / consultation with key stakeholders

Legal:	None

Economic Impact:	None

Sustainability:	N/A

Risk Implications:	The Strategy is due to be delivered and implemented by April 2019 – any delay will impact on the HSCP's ability to progress priorities, facilitate the much needed change across the commissioned landscape and deliver potential savings.

Implications for East Dunbartonshire Council:	Various Council Officers will be engaged/consulted on the development of this Strategy

Implications for NHS Greater Glasgow & Clyde:	Various NHSGGC Officers will be engaged/consulted on the development of this Strategy

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0 MAIN REPORT

1.1 The HSCP in partnership with the third and independent sector are currently developing a draft Commissioning Strategy and incorporated Market Facilitation Plan.

1.2 The aim of the strategy is to convey the HSCP's commissioning intentions over the next three years and introduce plans to stimulate and facilitate change across the market thus ensuring the commissioned landscape is flexible and responsive to changing needs, outcomes focussed, drives up quality, fosters innovation, delivers best value, promotes wellbeing and supports independence.

1.3 To ensure the draft strategy is fully informed, the views of service users, carers, HSCP staff, Locality Planning Groups, providers, and other key stakeholders was obtained via a series of engagement and consultation events held between Dec 18 and Mar 19.

1.4 Five overarching commissioning themes and a number of underpinning commissioning priorities emerged from these events. The themes include: Prevention & Early Intervention, Direct Care & Support, Enablement & Support to Live Independently, Support to Carers and Families and Assistive Technology/Digital Solutions.

1.5 Other factors which are helping to shape and influence the document include:
- Demographic data/intelligence identifying the current and projected population profile and needs of East Dunbartonshire
- National and local policy drivers including Shifting the Balance of Care and Moving Forward Together
- Health and Wellbeing Outcomes
- Reducing budgets / requirement to deliver best value

1.6 The HSCP engaged the support of Healthcare Improvement Scotland's Improvement Hub (ihub). Ihub supports organisations to identify high impact opportunities for improvement and transformation and assists in the design of processes, care models and systems that will improve outcomes and provide practical support to enable changes that will lead to improvement.

1.7 Heads of Service and Service Managers are currently reviewing / finalising the commissioning priorities under each heading – this work is expected to be completed at the end of Aug/ beginning Sep 19.

1.8 Thereafter, the draft strategy will be circulated across all key stakeholders late Sept/early Oct with a view to finalising mid Oct and submitting to the Board in Nov 19.

1.9 Following board approval, the HSCP in partnership with Ihub plan to establish a series of workshops across the sector to help progress identified priorities and support market transformation. Dates/venues etc to be confirmed nearer the time – but expected to be early new year.

1.10 A copy of the revised action plan is included as **Appendix 1.**

East Dunbartonshire Health & Social Care Partnership (HSCP)

Draft Project Plan

Commissioning Strategy & Market Facilitation Plan

(Children & Families, Adults, Older People)

2018 - 2021

PROGRAMME MANAGEMENT TEMPLATE

Project Details:	HSCP COMMISSIONING STRATEGY & MARKET FACILIATION PLAN 2018 - 2021
What is the piece of work we are doing? *(Project Name)*	Develop and implement an East Dunbartonshire Health and Social Care Partnership (HSCP) Commissioning Strategy (2018 – 2021) (including a Market Facilitation Plan)
Why are we doing this? *(Project Rationale)*	To formalise the HSCP's commissioning intentions and market facilitation plans over the next three years – thus ensuring the social care landscape is "fit for purpose", flexible, responsive to local needs, delivers best value and, in the longer term, is socially and financially sustainable. The Commissioning Strategy is aimed at key stakeholders including; existing and new providers across voluntary, third and private sectors, residents, patients, service users, carers and families, HSCP staff and East Dunbartonshire Council (EDC) colleagues. The Community Empowerment (Scotland) Act, states that we, as Public Body representatives, have a duty to engage and involve the public, patients, service users and carers and other stakeholders in designing, developing and delivering the health and social care services we provide for them.
Who will take responsibility for delivering the project? *(Project Lead)*	Jean Campbell (Chief Finance and Resources Officer) / Gillian Healey (Team Leader - Planning & Service Development)
Project Milestones (Key Actions & Timescales)	• SMT approve development of Commissioning Strategy / Project Plan: Nov 18 • Establish Project Team to develop Commissioning Strategy (Actions / Leads/ Timescales): Dec 18 • Develop / Compile Draft Commissioning Strategy & Market Facilitation Plan: Dec 18 – Sep 19 • Engage/consult key stakeholders: incl. staff, providers, PSUC, locality groups, HOS: Dec 18 – Sep 19 • Circulate draft Strategy across all key stakeholders: Sep / Oct 19 • Submit to SMT / HSCP Approval / Sign Off: Oct / Nov 19
Financial Implications *(Project finance/Resources)*	To be confirmed as project commences / progresses

PROJECT PLAN – COMMISSIONING STRATEGY DEVELOPMENT				
ACTION		TIMESCALES	LEAD	UPDATE 26th AUG 19
1.0	Governance Arrangements			
1.1	• SMT approval to develop Commissioning Strategy / Market Facilitation Plan • Establish Project Team (PT) to Lead, develop, implement strategy /plan – arrange fortnightly meetings to monitor /check progress	Nov 18 Dec 18	GH AC	Completed Completed
1.2	• Brief SMT, HSCP Board, EDC / Members • Liaise with Corp Comms re support / develop communication strategy	Dec 18 Dec 18	GH GH	On-going On-going
2.0	Equality Impact Assessment			
2.1	• Complete EQIA and submit to NHS GGC (equalities) for formal approval	Dec 18	AC / MF	Completed
3.0	Develop / Compile Draft Commissioning Strategy & Market Facilitation Plan			
3.1	• Scope & agree key actions / timescales / leads • Identify additional resources required to develop / implement CS / MFP • Agree format / approach for developing CS (client group specific / thematic) • Agree communication strategy (key partners/engagement / communication methods etc) • Triangulate with Strategic / Business / Financial Plans • Identify national & local legislative / policy drivers • Collate/analyse Market Intelligence (demographics, needs/demand profile, service models, spend, market forces etc)	Dec 18 – Jun 19	All	On-going
3.2	• Compile/review/agree draft Strategy / Key priorities / financial framework with Heads of Service	July 19 – Sep 19	HOS, JC, GH	On-going
3.3	• Circulate draft strategy across all key stakeholders for final comment / amendments NB delay in progressing developing of strategy primarily due to: • Lack of robust intelligence / data to help inform / shape strategy development • On-going engagement with third / independent sector reps to review / clarify feedback to date • Limited availability to meet collectively with HOS's to review strategy / priorities • Wider consideration of increasing financial pressures and impact on strategy development / overarching commissioning themes/priorities	Sep 19 – Oct 19	JC/GH	On-going

4.0	Engagement / Consultation Events			
4.1	In partnership with Ihub, Engage / consult with key stakeholders including: • HSCP/EDC Staff • PSUC (public, service user, carer) • East / West Locality Planning Groups • Providers: Third and independent sector	Dec 18 – June 19	ALL	Completed
4.2	• Heads of Service / Senior Managers / Planning Groups	July – Sep	JC/GH	On-going
4.3	• SMT / Strategic Planning Group	Oct 19	JC/GH	No update at present
5.0	**SMT / HSCP Approval / Sign Off Evaluation**			
5.1	Present draft Commissioning Strategy and Market Facilitation Plan to SMT / HSCP Board: • Summarise key priorities • Outline service / budget implications • Seek SMT approval / Submit to HSCP Board • Distribute strategy /plan across all stakeholders • Implement Strategy	Oct / Nov 19 Nov 19 – onwards	JC / GH JC/GH	No update at present No update at present
6.0	**Evaluation / Reflection**			
6.1	Project team evaluate / reflect on: • Lessons Learnt – resource/budget implications, timescales etc	Dec 19	JC/GH/PT	No update at present

Agenda Item Number: 7

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	East Dunbartonshire Child Poverty Report 2018/19
Report By	Caroline Sinclair, Interim Chief Social Work Officer Head of Mental Health, Learning Disability, Addictions and Health Improvement
Contact Officer	David Radford Health Improvement & Inequalities Manager David.radford@ggc.scot.nhs.uk 0141 355 2391

Purpose of Report	This paper outlines the process and actions towards the development of the East Dunbartonshire Child Poverty Report 2018/19. The report, attached at appendix 1, details the challenge and the actions that Partners, including the HSCP, are undertaking towards mitigating the impact of child poverty across East Dunbartonshire.

Recommendations	It is recommended that the Board note the content of the Child Poverty Action Report 2018. It is recommended that the Board note the actions taken by the HSCP in meeting the outcomes detailed within this report.

Relevance to HSCP Board Strategic Plan	The report supports the ongoing commitment for the HSCP to work in Partnership with Community Planning Partners, in shaping the delivery of plans and actions that mitigate on child poverty as prioritised in the Local Development Plans of NHS GGC and of the ED HSCP Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.1 MAIN REPORT

1.1	The attached report details the actions and progress of the East Dunbartonshire Child Poverty report 2018/19, highlighting their progress as detailed in **Appendix .1**
1.2	The health consequences associated with child poverty are a strategic priority for the HSCP.
1.3	The NHS and East Dunbartonshire Council has a, new, statutory duty to report on actions taken to reduce child poverty and to maximise the incomes of pregnant women and families with children.
1.4	A national framework to measure progress has been published by setting out the indicators they will use to monitor if these drivers of poverty are changing over time.
1.5	HSCP officers with East Dunbartonshire Council colleagues have attended meetings of NHS Greater & Clyde co-ordination group to share, review, revise and plan actions towards a collegiate approach to the statutory duty.
1.6	The East Dunbartonshire Community Planning Partners have convened a Child Poverty Strategic Group, including representation from the HSCP, to respond to the statutory duty and to drive the East Dunbartonshire action plan.
1.7	A range of actions have been undertaken and progressed proactively within and across the HSCP, to improve children's health and wellbeing and to reduce child poverty, these are described within this report.

Appendix 1 – Child Poverty Report Action Plan

EAST DUNBARTONSHIRE LOCAL CHILD POVERTY ACTION REPORT

Introduction

East Dunbartonshire Council alongside NHS Greater Glasgow and Clyde and East Dunbartonshire Health and Social Care Partnership (HSCP) are committed to eradicating child poverty in the area. The East Dunbartonshire Local Outcomes Improvement Plan (2017-2027)[1] is our guiding document, outlining how we work together with other Community Planning Partners in the area to reduce inequality and increase wealth. Whilst the majority of residents in East Dunbartonshire enjoy a high standard of living, experiencing relatively low levels of socioeconomic deprivation, over one in ten children are still living in poverty in East Dunbartonshire, compared to over one in three in Glasgow City. The latest population statistics for 2018 estimated there were just over 20,000 children of 16 years and under in East Dunbartonshire.[2] According to researchers at Loughborough University in 2018, East Dunbartonshire had a rate of 13% of children in poverty after housing costs, which was the lowest rate for any mainland Local Authority.[3] These figures are estimates derived largely from data on parents in receipt of certain benefits – compiled by Department of Work and Pensions. This high level picture can however mask the smaller pockets of deprivation in East Dunbartonshire where the rate of poverty rises to over one in four children - such as in the Hillhead area of Kirkintilloch. It is crucial therefore that we bring equal efforts in East Dunbartonshire if we are to meet the aim of eradicating child poverty. This plan identifies specific target groups that are more prone to experiencing child poverty than others – this includes lone parents, families with a disabled member, families with a child aged under one years, families with three or more children and Black and Minority Ethnic (BME) families.[4]

Making early and preventative interventions to ensure every child has the best start in life and to mitigate known detrimental impacts of child poverty on a child's health, wellbeing and educational attainment is not only the right thing to do; it is the most effective way to reduce costly interventions at a later date. The Christie Commission report into the future delivery of public services (2011)[5] estimated that around 40% of local government funding goes on crisis interventions. Investing earlier to prevent issues accumulating in e.g. those with Adverse Childhood

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[1] See: https://www.eastdunbarton.gov.uk/our-local-outcomes

[2] See: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2018

[3] See: https://www.endchildpoverty.org.uk/

[4] See: https://www.equalityhumanrights.com/en/publication-download/cumulative-impact-tax-and-welfare-reforms

[5] See: https://www.gov.scot/publications/commission-future-delivery-public-services/

Experiences[6], can ensure that any issues are addressed before they affect longer term outcomes. Within the current economic climate it is essential we work in partnership, pooling our resources and talents with other statutory and third sector partners to do the best that we can for all our children. Evidence suggests that our interventions can improve the rates of child poverty – rates were reducing across UK until around 2010.

Background

The Child Poverty (Scotland) Act 2017 set out a new duty for Councils and NHS Boards to publish a report and an action plan to contribute to reductions in child poverty in Scotland. This document is the first action plan from the East Dunbartonshire area, outlining measures taken in the area during the reporting year 2018-19 by the Council and relevant Health Board of NHS Greater Glasgow and Clyde (NHS GGC). We also describe measures that the Council and NHS propose to take for the purpose of contributing to the meeting of targets to reduce child poverty set by Scottish Government in the Child Poverty (Scotland) Act 2017[7]

The Act sets out four statutory, income-based targets (all after housing costs), to be achieved by 2030. The primary aim is that **fewer than 10% of children are in relative poverty**. This means fewer than one in ten children living in households on low incomes, compared to the average UK household.

Children were considered to be living in relative poverty if they lived in households with less than 60% of median household income. In April 2017 the median, or typical, gross salary in Scotland for all employees was £23,150.[8] A lone parent family with two children was defined as living in poverty if they had less than £306 per week after housing costs had been deducted (or £14 per person per day for all non-rent/mortgage costs). A two parent family with two children living on less than £413 a week, after housing costs had been deducted, was classed as being in poverty.[9]

The East Dunbartonshire Area Profile 2018[10] outlined average gross weekly earnings for full time workers living in East Dunbartonshire in 2017 was £633.90. This was substantially higher than Scotland as a whole (£547.70). Female full time workers living in East Dunbartonshire earned

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[6] See: https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2018/05/understanding-childhood-adversity-resilience-crime/documents/00535550-pdf/00535550-pdf/govscot%3Adocument

[7] See: http://www.legislation.gov.uk/asp/2017/6/section/13/enacted

[8] See: https://www.ons.gov.uk

[9] See: http://thirdforcenews.org.uk/tfn-news/glasgoew-failing-to-stem-the-tide-of-child-poverty#QkiVleIafBeSZiKe.99

[10] See: https://www.eastdunbarton.gov.uk/statistics-facts-and-figures

£137.80 less than male full time workers, representing a 20% gender pay gap for full time workers, compared to the Scottish gap of 14%. Both female and male full time workers living in East Dunbartonshire had higher gross weekly earnings compared to males and females across Scotland as a whole.

Throughout this report we refer to child poverty rates after housing costs are deducted. These are the figures used by Scottish Government in the statutory targets as they give a truer picture of how much income a family has once it has paid for the essential living cost of accommodation. In East Dunbartonshire, accommodation costs can be higher than other areas of Scotland, albeit across Scotland as a whole, housing costs are on average lower than the England. House price averages in East Dunbartonshire increased by 12.9% over the last decade. The average house price for East Dunbartonshire in 2007/08 was £193,955, while in 2016/17 it was £219,037. The Scottish average house price has increased by 7.7% over the same time period, from £154,810 to £166,681. The affordability analysis which was undertaken for the Local Housing Strategy 2017-2022 identified that households would need to earn approximately £55,000 to be able to access a mortgage sufficient for the average house price of £219,037 in East Dunbartonshire which is substantially above the average East Dunbartonshire income of £41,904. The high level of house prices in East Dunbartonshire has implications for the capacity of lower income households to afford suitable housing, particularly in the context of a relatively limited social rented sector. Income levels are particularly low in the areas of Hillhead and Twechar. East Dunbartonshire's Local Housing Strategy identified that 47% of local households cannot afford the private rented sector and 25% of local households cannot afford the social rented sector (this is likely to be an over estimate as the data cannot fully reflect all benefits to which households will be entitled).

National Policy Context

Child Poverty is increasing, not just in Scotland but across the United Kingdom (UK) – a recent report by Joseph Rowntree Foundation[11] outlined that over four million children are in poverty in the UK today. Moreover, the report outlined that three in four children who are locked in persistent poverty have a parent in work. This is an increase from 50% two decades ago and shows that despite high employment rates, the low quality of some jobs means that work is no longer a reliable route out of poverty. This means a different approach is needed to tackling child poverty.

Scottish Government Child Poverty Strategy

[11] See: https://www.jrf.org.uk/press/we-cannot-allow-brexit-distract-families-locked-working-poverty-our-country

Scottish Government (SG) recently published their child poverty delivery plan 2018-22 – *Every Child, Every Chance*.[12] It sets out a range of new policies designed to reduce child poverty and meet the statutory targets set by the Child Poverty (Scotland) Act 2017. The plan outlines actions to make progress on three main drivers of child poverty:

1. Income from employment
2. Reduced essential costs of living
3. Income from social security

A framework to measure progress has also been published by SG[13] setting out the indicators they will use to monitor if these drivers of poverty are changing over time. These indicators cover areas such as how many hours are worked in a household, hourly pay, skills and qualifications (of parents and children), number and types of jobs available in the labour market, housing costs, debt, uptake of certain social security entitlements for low income families, percentage of children taking a Free School Meal / Clothing Grant and availability of affordable and accessible transport and childcare (as well other living costs such as food and fuel).

Fairer Scotland Duty

Further to the UK Equality Act in 2010, the Scottish Government has put in place the Fairer Scotland Duty, Part 1 of the Equality Act 2010, which came into force in Scotland from April 2018.

It is now the case that, as well as considering those who have 'protected characteristics' under the Equality Act, certain public bodies in Scotland have a legal responsibility to pay due regard to how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

The Council, NHS and other public bodies to fulfil their obligations under the Duty, must be able to meet what is called the key requirement in each case:

- to actively consider how we could reduce inequalities of outcome in any major strategic decision they make; and
- to publish a written assessment, showing how we've done this

[12] See: https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/
[13] See: https://www2.gov.scot/Topics/Statistics/Browse/Social-Welfare/IncomePoverty/ChildPovertyStrategy/targethist

The Equality Act 2010 identifies nine 'protected characteristics': age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. In regard to these characteristics, the Public Bodies have a duty to:

- remove discrimination, victimisation or harassment
- advance equality of opportunity
- promote good relations.

East Dunbartonshire Policy Context

The Local Outcomes Improvement Plan (LOIP) 2017-2027 is the strategic document for the Council and various public bodies, or Community Planning Partners, alongside the voluntary and community sector. The LOIP sets out the common improvement outcomes that we are working towards with the people of East Dunbartonshire to raise the bar. These outcomes are aligned to the 16 improvement actions set for Scotland in the National Performance Framework. Every organisation that is involved in activity to improve the outcomes of Scotland's people can align themselves to at least some of these outcomes. In terms of this plan, the following are the main national outcomes we contribute to:

- We live in communities that are inclusive, empowered, resilient and safe
- We have a globally competitive, entrepreneurial, inclusive and sustainable economy
- We grow up loved, safe and respected so that we can realise our full potential
- We are well educated, skilled and able to contribute to society
- We are healthy and active
- We tackle poverty by sharing opportunities, wealth and power more equally
- We have thriving and innovative businesses, with quality jobs and fair work for everyone

In the areas of Lennoxtown, Auchinairn, Twechar, Hillhead and Harestanes we are also developing Place plans to improve these local areas working with the people who live there. This is further to the Community Empowerment (Scotland) Act 2015 which required us to focus on areas where people require more support to improve outcomes. This plan clearly aligns with these Place plans however this is a universal plan which looks to address child poverty across all of East Dunbartonshire, not just areas of socioeconomic deprivation.

The Council published its second statutory Community Learning and Development Plan in 2018[14] which looks at what we will do over the next three years to upskill and develop communities and learners across East Dunbartonshire area. There are a range of actions therein that align to this plan, for example, ensuring that our people are equipped with the skills they need for learning life and work, which is the outcome for the second of our Local Outcome Development Groups (LODG) under the LOIP. The Integrated Children's Services Plan (2017-2020), which is the strategic document of outcome three of the LOIP; 'our children are safe, healthy and ready to learn' is also central to this plan.

Child poverty is an area which is a priority of many departments of East Dunbartonshire Council, NHSGGC and HSCP. As corporate parents we are committed to ensuring all our young people are respected, valued and nurtured to achieve their fullest potential. We have a range of policies and services in place to do this ranging from: maternal and early years support; schools; youth work; social work; parental engagement; adult literacy and learning; community development, economic development and regeneration; and employability supports for those who encounter barriers to the labour market.

The Scottish Government published '*No one left Behind'*[15] in 2018 and we are committed to its aims. East Dunbartonshire has a relatively low job density ratio with local jobs only available for half the working age population and not enough opportunity for quality employment for some people e.g. young disabled persons.[16] Nevertheless we are close to the large labour market of Glasgow where our high rates of school attainment, university and tertiary education means we are able to compete successfully in this jobs market. This means that our residents enjoy relatively high rates of employment and are in the lowest three Local Authorities in Scotland in terms of number of workless households at 13% in 2017. This is five per cent lower than the Scotland average which also outlines that 11.7% of these households include children (the sample size is too small to outline the percentage of children who are in workless households in East Dunbartonshire).[17] This does not mean we are complacent as regards employment opportunities in East Dunbartonshire - we are constantly striving to increase local business development through our Business Gateway team alongside attracting and developing new entrepreneurial talent. All of this helps to ensure children and families have routes and pathways out of poverty.

Given that high rates of poverty are experienced by families where one or more adults is working, the Council, as the biggest employer locally, can do a great deal in terms of supporting its local staff, and their families, out of poverty. East Dunbartonshire Council has been a living wage

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[14] See: https://www.eastdunbarton.gov.uk/council/community-planning/community-learning-and-development-plan
[15] See: https://www.gov.scot/publications/one-left-behind-next-steps-integration-alignment-employability-support-scotland/
[16] See: https://www.nomisweb.co.uk
[17] See: https://www.nomisweb.co.uk/reports/lmp/la/1946157413/report.aspx

employer since 2016 and our staff enjoy a range of family friendly policies. Moreover, NHS Greater Glasgow and Clyde is the largest employer in Scotland providing healthcare to 1.2 million people and employing 38,000 staff – work is underway as part of this plan to develop local talent to meet the skills gaps of our local healthcare provider. Working together on this action plan, we can achieve a huge amount as employers, procurers and service providers to reduce child poverty rates. The report and action plan that follow sets out our activities and ambitions in more detail.

Place Approach

In order to ensure we are targeting our resources to those areas where poorer outcomes prevail we have looked to the Scottish Index of Multiple Deprivation (SIMD) which provides a relative measure of deprivation, and is used to compare small geographic areas known as datazones across Scotland by providing each datazone with a unique ranking from most deprived (rank 1) to least deprived (rank 6,976). Datazones are small areas which are determined by population, and as such, datazones in urban areas cover a smaller geographical area than datazones in rural areas. There are 130 datazones in East Dunbartonshire. The average population of a datazone is 760. Rankings are determined by using 38 individual indicators across seven domains of life:

1. Income
2. Employment
3. Health
4. Education, Skills and Training
5. Geographic Access to Services
6. Crime
7. Housing.

These domain rankings are aggregated to provide an overall SIMD rank for each datazone. According to the SIMD 2016, East Dunbartonshire has seven datazones in the 25% most deprived in Scotland when all of the domains are combined. Three of these datazones which rank within the 25% most deprived in Scotland are within Hillhead and Harestanes, two of these datazones are within Auchinairn and one of these datazones is within Lennoxtown. The remaining one of these seven datazones is within Kirkintilloch West, known as the Westergreens area. Westergreens has only recently emerged as an area of relative deprivation and over the next few years the CPP will investigate this further to determine how best to include it in our targeted planning for place. The village of Twechar is an area which has recently improved on the SIMD however we know that people continue to experience inequalities in relation to housing and geographic access to services.

Place planning allows our CPP to look at outcomes in the context of smaller communities and to plan how we will work with each other and with local people in these areas. This approach is not new to East Dunbartonshire. In 2011 we began applying a Place approach to delivering services in Hillhead and have since begun to extend this to Lennoxtown and Auchinairn. Using a Place approach means encouraging greater communication between services and with residents of a particular place to come up with solutions for what would reduce disadvantage in their area. This puts the people, who are local to that area, central to the service planning. We know what works in one area may not be a solution elsewhere. We understand that our local communities are not the same and as a result we will work differently with different priorities. Place planning is about closing the gaps between our communities, assisting where we are needed most and creating resilient environments in which everyone can thrive. In addition to using the data available to plan for our Place communities, we have spoken to the communities and used the lived experience to inform how we should plan and deliver targeted services. This community engagement has not only been used to inform the process and deliver a plan which resonates with the lived experiences of local residents but also to start the conversation about community led development and how this will underpin our work wherever possible and appropriate. We are now starting to use this information and data to extend our place plans to include not only the actions that community planning partners can deliver with communities but also to look at the wider issues a community faces in their build and natural environments and how this relates to the overall picture of local life. It is our intention to further this approach as the plans develop over the coming years.

We are delivering tailored plans for the communities of Auchinairn, Lennoxtown, Hillhead and Harestanes. They detail: further information about those communities; the additional efforts that partners will make; community involvement; and, how we will know we have been successful in making improvements. Our CPP is also committed to supporting the community led approach in Twechar. The aim for our Twechar Place Plan is to closely align with the existing community action plan, supporting actions where necessary and offering additional actions in relation to housing and access to services – two areas where the data tells us that Twechar is significantly more deprived than other communities in East Dunbartonshire. The first of our Place plans is available on East Dunbartonshire Council website[18] with the rest due to be published in 2019.

The Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation is the Scottish Government's official tool for identifying concentrations of deprivation in Scotland. SIMD16 is the Scottish Government's fifth edition since 2004. The Scottish Index of Multiple Deprivation (SIMD) combines seven different

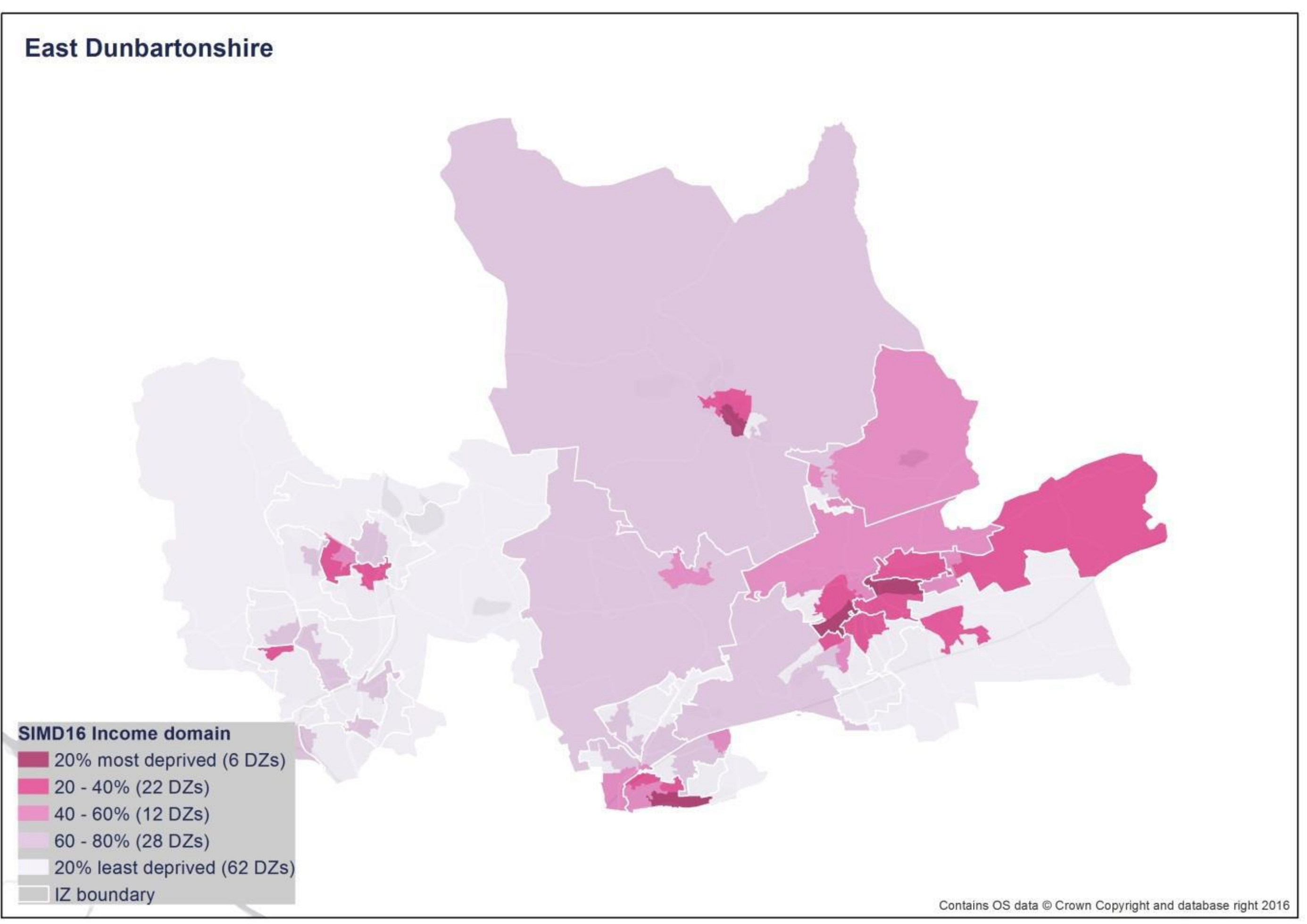
[18] See: https://www.eastdunbarton.gov.uk/place-approach

domains (aspects) of deprivation: income; employment; health; education, skills and training; geographic access to services; crime; and housing. For this report we are particularly interested in the income domain. Below is the ten most deprived areas in East Dunbartonshire according to the income domain.[19]

Table 2: The ten most income deprived DZs and the percentage of the population who are income deprived

Data zone	Data zone name	Rank	Vigintile	Percentage
S01008137	Hillhead - 02	500	5-10%	29%
S01008131	Kirkintilloch West - 01	790	10-15%	26%
S01008138	Hillhead - 03	946	10-15%	24%
S01008106	Auchinairn - 05	1113	15-20%	23%
S01008159	Lennoxtown - 02	1162	15-20%	22%
S01008105	Auchinairn - 04	1357	15-20%	21%
S01008139	Hillhead - 04	1431	20-25%	20%
S01008103	Auchinairn - 02	1483	20-25%	20%
S01008140	Hillhead - 05	1496	20-25%	20%
S01008104	Auchinairn - 03	1680	20-25%	18%

[19] See: https://www2.gov.scot/Topics/Statistics/SIMD/analysis/councils


East Dunbartonshire
SIMD16 Income domain
20% most deprived (6 DZs)
20 - 40% (22 DZs)
40 - 60% (12 DZs)
60 - 80% (28 DZs)
20% least deprived (62 DZs)
IZ boundary
Contains OS data © Crown Copyright and database right 2016

School Education and Early Years

The National Improvement Framework (NIF), in December 2017, set out the vision and priorities for progress in school education. The NIF requires each Council to set out an annual plan to detail action around the following priorities:

- Improvement in attainment, particularly in literacy and numeracy
- Closing the attainment gap between the most and least disadvantaged children
- Improvement in children and young people's health and wellbeing
- Improvement in employability skills and sustained, positive school leaver destinations for all young people.

Each school must prepare a School Improvement Plan on an annual basis that engages with the community around the school, setting out how the above improvements will be achieved. The Early Years Strategic Plan and the Integrated Children's Services Plan (2017-20) are also important in this context. The East Dunbartonshire Community Learning and Development Plan (2018-21)[20] also outlines learning and development that will take place in out communities.

Free School Meals

Free School Meals (FSM) are provided to pupils who are from households in receipt of Income Support, income-based Jobseeker's Allowance., income-related Employment and Support Allowance, support under Part VI of the Immigration and Asylum Act 1999 and / or the guaranteed element of Pension Credit. In 2010 the Scottish Government made all pupils in Primary 1-3 eligible for free school meals with a view to increasing uptake and reducing stigma around pupils in receipt of this support. Since this time East Dunbartonshire pupils taking a free school meal has increased from 823 in 2009 to 4,012 in 2018. This is from a total school roll in primary, secondary and special schools of 16,088 pupils in 2009 to 16,744 pupils in 2018 (there was a total of 17,320 children aged 0-15 in EDC in 2017). A Health and Wellbeing survey identified 169 pupil in East Dunbartonshire secondary schools entitled to free school meals in 2014-15.[21]

School Clothing Grant

Parents have the responsibility to ensure that their children have adequate footwear and clothing to take full advantage of the education provided

[20] See: https://www.eastdunbarton.gov.uk/council/community-planning/community-learning-and-development-plan
[21] See: https://www.nhsggc.org.uk/media/237007/nhsggc_ph_east_dunbartonshire_schools_health_wellbeing_survey_2014-15.pdf

at school. The Council will help parents to meet this responsibility by providing a grant to those who are eligible to purchase appropriate school clothing and footwear for their child or children.

Clothing grants are normally paid to parents whose children attend a school managed by the Council and who are on certain benefits. The current grant is £100 per child per school year. The uptake of the grant in East Dunbartonshire is good but could be improved and we are looking at a range of ways of doing this moving forward.

Early Learning and Childcare

The Council is responsible for provision of 600 hours of high quality early learning and childcare for all 3-5 year olds and eligible two year olds. In August 2020, this entitlement will increase from 600 hours to 1,140 hours. The Council used a phased approach to ensure that this provision was in place for low income families first. Ongoing consultation with families, communities, early learning and childcare providers in the private and third sector and local childminders continues to shape and influence planning for this provision. Phase one of the delivery to 1,140 has now been delivered in our Place areas. We also put in place a range of supports in Place areas such as the Little Explorers Nurture Day (LEND) programme which involves local families in a range of family learning events – such as storytelling, cookery, baby drop-in and family football. Our family learning also provides routes for parents to adult learning supports – which is important given research on the links between parental education and a home reading culture, on a child's development.[22] There are nine centres involved in phase two that is progressing well. The majority of local authority provision will move to an extended day and extended year model. The authority will continue to commission places, as appropriate, from funded providers, and will introduce a blended model for childminders. Support to undertake this work is available in the newly published guidance from the Scottish Government that sets out the national standard for early learning and childcare provision.

Early Level Teachers provide guidance and support to all early years' centres including partnership centres. Training needs are identified by staff and officers in the Education Service who develop and deliver a range of Career Long Professional Learning for all staff. Quality Improvement Officers monitor and support self-evaluation, improvement and associated quality assurance in all early learning establishments. Early Years Support Officers monitor and support partnership centres ensuring they are meeting the terms and conditions outlined within the commissioning contract.

[22] See: http://scottishbooktrust.com/bookbug/working-with-bookbug/research/the-importance-of-the-home

The Early Years Team provides both universal and targeted parenting support across all localities. There is dedicated work in the Hillhead, Lennoxtown, Twechar and Auchinairn areas as part of the Place development to provide bespoke programmes for parents and children. This includes family learning approaches to support those families who are most in need. The team also provide support and advice to childminders and out of school care providers. A holiday playscheme for children with identified additional support needs is delivered over the school holidays. Breakfast clubs have also been established in some of our Place area primary schools.

Pupil Equity Funding

East Dunbartonshire received £1,588,440 in pupil equity funding in 2018-19 – every child in Scotland from P1 to S3 on Free School Meals is allocated £1,200 per child. This funding is to be spent at the discretion of the head-teacher and our schools have their plans in place for using their funding to provide support and appropriate interventions to narrow the poverty related attainment gap. An example of this is a comprehensive Career Long Professional Learning (CLPL) Calendar that has been put in place for staff working across sectors, which specifically targets raising attainment in literacy; numeracy; and, health and wellbeing.

East Dunbartonshire is one of the top authorities in Scotland for school children attaining the appropriate levels in literacy and numeracy and figures for session 2016/17 show an increase in almost all measures of attainment in this area. Two of the key priorities within the National Improvement Framework in Curriculum for Excellence (CfE) are to improve attainment in literacy and numeracy and close the attainment gap between the most and least disadvantaged children. Over the last two academic years, data has been collected from all schools regarding achievement of CfE levels at Primary 1, 4, 7 and S3. In, reading, writing, talking and listening East Dunbartonshire pupils achieve well above the Scottish average with results indicating that the Council is one of the four top performing local authorities in each area of literacy.

The numeracy attainment statistics show similar results with East Dunbartonshire being one of the top four highest performing authorities, with numeracy attainment in secondary schools the highest in Scotland. In literacy the average pupil across all the stages assessed against the Scottish Index of Multiple Deprivation (SIMD) shows that there is a poverty related attainment gap in East Dunbartonshire. This gap decreases as children progress through primary and secondary stages indicating that schools in East Dunbartonshire are beginning to close the poverty related attainment gap in literacy. However, in numeracy the attainment gap against the SIMD increases in the upper stages of schooling and the Council is focussing on this area and is working to decrease the gap for more disadvantaged children.

Regional Improvement Collaborative

East Dunbartonshire is part of the Regional Improvement Collaborative (RIC) for the greater Glasgow area that is led by the Director of Education in Inverclyde Council. We are also part of the west regional collaborative for Community Learning and Development (CLD). Officers

are currently working to ensure greater synergy between improvement agendas of these two regional groupings to ensure maximum impact on improving child poverty related outcomes.

Six regional improvement leads have been appointed across Scotland and each collaborative now has a detailed improvement plan in place to meet local needs, putting Getting It Right For Every Child at the heart of their work and delivering a relentless focus on improvement.

Skills for Learning, Life and Work

The Skills for Learning, Life and Work Team aims to improve the life chances of young people, adults and communities. The service also makes a significant contribution to the Council's Workforce Strategy. A key strand of this work is early careers development that aims to improve the employability skills of young people through apprenticeships and other work experience opportunities.

The overarching aim of the LOIP is to support a reduction in inequality and disadvantage. The Skills for Learning, Life and Work Team is central to this. The service works with partners to deliver on Local Outcome 2: Our people are equipped with knowledge and skills for learning, life and work. A key area of work will be continued co-ordination of a multi-agency Employability and Financial Inclusion Action Group to implement local strategies and plans. This includes provision of adult literacy, numeracy and provision of English for Speakers of Other Languages (ESOL). Many of the clients who access this support will be parents however reporting information does not presently tell us that.

Skills for Learning, Life and Work lead on the following key areas:

- Employability
- Adult Learning
- Young Peoples' Services
- Early Careers programmes
- Opportunities for All.

This work makes a significant contribution to Community Learning and Development and the Developing Scotland's Young Workforce plans for schools and communities. Skills for Learning, Life and Work also leads on the regional approaches to skills and learning provision being developed through the Glasgow and Clyde Valley City Deal Initiative and the Regional Developing the Young Workforce (DYW) group. To support this work the team accesses and manages a range of external funding including City Deal, European, Scottish Government and Big

Lottery funds.

Social Work

Whilst poverty is not directly linked to children becoming involved with social work, it can exacerbate situations for families that may be struggling. There has been an average of around 160 children looked after by East Dunbartonshire Council each year since 2011. This figure has remained relatively stable over the years whilst the number of child protection registrations has slightly increased. Whilst a child can become looked after from any area of East Dunbartonshire it is important that we focus additional attention on communities that may experience poorer outcomes and key groups of people who live there such as care experienced young people. An example of this is that care experienced young people are less likely to enter a positive destination (such as university) after school (81% in 2016/17) than all school leavers in Scotland (94% in 2016/17). This figure has improved over recent years though and, in East Dunbartonshire, our percentage of care experienced young people entering a positive destination was 100% in 2016/17.[23]

Affordable Housing

East Dunbartonshire Council is increasing the supply of social rented and intermediate housing such as mid-market, shared equity and shared ownership. Of the new affordable housing supply (as detailed within our Strategic Housing Investment Plan 2019-2024[24]) 514 will be developed by Registered Social Landlords, and 520 by the Council. A further 93 units of affordable housing have still to be allocated to a housing provider. A high proportion (83%) of the new supply is social rented with 6% mid-market rent, 8% shared equity, and 3% shared ownership.

The Council's Local Housing Strategy furthermore outlines actions to prevent and alleviate homelessness – particularly for families. More than half of the Council's lets are typically allocated to homeless applicants; over 2012-2017, the proportion ranged between 53% and 60% of all lets. 1/3 homeless applicants are single parents, which is higher than the Scottish average (20%); 40% homeless applicants included households with children (246 households) which is higher than the national figure at 26%.[25]

Council Funding to Voluntary and Community Sector

[23] See: https://www.gov.scot/publications/education-outcomes-scotlands-looked-children-2016-17/
[24] See: https://www.eastdunbarton.gov.uk/residents/housing/affordable-housing
[25] See: https://www.eastdunbarton.gov.uk/residents/housing/local-housing-strategy-2017-2022

East Dunbartonshire Council alongside the HSCP provides annual core grant fund to East Dunbartonshire Citizens Advice Bureau who deliver a wide range of early intervention and preventative services to mitigate the impacts of poverty on local residents. The majority of clients supported by CAB over recent years have been in relation to social security benefits. Previously this was not the case with debt being the overriding issue. CAB provides outreach support in our areas of socioeconomic deprivation - Place areas, routinely attenuated to meet demand. CAB was an early adopter of the NHS GGC Healthier Wealthier Children pilot programme and since the funding for this programme ceased in 2013, CAB (with support from the HSCP) has continued to deliver this service in East Dunbartonshire.

Service Level Agreements are also in place for the Council to provide core funding to Women's Aid, East Dunbartonshire Voluntary Action and Twechar Community Action. These relate to services to provide support and refuge to women fleeing domestic abuse, services to support volunteering in Place areas and the facilitation of community services in various community centres e.g. Twechar Healthy Living and Enterprise Centre.

The Council also runs a small grant scheme which supports a wide range of community groups to deliver benefits to local people and communities. The grant scheme is aligned to the LOIP priorities and associated Place plans and funds a wide range of projects such as parent and toddler groups, after school groups, arts and sports groups and general non-profit community activity. The scheme is developing community participation in line with requirements of the Community Empowerment Act and Participatory Budgeting (PB). In 2019-20 we plan to pilot a new PB scheme specifically for Place areas.

Health & Wellbeing

The recent East Dunbartonshire (Adult) Health & Wellbeing Survey demonstrated that local people were adopting more positive, healthy behaviours. The following health and wellbeing behaviours were identified within the survey as actions that residents across East Dunbartonshire were undertaking towards a healthier lifestyle:

- Not smoking
- Body mass index less than 25
- Meeting physical activity target
- Meeting fruit & vegetable target
- Not binge drinking

This suggests that, in general, we are significantly more active, eating more healthily, smoking and drinking less.

Whilst these findings are moving in the right direction, they are not universal and there remain significant health inequalities across the area. Sustained action by all partners and local communities is required to continue to, not only improve universal health but also reduce the inequality gap. The survey also identified that those living in the most deprived areas were:

- less likely than those in other areas to give a positive view of their mental or emotional wellbeing
- more likely than those in other areas to be receiving treatment for at least one illness or condition
- much more likely than those in other areas to be smokers
- more likely than those in other areas to be exposed to second hand smoke
- more likely than those in other areas to say there were too many places selling alcohol local
- less likely than those in other areas to take 150 minutes or more exercise per week
- less likely than those in other areas to meet the target for fruit/vegetable consumption
- tended to exhibit more unhealthy behaviours that those in other areas
- much more likely to have a negative perception of the level of unemployment in their area
- were much more likely to have a negative perception of the availability of safe play spaces
- were more likely than those in other areas to say they had been affected by welfare reform.

The first East Dunbartonshire secondary schools Health & Wellbeing Survey (2014/15) surveyed pupils in East Dunbartonshire secondary schools, receiving responses from some 2,907 of 7,400 pupils; almost 50% of the S1-S6 roll from the participating schools. The survey found that overall, young people were adopting positive, healthy behaviours. The survey concluded that this overall performance could however hide inequality gaps that exist between some communities and the survey provided some valuable insights into the experience of young people from more deprived areas (the deprivation variable was based on free school meal entitlement). When it came to young people's health and wellbeing, the survey identified that those living in the most deprived areas were

- less likely to participate weekly in sports/physical activities out of school
- less likely to have visited a sports centre
- more likely to have engaged in sexual intercourse
- less likely to meet the target for water or fruit/vegetable consumption
- less likely school to get nine or more hours sleep
- more likely to say that someone smoked in their home / be exposed to environmental tobacco smoke
- Among those who ever drank alcohol, they were less likely to say they spent nothing on alcohol
- Of those who had ever used drugs, more likely to have used drugs with alcohol on the last occasion

However, those living in the most deprived areas were less likely to have worries, according to the survey. Matters that pupils worried about included (in descending order) exams, their appearance, their future, their relationships, being bullied and caring for a family member. Only 15% of all pupils surveyed had zero worries with girls being more likely to worry than boys.

The survey will be followed up through the development of the Scottish Government's intended national census for young people that is scheduled to be piloted in 2019/20.

Healthier Wealthier Children

Healthier Wealthier Children (HWC) was set up to maximise the income of pregnant women and families with young children who are at risk of, or in poverty. The focus was on the development of referral and information pathways between early year's health staff (mainly health visitors and midwives) and locally-commissioned money advice services. Between 2010 and 2013, East Dunbartonshire was one of the original areas which launched HWC and based on the positive outcomes at the end of the programme in 2013; the programme has continued to be delivered across East Dunbartonshire.

In 2018 NHS Greater Glasgow and Clyde reviewed and refreshed the Healthier Wealthier Children intervention – it is now recommended across Scotland as set out in 'Every Child, Every Chance.'[26] Workshops and training sessions for new and existing midwives and health visitors were delivered to raise awareness of the new statutory duty on the NHS to work with local authorities to maximise the incomes of pregnant women and families with children and revise how to raise the issue of money worries and pathways into money advice services. Staff and client facing promotional materials were produced and development of electronic referral pathways explored.

The Scottish Government envisions, through its national strategy 'Scotland's Diet and Healthy Weight Delivery Plan[27] a Scotland where everyone eats well and has a healthy weight. This recognised that the Scottish diet remains unhealthy and fails at meeting dietary goals for good health, having a direct impact on the health of the population leading to demands on the NHS and other public services. The vision for Scotland was set out within this policy including a specific need to tackle weight-related issues at an early stage, acknowledging the complex nature of obesity as a public health epidemic and recognising the multifaceted approach required to tackle obesity with inequalities being at the forefront. East Dunbartonshire Community Planning Partners have approved and actioned the East Dunbartonshire Joint Health Improvement Plan[28] that sets out the approach for partners to take actions that will mitigate health inequalities and address key lifestyle issues that impact on our local

[26] See: https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/
[27] See: https://www.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/
[28] See: https://www.eastdunbarton.gov.uk/health-and-social-care/hscp-consultations/consultation-archive/draft-joint-health-improvement-plan

population's health outcomes. The Obesity and Physical Activity Group is the partnership sub group that collectively plan and deliver actions that increase capacity towards delivery of healthier affordable food and nutrition.

East Dunbartonshire Priority Areas

As outlined in the introduction to this plan, there are specific target groups across Scotland that are more prone to experiencing child poverty than others – this includes lone parents, families with a disabled member, families with a child aged under one years, families with three or more children and Black and Minority Ethnic (BME) families.[29]

There were 141,400 lone parents with dependent children living in Scotland in 2015. Moreover, more than nine out of 10 lone parents (91%) were female.[30] The National census in 2011 recorded that 11.8% of East Dunbartonshire households were one person households, slightly lower than the Scotland average (15.8%). Scottish Government statistics on poverty also show that poverty is more prevalent in certain housing tenures – with 40% of people living in poverty renting their home from a Council or Housing Association.[31] The area profile for East Dunbartonshire outlines the rates for

The East Dunbartonshire area profile[32] outlines the composition of households in terms of number of children and families in receipt of Child benefit. Child benefit is paid to those responsible for children (aged under 16) or qualifying young people. In Scotland, there were 562,960 families responsible for 930,375 children and qualifying young people, receiving Child Benefit. There were 10,550 families in East Dunbartonshire in receipt of Child Benefit in 2017. Following the introduction of the High Income Child Benefit Charge in January 2013, there has been a steady decrease in the number of families in East Dunbartonshire in receipt of Child Benefit. An increase in the number of families opting out of receiving child benefit has increased over the same time period.

[29] See: https://www.equalityhumanrights.com/en/publication-download/cumulative-impact-tax-and-welfare-reforms
[30] See: https://www.scotpho.org.uk/media/1157/scotpho161123-lone-parents-scotland-gb-uk.pdf
[31] See: https://www2.gov.scot/Topics/Statistics/Browse/Social-Welfare/IncomePoverty/povertytable
[32] See: https://www.eastdunbarton.gov.uk/statistics-facts-and-figures

There is limited information on the number of people who have a disability in East Dunbartonshire. The main source of data is the 2011 Census, which asked respondents to assess their own general health in order to respond to the health questions in the census questionnaire. The table below shows the general health reported by residents during the census.

· 84.9% of residents in East Dunbartonshire reported their health as being very good or good, 2% higher than the national average.

· The percentage of East Dunbartonshire residents reporting their health was bad or very bad (4.3%) was lower than the national average (5.6%).

The Annual Population Survey[33] outlines statistics on the labour market which does show that the employment rate of disabled person was 50.1% in East Dunbartonshire in 2018 compared to a national figure of 45.6%.

East Dunbartonshire CAB has pioneered new approaches to financial inclusion money advice to women fleeing domestic abuse, alongside a project that co-located their money advice at the local foodbank. We will continue to work with our local Citizens Advice Bureau to identify other areas where we can innovate to meet local demands.

Food poverty

Families with low incomes are more likely to be unable to afford to eat adequately – this can have a detrimental impact on physical and psychological wellbeing. Households in Scotland living in relative poverty spend around a quarter of their weekly income on food which, though less in absolute terms, is more than twice the proportion spent by better off households.[34] Food insecurity and nutrition related inequalities can contribute to wider health inequalities over time.

We are committed to eradicating food poverty and want to see the need for foodbanks in East Dunbartonshire end. The East Dunbartonshire Foodbank reported increased usage of foodbanks over recent years across all their outreach facilities in Kirkintilloch, Auchinairn, Lennoxtown and Milngavie. In 2018/19, the foodbank provided three day emergency food supplies to 5,497 people in crisis in 2018/19 – one third of these being children. This was compared to 3,726 families in 2016/17. The majority of food parcels were provided to people at the Kirkintilloch centre – this being the facility that covers the ward of Kirkintilloch East and Twechar where socioeconomic deprivation was most prevalent (according to SIMD 2016).

Fuel poverty

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[33] See: https://www.gov.scot/publications/regional-employment-patterns-scotland-statistics-annual-population-survey-2018/

[34] See: http://www.healthscotland.scot/health-inequalities/fundamental-causes/poverty/food-poverty

Research by Citizen's Advice Scotland in 2016 found that Scotland has a high proportion of rural homes (around 20%) and the proportion of households in rural Scotland which are classed as living in extreme fuel poverty (households which spend more than 20% of their income on household fuel) was around double the proportion in the rest of Scotland in 2016[35] . Those in rural areas are likely to have to wait the longest for a smart meter and some households in remote rural areas may not be able to have a smart meter at all due to the costs and difficulties of connecting such households to the data network.

Scotland also has a higher proportion of prepay customers than the UK as a whole, with this group being more likely to be fuel poor. Measures to support these clients in particular, aligned with the roll out of smart meters, could be particularly beneficial (although identifying fuel poor households an issue). The Home Energy Scotland service has comprehensive awareness raising approaches that are coordinated with other local partners within a community-planning context in East Dunbartonshire. The Fuel Poverty Strategy for Scotland 2018[36] outlines a range of measures we are working with to deliver advice and engage further with households in this context.

The Energy Efficiency Standard for Social Housing (EESSH) aims to improve the energy efficiency of social housing in Scotland. It will help to reduce energy consumption, fuel poverty and the emission of greenhouse gases. East Dunbartonshire is improving the existing housing stock in order to meet the EESSH. East Dunbartonshire is also utilising Scottish Government funding to improve external wall insulation for private and social tenants through the Home Energy Efficiency Programme for Scotland (HEEPS). This has improved around 164 privately owned "harder to treat" properties in Twechar and Kirkintilloch. The council ensured that sufficient housing capital investment funding was made available at the same time to ensure that the EDC owned dwellings, that formed part of these mixed tenure settlement, benefitted from this energy efficient measure. Home Energy Scotland has also provided energy advice advocacy to help the most vulnerable households receive information and advice on reducing energy bills and carbon emissions. Twenty nine Council Homes received External Wall Insulation in 17/18.

Universal Credit

East Dunbartonshire has relatively low levels of unemployment at 3.1% compared to the national average of 4.3% in 2017.[37] Of those who were actively seeking work, 1,250 people were claiming out of work benefits with the majority of these being males aged between 25 and 49.   East Dunbartonshire moved to full roll out of Universal Credit (UC) across all areas in December 2018. Claimants are moved from existing benefits

[35] See Page 18: https://www.cas.org.uk/system/files/publications/smart_move_-_taking_stock_of_the_smart_meter_rollout_programme_in_scotland.pdf
[36] See: https://www.gov.scot/publications/draft-fuel-poverty-scotland-2018/
[37] See: https://www.nomisweb.co.uk/reports/lmp/la/1946157413/report.aspx#tabempocc

to UC when they have a change of circumstances with all claimants being migrated over by the current scheduled date of 2023, regardless of whether they have a change or not.

UC is intended to make benefits simpler to claim and administer, reduce fraud & error, and ensure claimants are better off in work than on benefits. The implementation with East Dunbartonshire Council has been challenging with the requirement for increased resource to work through: changes to processes, systems and an increased numbers of transactions. From a client perspective there have also been challenges with clients not being used to online claims and claims being delayed or reduced in amount. Some cite UC as the reason for increase in e.g. foodbank referrals.[38]

Accordingly the Council has been dealing with increases to the Scottish Welfare Fund that we administer:

- Applications for Crisis Grants have risen from 1,124 (£43,063) in 2013/14 to 1,885 (121,481 in 2018/19
- Applications for Community Care Grants have risen from 280 (£201,335) in 2013/14 to 590 (£292,571) in 2018/19

There has been similar increases in applications and spend on Discretionary Housing Payments. Changes to Housing Benefit and Council tax relating to UC has also led to an increase in arrears, this means increased arrears activity is required.

East Dunbartonshire has 3,536 total dwellings under public ownership[39] so the issue of rent arrears is something the Council are actively seeking to manage. There are approximately 3.253 tenants on Housing Benefit that still require to be migrated onto Universal Credit – however around 1,500 claims will remain with the Local Authority after full migration. Housing Officers and ED CAB are maintaining a presence at local Job Centres since January 2018 which is recognised as good practice by DWP. The Council continues to raise awareness of the changing landscape of UC amongst relevant staff and the public. This is ongoing and the situation is being monitored closely, with those involved in the delivery of this plan taking a central role in monitoring the delivery of actions and raising awareness of any risks to enable their mitigation. It will also provide an opportunity to learn from the success of the delivery of other actions and provide an opportunity to drive continuous improvement

How we will Monitor and Report on Progress

[38] See: https://www.trusselltrust.org/what-we-do/research-advocacy/universal-credit-and-foodbank-use/

[39] See: https://www2.gov.scot/Topics/Statistics/Browse/Housing-Regeneration/HSfS/StockPublicSector

We recognise that many of our services are universal and not specifically aimed at families. This means that we cannot always identify the impact of our interventions upon children living in poverty specifically. We also know that providing services (such as free school meals) on a universal basis can increase uptake / reduce stigma for those children who need them most.

Many sources of data e.g. on priority groups or those with protected characteristics under the Equality Act (2010) don't identify whether there are children in the household, or the information is so small at the local level that it is not statistically significant / we are not able to report it due to there being a risk of identifying individuals. We have identified in our action plan therefore a need to engage with families in need and to work to source better local data on child poverty over time.

The actions in this plan will be monitored and reported through existing arrangements for the Local Outcomes Improvement Plan (particularly relating to outcomes two and three of the LOIP) and the Council's own How Good is Our Service reports. Additionally there will be regular meetings of the East Dunbartonshire Child Poverty Strategic Partnership. We will also continue to attend regional groupings such as the Child Poverty Action Coordination Network led by NHS Greater Glasgow and Clyde. There is a plethora of regional and national groups that Council Officers and partners attend that relate to child poverty, however none of these specifically and holistically seek to address the drivers of child poverty outlined in this plan.

We are taking a two-pronged approach to child poverty:

1. **Tackling the drivers of poverty** to reduce the number of families experiencing poverty. This means increasing the income of parents, both from employment and from social security, and at the same time reducing the essential costs of living. This is outlined in the tables below and will be monitored through this Local Child Poverty Action Report.
2. **Reducing the impact of poverty** by providing the appropriate services to support children who are experiencing poverty. This means ensuring children in poverty are achieving and attaining, their health and wellbeing is improved and that frontline staff recognise the signs of poverty and are able to signpost effectively. Addressing the impact of child poverty is achieved through a range of policy documents predominantly via Local Outcomes Improvement Plan Outcomes 2 and 3. Key indicators from these Local Outcome Delivery Groups of the Community Planning Partnership are in the table below however child poverty actions will feature across the range of the six LOIP outcomes and will be largely monitored outside of this report via existing governance arrangements.

The Local Child Poverty actions outlined below are led jointly by the Council's Corporate Management Team and the HSCP Chief Officer; produced in partnership with NHS Greater Glasgow and Clyde. It presents an array of activities which are being undertaken across the authority, as well as those planned for the future, which will have an impact on the three drivers of poverty (as outlined by Scottish Government).

REPORT ON 2018/19 ACTIONS

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
Corporate Action Increase income from employment	Child Poverty Action Network led by NHS Greater Glasgow and Clyde (NHS GGC) attended by ED Council and ED Health and Social Care Partnership	Meetings well attended by all partners.	NHS Greater Glasgow and Clyde, East Dunbartonshire Council and East Dunbartonshire Health and Social Care Partnership	Sharing what is working and implementing lessons learned.	2017 onwards	All
Corporate Action Increase income from employment	East Dunbartonshire Child Poverty Strategic Group established Links made to Local Outcome Development Groups (in particular for outcomes 2 and 3). Links made to East Dunbartonshire	Meetings well attended by strategic leads. Group to continue to develop evidence informed actions from ongoing / improved monitoring and analysis of local data EDC Child Poverty lead presented on Child Poverty Plan at EDVA meeting on 30 May 2019.	East Dunbartonshire Council and East Dunbartonshire Health and Social Care Partnership	Awareness of child poverty targets across EDC Teams and Community Planning Partners increased. CPP Team attend the EDVA groups mentioned and create third sector synergy / joint actions to address emerging trends.	2018 onwards	All

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	Voluntary Action (EDVA) Children and Families and Financial Inclusion Strategic Partnerships.	Regular attendance and minutes record collective actions of Financial Inclusion group in Council and EDVA.				
Corporate Action Increase income from employment	East Dunbartonshire Council Corporate Research Team produced data analysis on child poverty in the area	Universal provision does not always identify if we target children in poverty / priority groups Analysis of child poverty to continue with strategic group responding appropriately to reported management information.	East Dunbartonshire Council	Child Poverty trends are monitored and reported annually to strategic group - resultant actions progressed and impact on child poverty rates measured over time.	2018 onwards	All
Corporate Action	CPP Workforce Development Programme (links to EDC People Development calendar)	CPP Team has facilitated a calendar of workforce development for all CPP staff with sessions outlining support offered by	East Dunbartonshire Council	Number of sessions around income maximisation and child poverty	Annual	All

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	CLD Learning Lunches across the West CLD Alliance (links to West Regional Improvement Collaborative)	CAB in August 2018 and March 2019 (each reached around 20 staff).		Number of attendees at each session (EDC staff and partners). Number of attendees who evaluated the session positively		
Corporate Action	Poverty Awareness training for HSCP staff - delivered by public health staff in partnership with CAB.	An annual poverty awareness development day is offered to all HSCP staff, inviting partners from CAB & Home Energy Scotland	East Dunbartonshire Health and Social Care Partnership East Dunbartonshire Citizens Advice Bureau / Home Energy Scotland	Number of staff attending Increased awareness in accessing services of partner organisations to the services offered	Annual	All
Corporate Action	EDC regular staff bulletins e.g. Mental Health Awareness Week in May, Wellbeing at Work day in June – includes information about reducing	Number of communications	East Dunbartonshire Council East Dunbartonshire Health and Social Care Partnership		Ongoing	All

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	living costs for staff e.g.: ➢ local credit union ➢ discounts at local suppliers ➢ reduced cost sustainable travel options ➢ corporate gym discount					
Corporate Action Increase income from employment	Provision and promotion of family-friendly working policies and opportunities	EDC is a living wage employer Flexible working policy Maternity and Adoption Policy Paternity and Parental leave Annual Gender Pay Gap and Equalities reporting	East Dunbartonshire Council NHS GGC		Ongoing	All, particularly pregnant women and families
Corporate Action Increase income from employment	Research on staff financial health needs and creation of an action plan to	NHS GGC, through their Employee Wellbeing Survey in 2017, undertook to gauge the impact of	NHS GGC East Dunbartonshire Health and Social Care Partnership	Review of survey responses and actions to mitigate poverty within the staff compliment	Ongoing	All HSCP staff

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	address those needs.	poverty through a dedicated Financial Inclusion section.				
Corporate Action Increase income from employment	Community Benefit Clauses in EDC contracts Local SME access to public contracts	EDC Procurement has established community benefit clauses in contracts and measures to increase SME access to public contracts - as per new Procurement Reform (Scotland) Act 2014	East Dunbartonshire Council NHS GGC		Ongoing	All
Increase income from employment	Local Outcome 2 CLD Strategic Partnership and the Employability and Financial Inclusion Action Group	Building on successful CLD inspection in 2017 – EDC developed a new CLD Plan for 2018-22. Many actions therein contribute to reducing child poverty. An annual report on the CLD plan is produced for CPP Board	East Dunbartonshire Council / Community Planning Partners	Various in Employability and CLD Plans under the following themes: 1. School leavers at risk of not entering a positive destination 2. Improving the employability of young people 3. Supporting people with barriers to access employment	Annual	All

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
				Returner's to the labour market		
Increase income from employment	Develop skills for learning, life and work for disabled young people and adults	Ongoing mapping of provision of post-education pathways for young people /adults with disabilities	East Dunbartonshire Health and Social Care Partnership	Increase in post-education pathways for young people / adults with disabilities, including to social enterprises	Annual	All, particularly families with a disabled household member
Reduce essential living costs	Increase the supply of affordable housing (as per Strategic Housing Investment Plan)	8 shared equity units completed by Places for People.	East Dunbartonshire Council, Scottish Government, Registered Social Landlords, Private Sector house developers	Number of affordable homes completed	2019-2024	All
Reduce essential living costs	Education staff attend National Practice Network on Facing up to Child Poverty in Schools	Raised Awareness of Child Poverty Act / statutory targets	East Dunbartonshire Council	Sharing what is working and implementing lessons learned.	Ongoing	All
Reduce essential living costs	Poverty mitigation for HSCP staff delivered through HSCP Healthy	Staff awareness days supporting access and uptake of the NHS GGC Credit Union	East Dunbartonshire Health and Social Care Partnership	Number of attendees at each session	Annual	All

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	Working Lives programme	Continue to promote and raise awareness when capacity permits				
Reduce essential living costs	Raising issue of money worries for various staff groupings	An annual poverty awareness development day is offered to all HSCP staff	East Dunbartonshire Health and Social Care Partnership Citizen Advice Bureau	Number of attendees at each session	Annual	All
Reduce essential living costs	Financial incentives for pregnant women to stop smoking in pregnancy.	NHS GGC Quit your Way Pregnancy Service – incentives pilot programme Rolled out across East Dunbartonshire	NHS GGC East Dunbartonshire Health and Social Care Partnership	Number of women who are pregnant and smoking and who participate within pilot programme	To be confirmed	All, particularly pregnant women and families / children under one
Reduce essential living costs	Promotion and uptake of healthy start food vouchers for low income families	Increase reach and uptake of healthy start vouchers to families who are eligible	NHS GGC East Dunbartonshire Health and Social Care Partnership	% of eligible families who access vouchers	Annual	All
Reduce essential living costs	Deliver East Dunbartonshire Breast Feeding café	Peer support led breast feeding cafe active in East Dunbartonshire	East Dunbartonshire Health and Social Care Partnership	Number of attendees at each session	Annual	Women with families / children under one
Reduce essential living costs	East Dunbartonshire Health Forum	Delivered health forum to develop practitioners' skills,	East Dunbartonshire Health and Social Care	Number of attendees at each session	Annual	All

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	increasing capacity of education based staff groups, this year one of the core themes was on child poverty	capacity and understanding to enhance children and young people's health and wellbeing	Partnership East Dunbartonshire Council	Completed Evaluation returns		
Reduce essential living costs	Social work intervene when there is destitution as regards children in their care. Items funded include utility bills, food (foodbank), clothing and household goods for the child. Children and Young People (Scotland) Act 2014, section 12, 17 and 22 refer.	Preventing children being accommodated and remain in family home. There are around 160 looked after children in East Dunbartonshire. These families come from all areas of ED. 2017-18 spend was £23,237 2018-19 spend was £15,302 Educational Attainment Fund was disbursed for Looked After and Accommodated Children - £300 per child	East Dunbartonshire Council East Dunbartonshire Health and Social Care Partnership	Children who are looked after receive timely support funds to avoid destitution.	Ongoing	Care experienced young people

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DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
		Christmas and Easter time gifts from local businesses and community groups distributed to families.				
Reduce essential living costs	Awareness raising on Cost of the School Day was undertaken in schools with Child Poverty Action Group (CPAG)	Cost of the School Day survey in October 2018 to all schools	East Dunbartonshire Council Education	Implementation of actions to address emerging themes	Annual	All
Reduce essential living costs	Snack and Play Scheme over 2018 summer school holiday. Offered to all pupils to avoid stigma. Six Place area primary schools - targeted on Free School Meal basis – free meal plus sport /art activity.	303 P4-7 pupils booked on in 2018-19 (of 326 total pupils that were FSM entitled) 92% children enjoyed the programme. 63% parents delighted with scheme	East Dunbartonshire Council Education ED Leisure and Culture Trust	Number of pupils taking part in Snack and Play / numbers that are FSM entitled.	Annual	All

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
		68% would prefer an online form 51% thought lunches were good / very good.				
Reduce essential living costs	Pupil Equity Funding	Some improvement in attainment for children from SIMD 1 &2 but there remains a significant gap between those in higher SIMD bands	East Dunbartonshire Council	Schools are reporting improvements in equity and inclusion and positive impacts on attainment for pupils in SIMD 1 & 2	2019 onwards	All
Reduce essential living costs	East Dunbartonshire has a clear policy on access to Education Maintenance Allowance (EMA)	410 young people received EMA in 2017/18[40]	East Dunbartonshire Council	Numbers in receipt of EMA	ongoing	All, particularly young adults
Reduce essential living costs	The Council is on track to increase the statutory entitlement for	Phase One completed delivering 1140 hours to eligible children in Place	East Dunbartonshire Council	All parents can access quality childcare up to 1,140 hours entitlement.	2020	All

[40] See: https://www.gov.scot/publications/education-maintenance-allowances-2017-18/pages/1/

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	early learning and childcare from 600 hours to 1140 hours by August 2020.	areas of Hillhead, Lennoxtown, Twechar and Auchinairn (including eligible two year olds). Introduced provision for care of babies in Lennoxtown and Hillhead ELC centres The nine centres involved in Phase two are progressing well. 53 Full Time Equivalent (FTE) new posts recruited in 2018-19 out of a requirement of around 150 posts in total. 175 people attended career change event over three dates in early 2019.				

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
		Careers event in Kirkintilloch High with Scottish Government – 65 children attended who are interested in early year's career.				
Reduce essential living costs	School clothing grant - £100 for each child per annum.	2,165 received the grant in 2017-18	East Dunbartonshire Council	Increase awareness and uptake of school clothing grant	Annual	All
Reduce essential living costs	Schools and nurseries refer to new Financial Health Check service at CAB.	EDC school websites updated about this in spring 2019.	East Dunbartonshire Council East Dunbartonshire Citizens Advice Bureau East Dunbartonshire Health and Social Care Partnership	Number of Financial Health Checks carried out by CAB (school and nursery referrals)	2019 onwards	All
Reduce essential living costs	Place Plan commitments to increase access and participation in health and	This is a priority theme across ED Place plans e.g. for Lennoxtown.[41]	East Dunbartonshire Council / Community Planning Partners	Health and wellbeing actions in Place Plans completed	Ongoing	All

[41] See: https://www.eastdunbarton.gov.uk/council/community-planning/place-hillhead-lennoxtown-auchinairn/place-lennoxtown

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	wellbeing activities					
Reduce essential living costs	Social work provides free passes to leisure facilities for Looked After and Accommodated Children.	Kirkintilloch Leisure Centre - 20 passes The Leisuredrome, Bishopbriggs - 1 pass The Allander Leisure Centre, Bearsden - 4 passes	East Dunbartonshire Council East Dunbartonshire Health and Social Care Partnership	Number of leisure passes provided to Looked After and Accommodated Children	Ongoing	Care experienced young people
Increase income from social security and benefits in kind	East Dunbartonshire Council provides financial support to CAB to support local residents with a range of advice services	10,831 clients in 2018-19 with 3,413 being new clients Majority of contact relate to benefits (53%). £3,912,167 debt rescheduled with £501,893 verified financial gain in 2018-19.	East Dunbartonshire Council East Dunbartonshire Citizens Advice Bureau	Total Number of contacts and main type of contacts (percentages of total that are e.g. benefits and debt) Number of new clients Amount of debt rescheduled (verified financial gain)	Six-monthly	All
Increase income from social security and	Specialist support is provided for BME clients by CAB.	147 enquiries dealt with in 2018-19 for BME clients (52% were benefits related)	East Dunbartonshire Council East Dunbartonshire Citizens Advice Bureau	Number of BME clients receiving assistance and type of assistance	Six-monthly	Black and Minority Ethnic families

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
benefits in kind						
Increase income from social security and benefits in kind	Referrals to CAB for income maximisation, Best Start Grant, Financial Health Checks etc.	2,618 referrals to CAB in 2018-19 from a variety of sources including health professionals (the largest being 10% from health visitors) and a mix of EDC departments including social work, hubs,, the Job Centre, GP's and foodbanks. CAB leaflets in all Public Places / GP Surgeries. Universal Credit leaflets in all ED libraries and hubs.	East Dunbartonshire Council East Dunbartonshire Citizens Advice Bureau East Dunbartonshire Health and Social Care Partnership	Number of referrals to CAB from health, social care, third sector and any other channels	Six-monthly	All
Increase income from social security and benefits in kind	Numbers receiving certain benefits in 2018/19 in ED, (an increase in numbers may just mean that there is	Number receiving child benefit (10,365) Community Care Grants – 590 applications Crisis Grants – 1,885 applications	East Dunbartonshire Council	Numbers receiving benefits pertinent to child poverty.	Six-monthly	All

DRIVER(S) OF POVERTY	WHAT WE DID	WHAT WE ACHIEVED	WHO WAS INVOLVED	SUCCESS MEASURE/IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	improved communication to those who are entitled to claim. Also various changes to benefits due to Universal Credit)	Discretionary Housing Payment- 1,729 applications Council Tax Reduction - 5,446 clients				
Increase income from social security and benefits in kind	ED CAB outreach at points of need at least one day per week.	1,435 clients seen in 2018-19 at outreach points in Kirkintilloch Health and Care Centre, Twechar Healthy Living and Enterprise Centre, Hillhead Community Centre, Auchinairn Community Centre, Lennoxtown Hub, Milngavie Hub, Bearsden Hub and Low Moss Prison.	East Dunbartonshire Council East Dunbartonshire Citizens Advice Bureau East Dunbartonshire Health and Social Care Partnership	Number of enquiries / claims at each outreach	Six-monthly	All

PLANNED ACTIONS FOR 2019/20

DRIVER(S) OF POVERTY	WHAT WE WILL DO	WHAT WE WILL ACHIEVE	WHO IS INVOLVED	SUCCESS MEASURE/ IMPACT	TIMEFRAME	PRIORITY GROUP(S)
Corporate Action	Promote staff financial health via: ➢ internal communications e.g. for Talk Money Week in November 2019 ➢ internal EDC Hub web pages on financial wellbeing (new features eg on Scotwest credit union, employee pension, etc)	Staff access / awareness to financial health supports is increased.	East Dunbartonshire Council East Dunbartonshire Citizens Advice Bureau	Increase communication and awareness of financial health and its impact on EDC staff	Ongoing	All Council staff
Corporate Action	Continue Child Poverty Awareness Training for staff – particularly those undertaking referrals and signposting to e.g. CAB.	CPAG in July 2019 (CPP Team) NSPCC in September Further presentations by CAB and others planned.	East Dunbartonshire Council	Numbers attending sessions (Council and Partners) Numbers evaluating each session positively	Annual	All
Corporate Action	Engagement with families to evaluate if services provided	Community Engagement in Place areas	East Dunbartonshire Council	Participative action research carried out	2019-2021	All

DRIVER(S) OF POVERTY	WHAT WE WILL DO	WHAT WE WILL ACHIEVE	WHO IS INVOLVED	SUCCESS MEASURE/ IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	are fit for purpose, reaching key families and meeting their needs. Possible use of new SG Investing in Communities fund.	Place plans outline a range of supports to vulnerable children – regular reports on Place plans to CPP Board	East Dunbartonshire Citizens Advice Bureau East Dunbartonshire Voluntary Action (EDVA)			
Increase income from employment	Implementation of the NHS GGC Widening Access to Employment Strategy recommendations with specific action to support parents to access NHS job opportunities	Support parents to access NHS job opportunities	NHS Greater Glasgow and Clyde	Number of parents accessing employability programmes going on to sustained employment.	2019/20	All
Increase income from employment	Social enterprise development – increase local employment / employability opportunities	Increased baseline number of social enterprises in ED from 51 in 2017/18 - identifying who these are and how they will be supported.	East Dunbartonshire Council East Dunbartonshire Voluntary Action (EDVA)	Number of social enterprises in ED (51 in 2017 - CPP Team working with EDVA on this).	ongoing	All
Increase income from employment	Social Work develop revised programme of learning for young	Baseline to be established further to mapping exercise	East Dunbartonshire Council East Dunbartonshire Health and Social Care Partnership	Improved employment rate / post education positive destinations	ongoing	Households with a disabled member

DRIVER(S) OF POVERTY	WHAT WE WILL DO	WHAT WE WILL ACHIEVE	WHO IS INVOLVED	SUCCESS MEASURE/ IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	people/ adults with disabilities.		East Dunbartonshire Voluntary Action (EDVA)	of young people and disabled people.		
Increase income from employment	City Deal and Regional Economic Partnerships	Further work / support is envisaged at the regional level e.g. Parental Employment Support programme.	East Dunbartonshire Council	Deliver Parental Employment Support programme locally	ongoing	All
Increase income from employment	Employability support to families living in poverty	Continue to establish improvement across a range of key indicators under Local Outcome Delivery Group 2. Analysis of monitoring information leading to new activities and support for target groups.	East Dunbartonshire Council/ Community Planning Partners	Improve the numbers of those in receipt of out of work benefits (baseline in 2016 was 4,160 – although changes in methodology due to Universal Credit). Improve the participation rate of young people in a sustained positive destination (baseline 96.2%) Improve financial gain with Citizens Advice Bureau to	Annual	All

DRIVER(S) OF POVERTY	WHAT WE WILL DO	WHAT WE WILL ACHIEVE	WHO IS INVOLVED	SUCCESS MEASURE/ IMPACT	TIMEFRAME	PRIORITY GROUP(S)
				help reduce levels of financial exclusion (£501,893 verified financial gain in 2018-19) Reduce number of workless households (2017 13.2%)		
Reduce essential living costs	Continued use of Pupil Equity Funding will provide opportunities to reduce costs for pupils from low income households to participate in a range of activities within and beyond the school day.	Schools will use PEF to offer personalised targeted support for children and families who need it. Examples include: ➢ Funding for school trips e.g. field trips, extra-curricular trips ➢ Attendance at after school events including transport costs ➢ Resources to support family learning activities	East Dunbartonshire Council	Impact will be captured in school's self-evaluation at the end of session as part of the school's overall monitoring and tracking of pupil attainment and achievement.	Ongoing	All

DRIVER(S) OF POVERTY	WHAT WE WILL DO	WHAT WE WILL ACHIEVE	WHO IS INVOLVED	SUCCESS MEASURE/ IMPACT	TIMEFRAME	PRIORITY GROUP(S)
		➢ Banks of uniforms - including PE kits ➢ Purchase of equipment/resources to support access to curriculum				
Reduce essential living costs	Increase the supply of affordable housing (as per the Strategic Housing Investment Plan)	10 social rent completions by Link Housing	East Dunbartonshire Council, Scottish Government, Registered Social Landlords, Private Sector house developers	Number of affordable homes completed	2019-2024	All
Reduce essential living costs	Cost of the School day Survey in October 2019 Further awareness raising re cost of school day toolkit – school action plans envisaged	Raise awareness / communication to increase uptake of school clothing grant e.g. schedule regular social media by EDC Corporate Communications Updates to school handbooks and websites on eligibility criteria (FSM and Clothing grant)	East Dunbartonshire Council Education	Survey participants and implementation of actions to address emerging themes	Ongoing	All

DRIVER(S) OF POVERTY	WHAT WE WILL DO	WHAT WE WILL ACHIEVE	WHO IS INVOLVED	SUCCESS MEASURE/ IMPACT	TIMEFRAME	PRIORITY GROUP(S)
		Further work on Cost of the School holiday				
Reduce essential living costs	Establish next iteration of Snack and Play in the six Place area primary schools – building on evaluation of last year's successful programme	Look into establishing the percentage who attend that are entitled to Free School Meals Look to different ways for parents to apply - 68% indicated they would prefer an online application Introduce flyer for parents explaining the programme before application forms become available Plan more visits for emergency services to give talks etc. to the children. The fire	East Dunbartonshire Council East Dunbartonshire Leisure and Culture Trust	Numbers of children (and percentage living in poverty) attending Snack and Play. Positive evaluations of the programme from children and parents.	Ongoing	All

DRIVER(S) OF POVERTY	WHAT WE WILL DO	WHAT WE WILL ACHIEVE	WHO IS INVOLVED	SUCCESS MEASURE/ IMPACT	TIMEFRAME	PRIORITY GROUP(S)
		brigade visit was a huge success				
Reduce essential living costs	Undertake pilot for Breast Feeding Support workers in East Dunbartonshire to work in East Dunbartonshire	Launch pilot programme to introduce Breast feeding support workers to increase % of woman breast feeding their new babies	East Dunbartonshire Health and Social Care Partnership	Increase in the % of women Breast feeding new babies up to 6 weeks	2 year	Pregnant women and women with families / children under one
Reduce essential living costs	East Dunbartonshire Voluntary Action undertaking engagement / needs assessment for Community Transport	Needs Assessment undertaken	East Dunbartonshire Council East Dunbartonshire Health and Social Care Partnership East Dunbartonshire Voluntary Action	Meet needs for Community Transport	2019-20	All
Reduce essential living costs	Ongoing delivery of the statutory entitlement for early learning and childcare from 600 hours to 1140 hours by August 2020.	All areas receiving 1,140 hours – Bearsden (Brookwood Villa), Kirkintilloch (Southbank) and Milngavie (St. Joseph's) new builds next	East Dunbartonshire Council	All areas receiving 1,140 hours – including lunch for all children by 2020 (requires some capital development of lunch provision in centres e.g. Auchinairn).	2019-20	All

DRIVER(S) OF POVERTY	WHAT WE WILL DO	WHAT WE WILL ACHIEVE	WHO IS INVOLVED	SUCCESS MEASURE/ IMPACT	TIMEFRAME	PRIORITY GROUP(S)
		Funding following the child from aged 3 6 new apprentices starting in August 2019.				
Reduce essential living costs	Access to and participation in leisure centres by children living in poverty	Continue free passes to leisure for Looked After and Accommodated Children Place Plan actions around health and wellbeing of young people.	ED Leisure and Culture Trust East Dunbartonshire Council	Number of free passes to leisure for Looked After and Accommodated Children Actions in Place plans around health and wellbeing of young people completed.	Ongoing	All, particularly care experienced young people
Increase income from social security and benefits in kind	Development of electronic referral pathway into money advice services developed for health visiting staff. Electronic referrals investigated for all areas alongside the efficiency and	Efficiency in the Healthier Wealthier Children approach, support more timeous referrals	East Dunbartonshire Health and Social Care Partnership East Dunbartonshire Council East Dunbartonshire Citizens Advice Bureau	Increase the number of referrals to CAB	Ongoing	All

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DRIVER(S) OF POVERTY	WHAT WE WILL DO	WHAT WE WILL ACHIEVE	WHO IS INVOLVED	SUCCESS MEASURE/ IMPACT	TIMEFRAME	PRIORITY GROUP(S)
	effectiveness of customer journey					
Increase income from social security and benefits in kind	Investigate online forms and recurring / automated payment of locally administered benefits such as Education Maintenance Allowance, Free School Meals and School Clothing Grant.	There is a quicker and easier customer journey to access entitled benefits.	East Dunbartonshire Council	There are online forms for locally administered benefits. Recurring / automated payments are investigated	Ongoing	All
Increase income from social security and benefits in kind	Investigate uptake of benefits (such as Best Start Grants). Also whether we can provide information on e.g. BSG at trigger points for benefits e.g. registration of birth	Look into good practice in other Local Authorities and consider for EDC. Establishing ICT Access points and identifying any gaps in provision	East Dunbartonshire Council	Increased number and use of online forms Uptake of benefit entitlements and new initiatives to target groups	2019 onwards	All, particularly families with children under one
Increase income from social security and	Financial Health Check awareness raising and uptake.	Financial Health Check worker in CAB will be visiting all schools and nurseries.	East Dunbartonshire Council East Dunbartonshire Health and Social Care Partnership	Numbers undertaking Financial Health Checks undertaken – particularly from	2019 onwards	All

DRIVER(S) OF POVERTY	WHAT WE WILL DO	WHAT WE WILL ACHIEVE	WHO IS INVOLVED	SUCCESS MEASURE/ IMPACT	TIMEFRAME	PRIORITY GROUP(S)
benefits in kind		Leaflet drop in EDC schools Leaflets in after school / parenting support clubs	East Dunbartonshire Citizens Advice Bureau East Dunbartonshire Voluntary Action	schools and nurseries. Referrals to CAB from afterschool and parenting clubs		
Increase income from social security and benefits in kind	Address rising numbers of ED residents requiring foodbank support	Explore the rising trend and work with partners to develop actions	East Dunbartonshire Council East Dunbartonshire Health and Social Care Partnership East Dunbartonshire Citizens Advice Bureau East Dunbartonshire Voluntary Action East Dunbartonshire Foodbank	Aim for there being no requirement for foodbanks for East Dunbartonshire residents.	Ongoing	All

Appendix 1: NHS Greater Glasgow and Clyde Action Plan

Table 1. Actions undertaken by NHSGGC staff to maximise incomes and reduce costs for families in 2018/19

A	Employer-related actions	Poverty driver	Partners involved	Priority Groups [42]	How measure success?	Timeframe
A1	Promotion of NHS career opportunities and pathways into NHS employment via: • schools engagement activity • awareness and guidance sessions for unemployed people in the community • awareness and guidance training sessions for staff in JobcentrePlus and employability advisors in partner agencies • college visits • attendance at community jobs fairs and careers events . A total of 84 events have been hosted in 2018/19	Income from employment	NHS Workforce Employability Team Local Authority Education Services Developing the Young Workforce Regional Groups Jobcentre Plus Clyde Gateway Rosemount Learning Centre Prince's Trust Jobs and Business Glasgow	All	May be possible in future to report activity by SIMD of school, community organisation and report the number of parents reached.	2018/19
A2	NHSGGC pre-employment training programme delivered to 21 people, 13 of whom gained employment following the programme, 11 within NHSGGC.	Income from employment	NHS GGC Workforce Employability Team Clyde Gateway and partner agencies	All	Number of people supported into good quality employment.	2018/19
A3	Apprenticeship opportunities provided for young people including: • 3 Foundation Apprenticeship Engineering placements for senior phase school pupils hosted by hospital based Estates Teams • Modern Apprenticeship Programme recruitment (20 MAs starting with NHSGGC in next 6 months).	Income from employment	NHS GGC Workforce Employability Team and range of services across NHS accepting MAs.	All	Number of apprentices securing positive destination following programme.	2018/19

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[42] Lone parents, families with disabled member, families with child aged <1y, families with three or more children, BME families.

A4	Research on staff financial health needs and creation of an action plan to address those needs.	Income from employment, social security, reduced costs and mitigation of impact.	Public Health, staff participants across range of directorates.	All	As below for actions A5-A7	2018/19
A5	Poverty Awareness training for HR, occupational health and support and information services staff, delivered by Public Health Staff in partnership with Poverty Alliance and Child Poverty Action Group. Training content included Welfare Reform and 'in work' benefits, the rise in 'in work' poverty and the impact of poverty, how to raise the issue of money, the support and resources available and appropriate pathways for referral and signposting staff.	Income from employment, social security, reduced costs and mitigation of impact	Public Health Poverty Alliance Child Poverty Action Group	All	Number of staff trained (100 in 2018/19) Pre and post training assessments Explore feasibility of monitoring number of staff supported through support and information services.	2018-20
A6.	Money advice information to be included with standard Payroll letters informing staff of either move from full to half or half to no pay during sickness absence or recovery arrangements for overpayments.	Income from social security. Reducing household costs.	HR and Payroll staff.	All	Standardisation of process.	2018/19
A7.	Money and debt advice webpage developed for managers and staff on NHSGGC intranet.	Income from social security. Reducing household costs.	Public Health	All	Number of visits to website.	2018/19

		Mitigation of impact.				
A8.	Continued provision and promotion of family-friendly working policies and opportunities.	Income from employment and reduced costs.	HR	All but may particularly benefit lone parents and families with disability.	.	Ongoing
A9.	Continued provision of monthly payment scheme for annual travel cards for staff.	Reduced costs	First Glasgow, ScotRail, Scottish Passenger Transport.		890 staff benefited during 2018 calendar year.	Ongoing
A10	Provision of educational bursaries to support in-work progression for staff.	Income from employment	Learning and Education Team.	All	Number of applications received and awarded by job band.	2018/19
B	**Service-related actions**	**Poverty driver**	**Partners involved**	**Priority Groups**	**How measure success?**	**Timescale**
B1	Four child poverty information sessions reaching 70 staff in total across all HSCP areas, two chaired by Director of Nursing and in collaboration with University of Stirling, to raise awareness of new child poverty legislation and new statutory income maximisation duty , provided for health visiting, family nurse and senior midwifery staff.	Income from social security. Reduced costs	Director of Nursing, public health, health visitors, midwives, family nurses, academic colleagues.	All	Post-event evaluation on knowledge and confidence responding to money worries	2018/19
B2	Development of refreshed staff and patient-facing materials to promote new statutory duty, routine enquiry of financial wellbeing, maternity benefits available and referral pathway into money advice services.	Income from social security. Reduced costs	Public Health Communications colleagues	All	Number of referrals from midwifery and health visiting colleagues into money advice services.	2018/19

B3	Development of materials for staff on sources of support for asylum seekers who have no recourse to public funds.	Mitigation of impact	Public Health	All particularly black and minority ethnic families.		2018/19
B4	Further development and promotion of a poverty and financial inclusion e-learning module for staff. 83 staff have completed in 11 months from 1/4/18	Income from social security, reduced costs and mitigation	Public Health	All	Number of staff completing e-module	Ongoing
B5	Face-to-face briefing sessions for new midwives and Royal Hospital for Children staff on assessment of family financial wellbeing. 32 new midwives and 16 RHC staff attended these briefings.	Income from social security, reduced costs and mitigation of impact.	Public Health, midwifery and paediatric staff.	All	Number of staff trained	2018/19
B6	Development of team-level training programme on raising issue of money worries for existing midwifery staff.	Income from social security and reduced costs	Public Health, Glasgow City Health Improvement.	Priority groups highlighted	Increased referrals from midwifery teams into money advice services.	2018/19
B7	Training for new health visitors on financial wellbeing, benefits of income maximisation, referral pathways and broader employability services available from money advice providers.	Income from social security and reduced costs	Public Health HSCP Health Improvement teams.	Priority groups highlighted	Increased referrals from health visiting teams into money advice services.	2018/20
B8	Use of health visiting peer champions for promotion of routine financial health enquiry and referral in Glasgow City HSCP.	Income from social security	HSCP Children and Families Teams and Health Improvement	All	Increased referrals from health visiting	2018/20

		and reduced costs			teams into money advice services.	
B9	Training and information for adult health service staff on assessment of patient financial wellbeing. Information provided at nursing induction sessions in both Greater Glasgow and Clyde. FI briefings provided to Diabetes MCN, Beatson and Pulmonary Rehab staff. 78 staff in total attended these sessions.	Income from employment, social security, costs of living and mitigation of impact.	Public Health and range of community and acute adult service staff.	All	Number of staff attending sessions.	2018/19
B10	Inclusion of a question on financial wellbeing in adult acute ward nursing admission documentation and associated staff training. Three training sessions for senior nursing staff and 26 ward briefings delivered.	Income from employment, social security, costs of living and mitigation of impact.	Public Health and acute adult service nursing staff.	All		2018/19
B11	Development of a NHSGGC briefing for organisations representing priority groups on referral pathways from maternal and child services into money advice services.	Income from social security and reduced costs	Public Health		Increased referrals into money advice services for priority groups.	2018/19
B12	Management of the Financial Inclusion, Money Advice service in the Royal Hospital for Children (RHC) which provides parents/carers with a range of services to support their financial wellbeing including: benefits checking, income and expenditure support, financial capability and budgeting information debt management support, assistance with housing and eviction issues and energy advice. Parents and carers can also access emergency family funds and foodbank vouchers via the Family Support and Information Service co-located with the Financial Inclusion service at the RHC.	Income from social security and reduced costs. Mitigation of impact.	Public Health	All	Number of families' supported, average and total financial gain.	Ongoing

	.					
B13	Management of neonatal expenses fund for parents or guardians with either premature or sick babies in neonatal care to claim reimbursement for food and travel expenses.	Reduced costs	Public Health	Families with child under age of one.	Number of families supported and average financial gain.	Ongoing
B14	Facilitation of co-location of money advice services with Special Needs in Pregnancy Service (SNiPs) to target income maximisation support and advocacy to those with greatest financial health needs (e.g. average household income for this client group <£6000 per annum).	Income from employment, social security, reduced costs of living and mitigation of impact.	Third sector money advice service SNiPs staff, Glasgow City and Renfrewshire HSCP Health Improvement, Public Health	All, particularly pregnant women, young families.	Number of families' supported, average and total financial gain.	Ongoing
B15	Development of electronic referral pathway into money advice services developed for health visiting staff.	Income from social security, reduced costs.	Public Health, children and families staff, e-health, local authority and third sector money advice providers	All	Increased number of referrals into money advice from health visiting.	2018/20
B16	Regular feedback to health visiting teams on money advice referrals and patterns.	Income from social security and reduced costs.	HSCP health improvement teams	All	Increased number of referrals into money advice from health visiting.	Ongoing
B17	Analysis of uptake of healthy start food vouchers for low income families to support ongoing promotion to families by midwifery and health visiting staff.	Income from social security	Public Health, midwifery and health visiting teams.	All, particularly Pregnant women and families with	Increased uptake of health start benefit.	2018/20

				children under one.		
B18	Survey of family financial health needs undertaken for families of children with disabilities attending child development centres.	Income from social security and reduced costs.	Families with lived experience of poverty. Specialist Children's Services. Glasgow City Council, Third sector Carers' Centre and Money Advice Services Public Health, Glasgow City HSCP Health Improvement.	Families with a disabled household member.	Increased money advice referrals from CDC staff. Average financial gain of £5000 per family supported.	2018/19
B19	Proposal developed and funding secured for research into the financial impact of pregnancy and possible cost-related barriers to attending antenatal care for low income families living in NHS GGC	Reduce costs, mitigation of impact.	NHS Health Scotland, NHS Ayrshire and Arran, Glasgow Centre for Population Health (GCPH), The Poverty Alliance, Child Poverty Action Group, Midwives, Family Nurses, Health Visitors, Public Health.	All, with particular focus on pregnant women and families with children under one year and inclusion of BME families.	Funding secured.	2018/19

B20	Financial incentives for pregnant women to stop smoking in pregnancy.	Mitigate impact of poverty	Midwives, Lead Midwives, University of Glasgow, Corporate Communications, HSCP Health Improvement Teams, eHealth, Public Health Directorate, Quit Your Way Services (Pregnancy, Pharmacy, Community, Acute)	All eligible pregnant women.	Number of women who receive full incentives by SIMD. Number and rate of women who maintain quit at 12 and 24 weeks post-quit date.	2018/20
B21	Provision of a money advice service for adult users of acute health services with a cancer or long-term condition diagnosis. 92 (4% of all) individuals supported had dependent children. Total financial gains for these 92 families in 2018/19 financial year were £235, 698, an average gain of £2562 per family referred.	Income from social security and reduced costs	Macmillan Cancer Support	All – universal service	Total and average financial gain	Ongoing
B22	Colocation of money advice service in nine GP practices in deprived areas in North East Glasgow. Over 350 people supported in the first three quarters of 2018/19 with total financial gain of £1,148,423 for those benefiting financially.	Income from social security and reduced costs	Money Advice services, Clyde Gateway, Primary Care Teams, Glasgow City Health Improvement Team	All	Total and average financial gain	2018/19

C	Advocacy	Poverty driver	Partners involved	Priority Groups	How measure success?	Timescale
C1	Child Poverty Action network for local authority and HSCP leads established to co-ordinate board-wide and local area action and to share evidence and best practice across GGC.	All	All six local authorities and HSPCs, NHS Health Scotland, Public Health.	All	A number of supporting resources have been developed for local areas including an evidence briefing and data guide.	2018 -
C2	Development session for local area child poverty leads organised with input from NHS Health Scotland, The Improvement Service and the Scottish Poverty and Inequalities Research Unit – focus on advocacy of automation of local area benefits and return on investment from referrals into money advice services from health service sources.	All	All six local authorities and HSPCs, NHS Health Scotland, The Improvement Service, GCPH, Public Health.	All	A number of areas are now exploring automation of local benefits.	2018/19
C3	Presentations on impact of child poverty on health, new statutory duty and evidence base for local action presented to: - NHS GGC Board Heads of Children's Health and Social Care Services and Area Partnership Forum and also -partnership forums in each local authority area -the national Scottish Local Authority Economic Development Conference.	All	Public Health	Priority risk groups highlighted.	Child Poverty plans discussed at and endorsed by senior strategic partnership committees.	2018/19

C4	Guidance on evidence informed action to reduce child poverty at a local level produced.	All	Public Health	All		2018/19
C5	Guidance on data available at local authority level to measure poverty and its drivers produced.	All	Public Health	All	Indicators being used in local child poverty action reports	2018/19
C6	A range of articles produced for staff news, core brief and hot topics related to child poverty.	All	Communication Staff and Public Health	All	Increased awareness of child poverty legislation amongst staff	2018/19
C7	A blog on evidence informed local action to reduce child poverty written for GCPH - https://www.gcph.co.uk/latest/news/861_poverty_isn_t_inevitable_local_action_is_possible	All	Public Health and GCPH	All	Increased awareness of causes of poverty and evidence informed actions which can be taken at local level in local policy makers and practitioners	2018/19
C8	A blog on the benefits of integrating money advice into primary care health services written for GCPH https://www.gcph.co.uk/latest/news/877_at_the_deep_end_integrating_money_advice_workers_into_gp_practices	All	Glasgow City Health Improvement Team and GCPH	All	Further roll out of co-location of money advice support in general practice.	2018/19

Table 2. Planned actions to maximise incomes and reduce costs for families in 2019/20

FA	Employer related actions	Poverty driver	Partners involved	Priority Groups	How measure success?	Timeframe
FA.1	Implementation of the NHS GGC Widening Access to Employment Strategy recommendations with specific action to support parents to access NHS job opportunities	Income from employment.	Widening Access to Employment Strategic Group, Workforce Employability Lead, Public Health Employability partner agencies	All	Number of parents accessing employability programmes going on to sustained employment.	2019/20
FA.2	Explore how we could optimise the impact of our procurement spend on local job creation and/or job quality for low-wage employees[43].	Income from employment	Head of Procurement, Commodity Manager Corporate Services, Public Health	All	Number and type of community benefits gain through capital spend and contracted services.	2019/20
FA.3	Plans in place to deliver Poverty Awareness training to Payroll staff in 2019/2020	Income from employment, social security, reduced costs and mitigation of impact.	Public Health	All	Number of staff trained. Pre and post-training assessments.	2019/20
FA.3	Include information on support for financial wellbeing in attendance management policy guidance and processes.	Income from social security and reducing costs of living.	Public Health and HR	All	Staff know sources of support for financial wellbeing.	2019/20

[43] Earning less than £17,550 per year whilst working full-time (based on living wage rate of £9 per hour and 37.5h week.

FA.4	Payslip messages signposting to sources of money advice and support to be issued quarterly from April 2019.	Income from social security and reduced costs of living.	Public Health and Payroll colleagues.	All	Staff know sources of support for financial wellbeing.	2019/20
FB	**Service-related actions**	**Poverty driver**	**Partners involved**	**Priority Groups**	**How measure success?**	**Timeframe**
FB.1	Develop electronic prompt for routine financial health enquiry and promotion of Best Start Pregnancy and Baby grant at 22 week antenatal appointment.	Income from social security.	Maternity services, Public Health.	All, particularly pregnant women	Midwifery referrals to money advice services increase. High levels of uptake of Best Start Pregnancy and Baby Grant in GCC	2019/20
FB.2	Explore development of electronic prompt for promotion of Best Start Grant Nursery and School grant payments at 27month and pre-school health visiting assessments on EMIS Web.	Income from social security	Children and Families, e-Health, Public Health	All	High levels of uptake of Best Start Nursery and School grant payments in GGC.	2019-21
FB.3	Develop quality assurance process for electronic referrals into money advice services from maternity service IT system.	Income from social security and reduced costs of living.	Maternity services, public health, money advice providers.	All, particularly pregnant women.	We can evidence referrals made are being received by the eleven money advice providers across GGC.	2019/20

FB.4	Facilitate targeted co-location of money advice services in vaccination settings in East Dunbartonshire, East Renfrewshire HSCPs.	Income from social security and reduced costs of living.	Children and Families teams, money advice services, health improvement teams.	All particularly families with a child under the age of one.	Referrals made, families engaging with service and financial gain.	2019/20
FB.5	Provide dedicated money advice support for family nurses in North East Glasgow City.	Income from social security, reduced costs of living.	Family nurses, health improvement staff.	All, particular young parents.		2019/20
FB.6	Expand provision of co-located money advice service in GP practices in Glasgow	Income from social security, reduced cost of living	Money advice services, primary care teams, Glasgow Health Improvement Team.	All	Referrals made, average and total financial gain	2019/29
FB.7	Raise awareness of child poverty legislation, statutory duty and available support services with GPs working in Deep End practices.	All	GPs, public health.	All	Increased referrals to money advice services from primary care.	2019/20
FB.8	Undertake research into the cost of the pregnancy pathway to explore the financial impact of pregnancy on low income families and how services can mitigate, given evidence that this can be a point of transition to poverty for some families.	Reduce costs, mitigation of impact.	Families with lived experience of poverty, NHS Health Scotland, NHS Ayrshire and Arran, GCPH, The Poverty Alliance, Child Poverty Action Group, Midwives,	All, with particular focus on pregnant women and families with children under one year and inclusion of BME families.	Breadth of participants recruited. Useful insights and actionable recommendations generated.	2019/20

			Family Nurses, Health Visitors, Public Health.			
FB.9	Develop questions on money worries for Children's Hospital admission documentation.	Income from social security, reduce costs, mitigation of impact.	Public Health, acute children's services.	All	Families are routinely asked about social health when child admitted for acute care.	2019/20
FB.10	Disseminate findings of family financial health needs of families attending child development centre (CDC) to improve pathways into support services for families of disabled children.	Income from social security, reduce costs.	Public health, specialist children's services	Families with a disabled child	CDC staff are aware of new statutory duty on child poverty, the likely levels of need in families using their service and the benefits or referring to money advice services. Referrals into money advice from CDC's increase.	2019/20
FB.11	Develop child poverty microsite for staff, partners and general public on causes, relevance for health, local rates and current NHS actions.	NA	Public Health	All	Number of visits to site	2019/20
FB.12	Continue to deliver and improve routine financial health enquiry and referral into money advice in midwifery, family nurse and health visiting services.	Income from social security and reduced costs of living.	Maternity, family nurse, children and family services, public health and health improvement.	All, with focus on pregnant women and young parents.	Recorded enquiry Referrals made Number of families engaged Total and average financial gain.	Ongoing.

FB.13	Continue to monitor and feedback on income maximisation referrals from maternal and child services.	Income from social security and reduced costs of living.	Public health and health improvement in HSCPs	All	Increasing enquiry and referrals made.	Ongoing.
FB.14	Research into the prevalence of financial hardship in families of children attending outpatient ENT clinics in Royal Hospital for Children	Income from social security, reduced costs.	ENT staff, public health, service users.	All	Completion of results with actionable recommendations to improve health and/or care.	2019/20
FC	**Advocacy**	**Poverty Driver**	**Partners involved**	**Priority Groups**	**How measure success?**	**Timeframe**
FC.1	Analysis and reporting, in partnership with GCPH, on indicators of child poverty and economic, housing, childcare and transport drivers in the Glasgow and Clyde Valley Region.	Income from employment and costs of living.	GCPH, Glasgow City Region, Glasgow City Council, Children's Specialist Services, Public Health, Health Improvement.	All	There is a greater understanding of levels and distribution of determinants of child poverty amongs.t relevant senior decision makers across GGC	2019/20

Agenda Item Number: 8

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Sandyford Service Review
Report By	Caroline Sinclair, Interim Chief Social Work Officer Head of Mental Health, Learning Disability, Addictions and Health Improvement
Contact Officer	David Radford Health Improvement & Inequalities Manager David.radford@ggc.scot.nhs.uk 0141 355 2391

Purpose of Report	This paper outlines the process and actions towards the development of revised Sexual Health Services delivered within East Dunbartonshire and operated by The Sandyford Service.

Recommendations	It is recommended that the HSCP Board note the content of the report and the proposed actions in furthering the review and encouraging participation of services users within the Sandyford Service review process.

Relevance to HSCP Board Strategic Plan	The report supports the ongoing commitment for the HSCP to work in Partnership with The Sandyford Service, in shaping the delivery Sexual Services in East Dunbartonshire, and, is a core outcome of the Local Development Plans of NHS GGC and of the ED HSCP Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	Sandyford Service Review EQIA completed (see Appendix 1)

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	Revised service delivery model, creating opportunities for targeted, specialised, service delivery.

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

1.0 MAIN REPORT

1.1 The attached report sets out the rationale and approach towards the enhanced engagement with service users.

1.2 HSCP Board members have previously received detail to the rational and context in undertaking a comprehensive review of Sandyford Services.

1.3 Sandyford Services is undertaking an extensive consultation to encourage views, in particular in determining appropriate locality based service provision.

1.4 HSCP officers have attended meetings with Sandyford Services and agreed to support and promote the access of East Dunbartonshire services users to participate in the Sandyford Services Consultation process.

1.5 The period for the consultation is six weeks, commencing 5th Aug and running through to 13th Sept 2019.

1.6 A range of resources have been developed to inform service users and to encourage feedback.

1.7 East Dunbartonshire HSCP will host a range of the resources on their website and undertake to raise awareness of the consultation with Partners in support of this engagement.

1.8 The resources include; a summary document outlining the proposals (Appendix 2) a short animation which highlights the details of the proposal in a more accessible format and a short feedback online survey using webropol to capture feedback (https://glasgowcity.hscp.scot/sexual-health-consultation).

Appendix 1 – Sexual Health EQIA

Appendix 2 – Full Summary Report

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Transformational Change Programme – Sexual Health services

Is this a: Current Service ☐ Service Development ☐ Service Redesign X New Service ☐ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

The service provides universal sexual health services for the whole population of GGC as well as specialist sexual health services for complex procedures and for specific population groups. The current service model is open access and appointment-based, accessed mainly by telephone self-referral, and it covers a large geographical area with a large number of sites with varying service provision based on availability of sites in HSCP premises. The community sites vary in their size and frequency of opening times and do not all provide all services

The Transformational Change Programme has recommended that the future service model should comprise 3 tiers of service provision for clients who need to see specialist sexual health services:

- Tier 3 - one specialist service which will deliver routine scheduled, emergency and urgent/undifferentiated care, and all specialist services; located in Glasgow city centre / North West
- Tier 2 – four larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care; located in Renfrewshire and Glasgow North West, with the South and North east services also integrating tier 1 services to establish a more comprehensive service provision including evenings.
- Tier 1 - four smaller, local services which will offer routine scheduled and emergency care; located in Inverclyde, West Dunbartonshire, East Dunbartonshire and East Renfrewshire.

Current services in Castlemilk and Easterhouse will close and specific services for Young People will open in these locations, as well as a city centre location on a Saturday afternoon. Services in Pollok, Springburn, and Drumchapel will also close, although tier 2 services will offer enhanced services.

The changes in how the services are accessed, how and who provides them and the locations they are provided from all require impact assessment. A separate Travel/Transport Impact Assessment is being carried out.

The proposal to establish 2 online services as demonstration projects will be the subject of a separate EQIA.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Rhoda Macleod	**Date of Lead Reviewer Training:**

Please list the staff involved in carrying out this EQIA
(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Fiona Noble Planning and Performance Manager, Pauline McGough Clinical Director, Nicky Coia Health Improvement Manager, Lorraine Kelso Nurse Consultant and Head of Profession, Jennifer Schofield Service Manager. Catriona Milosevic, Public Health Consultant NHSGGC John Nugent, Clinical Director GC HSCP

		Example	Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
1.	**What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	Sandyford collects data on age, sex, disability, race (ethnicity) and socio-economic status (postcode) when clients register for services. Additional social history information and lifetime/recent sexual histories are collected during consultations. These capture data on the protected characteristics of sexual orientation, and gender identity, as well as data on alcohol use, smoking, substance use, accommodation, violence and abuse, eating disorders, sexual activity status, and partner gender. Maternity/pregnancy data is captured where clients access specific services but this data is not captured routinely from users of all services. Currently there is no routine capture of data on religion and belief or marriage / civil partnership status, as this may put people off seeking non-judgemental sexual health care.	Identified that a previous service change (from walk-in to bookable services has resulted in a decrease in some recording The introduction of self arrival kiosks and online booking (recommendations of the service review) will improve data collection / recording across most services.

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	Please provide details of how data captured has been/will be used to inform policy content or service design. Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☑ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	*A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)*	Data analysis of the previous walk-in service showed a disparity in that urgent care patients risked long waiting times while routine care patients were likely to be seen quickly. The system was therefore changed to a phone-in system to differentiate between urgent care and routine care patients. Information from staff indicates that the change to this system may have negatively impacted on vulnerable service users and/or those with chaotic lifestyles. Service user data in Govanhill showed low uptake from the local BME community. A service was developed with community partners to offer targeted assessment and services. Age related data showed a year on year decline in young people attending services. Following consultation with young people, clinic times at our Parkhead hub were extended. Young people's services will be specifically addressed in the service review and improvements planned. Data collected shows that uptake of services by gay and bisexual men is increasing and the review of this service will consolidate that.	The review will support improved access for priority groups including some protected characteristic groups (eg some BME communities, hearing impaired and deaf people), diverting those who can self manage to a range of access methods. For example by expanding the provision of Test Express services across all Sandyford locations, quicker and easier telephone booking and access, and a comprehensive online booking system introduced.
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	How have you applied learning from research evidence about the experience of equality groups to the service or Policy?	*Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research*	Childhood sexual abuse affects 1 in 12 adults and is estimated to currently affect 1 in 20 children. We have carried out an exploratory study to determine if adverse childhood experiences impact risk-taking behaviours and poorer health outcomes of patients attending sexual health services. Consultation with young people suggested that the service is not	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ✓ **2) Promote equality of opportunity** ✓ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people.*** ***(Due regard to removing discrimination, harassment and victimisation and fostering good relations).***	open at the right times and is not easily accessible in some locations. As a result extended opening times have been established in Parkhead. In 2014, NHS Greater Glasgow and Clyde, jointly with NHS Lothian, published the *HIV Prevention Needs Assessment of Men Who Have Sex with Men (MSM).* This identified actions to address ongoing HIV and sexually transmitted infection acquisition among gay and bisexual men. The SRP service for gay and bisexual men had its service model reviewed and revised as a result. ✓ An external service evaluation of the Young People's Gender Service was conducted in 2017, and the evaluation provided very positive feedback on the clinical service and contained suggestions for improving communication with families about the service. There were clear differences in people's experiences of different waiting areas within Sandyford Central. The service continues to develop and comments from this evaluation have been central to informing any change. We revised our strategic plan following public and partner consultation : • adjusted vision statement with key aims; • clarified partnership working with primary care colleagues to improve patient pathways; • made service improvement actions explicit • stated performance measures, highlighting key indicators. A 12-month review of the changes to urgent care provision was conducted and actions identified. Service improvement actions were implemented e.g. providing test only clinics to MSM to further increase capacity.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**

4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ✓ 2) Promote equality of opportunity ✓ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	*A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.* *(Due regard to promoting equality of opportunity)* ** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.*	Consultations with young people identified current opening times were not meeting their needs. Opening times were therefore changed in one location as a test of change. Tailored Waverley Care African Health Project's Sexual Health Care Access Questionnaire to gain a better understanding of the needs to this priority group. In 2017 the Gender Identity drop in clinic experienced an increased level of demand leading to long waits and unmet demand. A service user focus group was held. Feedback from this consultative process helped informed a new model of bookable clinic which was then implemented. A consultation with students in further and higher education establishments across the GGC area was undertaken in the spring of 2018. Through a series of focus groups students confirmed that self management approaches are very highly acceptable and desirable, especially "remote" testing and contraception provision models.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required

5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☑ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐	*An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.* *(Due regard to remove discrimination, harassment and victimisation).*	The Service review has an Accessibility work stream. One of its aims is to 'ensure that Sandyford Services are accessible and target the most vulnerable groups'. The phone in service may pose a barrier to accessibility. NHSGGC Estates department conduct DDA compliance audits, which include Sandyford premises.	Other ways of accessing services will be introduced as part of the Service Review. Online booking will be introduced as the primary method of access into the service from Summer 2019. Telephone system will be upgraded and resourced differently to improve access for those who still choose to phone the service. Online routine sexual health services (routine STI testing and oral contraception) will be piloted in East Renfrewshire and East Dunbartonshire from Autumn 2019. A separate Impact Assessment will be completed for this service change. Contraception provision in local pharmacies will be trialled in South Glasgow.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
6.	How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?	*Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL*	We have redesigned and user tested our website which has made our information much more accessible. Further work is ongoing to redesign user pathways to access this information. All our publications follow the Clear to All guidance and adhere to NHSGGC Accessible Information Policy.	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☑ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐ The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.	*signer to explain service changes to Deaf service users.* *Written materials were offered in other languages and formats.* *(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).*	We routinely use interpreters and provide large print and translated information when required. We are currently improving the quality of information we provide to interpreters in relation to common sexual health issues. We have provided 'Working with Interpreters' and 'Deaf Awareness' training for our staff. We utilise a number of ways of communicating to staff including regular staff ebulletins, team meetings, a twice-daily 'huddle' for staff working on the clinic, quarterly staff events open to all staff. There is a Staff Reference group established as part of the service review and staff are part of this group. There is also a regular Staff Side Engagement meeting.	
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	Age		There are no considered disproportionate barriers created by the	

	Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design). **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ✓ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	move to a new service model or change of locations. We have ensured that the young people's service model has addressed previously expressed concerns by young people by expanding the opening hours into early evening. The new model is specifically aimed at increasing the engagement of young people with services as they are a target group and often vulnerable.	
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ✓	There are no considered disproportionate barriers created by the move to a new service model or change of locations. Current telephone access has been highlighted as a barrier for some people with hearing impairment or learning disability	Improved online engagement, including improved website information and signposting, comprehensive online booking system, clear and published routes in to care, will help improve access. An improved telephone system will also help support those who choose to access services in this way. The introduction of online booking will also mean a return to better disability recording of users of the service.

	3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☐		Tier 2 services will test a mixed model of walk in and bookable appointments from autumn 2019.
	Protected Characteristic	Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
(c)	Gender Identity **Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☑	There are no considered disproportionate barriers created by the move to a new service model or change of locations. Gender identity has recently been added to the electronic patient record (NASH) in the lifetime sexual history section which will ensure people can be offered the right clinical interventions.	
	Protected Characteristic	Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
(d)	Marriage and Civil Partnership	There are no considered disproportionate barriers created by the move to a new service model or change of locations.	

	Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☑		
(e)	Pregnancy and Maternity Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐	There are no considered disproportionate barriers created by the move to a new service model or change of locations.	

	4) Not applicable ☑		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	Race Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☑ 2) Promote equality of opportunity ☑ 3) Foster good relations between protected characteristics ☐ 4) Not applicable ☐	The introduction of online booking will mean a return to better ethnicity recording of users of the service. Black African populations are more likely to live in poverty with around 80% living in SIMD1 areas of high deprivation, and therefore may find travelling to access services more challenging. We will continue to work closely with third sector partners to support people from these communities to access services. We are increasing access to routine sexual and reproductive health service provision in Govanhill area which will help to support access for the large and growing Roma population in that community. We are increasing access to routine sexual and reproductive health service provision in Parkhead which will help to support access for the BME communities in the North East of the city. All services have access to interpreters face to face or through language line.	We are working to improve information on confidentiality to people who require an interpreter and are improving the availability and quality of translated information guidance for interpreters on sexual health issues. On this point, where are asylum seeker and refugees largely housed and does this have an impact on the uptake of services
(g)	Religion and Belief Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐	There are no considered disproportionate barriers created by the move to a new service model or change of locations.	

	2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☑		
	Protected Characteristic	Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☑ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	Access to long acting reversible contraception (LARC); As a result of the Service Review changes, there will be fewer Sandyford sexual health locations for women to choose to attend. However access to long-acting reversible methods of contraception (LARC) will increase, as LARC will be offered consistently across all the future locations (currently it is offered at select locations only). If women choose to access Primary Care, they may be offered less effective contraceptive methods (GP knowledge/training or LARC not immediately available) which may increase the risk of unplanned or unwanted pregnancy. Offering opportunistic cytology only in the new service model may reduce uptake rates in women who choose not to be screened in primary care settings. This may affect women from areas of deprivation who already have lower uptake rates disproportionately. The risk of this is an increase in high grade cervical abnormalities and cervical cancer in women at higher risk. The extension of Heath Care Support Worker delivered Test-Only clinics carries a risk of reduced Routine Sensitive Enquiry (RSE) into Gender Based Violence.	We will work with partners in primary care to extend access to more effective methods of contraception in the community. We will highlight this potential reduction in cervical smear uptake to the local screening programme lead for screening uptake to consider further action We will increase staff awareness and training to ensure RSE is part of test only clinics, and ensure pathways are in place for when there is disclosure.

(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☑	There are no considered disproportionate barriers created by the move to a new service model or change of locations. Online engagement may help people who have chosen not to disclose their sexual orientation to access appropriate services.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(j)	**Socio – Economic Status & Social Class** **Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?** **The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.**	People from more deprived areas and/or who are living in poverty may find it more difficult to travel to services which are further away from their own homes. We have identified that most people who use Sandyford services need routine sexual health care and the new service model will increase local provision of this, although it may mean that the location of some services change. Increased online access to services will help those people who may find it difficult to travel. However, it is recognised that there is a small vulnerable population who do not have easy access to the internet or consistent mobile phone data/credit. For more specialist services, people will have to travel further to either 1 of 4 Connect services (urgent care) or to the 1 central specialist centre – this is in line with NHS GGC Moving Forward	Partnership working will also increase opportunities for people to access routine contraception and STI testing in their local communities and primary care services. We will continue to closely monitor service use by people from areas of higher deprivation We will ensure that people who have a right to be reimbursed for travel to

		Together programme, and should be for 1 or a limited number of visits for individual people. The new model is specifically aimed at increasing the engagement of young people with services as they are a target group and often vulnerable.	appointments are made aware of how to claim this. We will still provide YP services in local areas plus Saturday pm service
(k)	**Other marginalised groups** **How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?**	People whose life circumstances mean they find managing health care difficult, are vulnerable, and/or who do not regularly access health services may find it more difficult to access services which are further away from their own homes. We have identified that most people who use Sandyford services need routine sexual health care and the new service model will increase local provision of this, although it may mean that the location of some services change. Partnership working will also increase opportunities for people to access routine contraception and STI testing in their local communities and primary care services. For more specialist services, people will have to travel further to either 1 of 4 Connect services (urgent care) or to the 1 central specialist centre – this is in line with NHS GGC Moving Forward Together programme, and should be for 1 or a limited number of visits for individual people. Sandyford Inclusion team ensures access to Sandyford services by marginalised groups; for example people who are homeless, living with disabilities including physical and learning disabilities, seeking asylum, living with alcohol/drug addictions and mental health problems; women experiencing gender based violence; people involved in commercial sexual exploitation; Black and minority ethnic groups; LGBTI individuals. We provide services to women in prison We have an action plan for GBV (gender based violence) data	
8.	**Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?**	The aim of the service review is to minimise impact on those at higher risk of poor sexual health, while achieving efficiencies within the service. The review was initially predicated on the achievement of £250,000 efficiencies for 2017/18 which was achieved, and a further £100,000 has been achieved in 2018/19.	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). 1) Remove discrimination, harassment and victimisation ☐ 2) Promote equality of opportunity ☐ 3) Foster good relations between protected characteristics. ☐ 4) Not applicable ☑	In 2019/20, the service is expected to achieve a further £150,000 efficiency. In order to achieve this, it requires a transformative redesign of the current workforce, the development of a tiered model which will improve the use of existing resources and release further efficiencies. The use of spend to save to develop new technology which will improve accessibility and the service user experience is vital as is the requirement for transitional funding to facilitate the workforce changes required.	
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
9.	**What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.**	Sandyford has achieved the LGBT Charter of Rights Gold Award which included specific training for 80% of staff. 107 Sandyford staff across all disciplines received Safe Lives training in 2016/17 which equipped them with the information and tools to increase the safety of victims of domestic abuse and violence through a risk identified checklist. We conducted a staff survey on their experience of using the GGC Interpreting Service, and actions are being carried out subsequent to this. Ongoing training for staff through learnpro modules compliance, and any further development needs picked up through PDP and appraisal systems.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or

application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

No risks identified

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

*

- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

☐ Option 1: No major change (where no impact or potential for improvement is found, no action is required)

☑ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

January 2020

Lead Reviewer: Name
EQIA Sign Off: Job Title
Signature
Date

Quality Assurance Sign Off: Name
Job Title
Signature
Date

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to CIT or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.

Sexual Health Service Implementation Plan

August 2019

(Summary)

SANDYFORD

caring about sexual, reproductive and emotional health

SANDYFORD

caring about sexual, reproductive and emotional health

Introduction

Glasgow City Health and Social Care Partnership (HSCP) are responsible for providing specialist sexual health and reproductive health services for the whole population of Greater Glasgow and Clyde. The services are delivered by Sandyford in 14 different locations.

Changes in the population, in the sexual health needs of people, changes to the way the service is provided and the staff that do this, all mean that we cannot keep delivering the services in the same way and need to find a better way of doing this.

We have developed some proposals which will allow better services to be delivered. We are keen to hear your views, and will ask our service users, members of the public, our staff and any organisations we work with to help us decide what some parts of the new service will look like. All of the views and comments we receive will help us prepare the final set of proposals to take to Glasgow city Integration Joint Board (IJB) for them to consider later in 2019.

We have a short survey that we would like you to complete to tell us what you think. This should take no more than 10 minutes and you can find this online at **www.glasgowcity.hscp.scot/sexual-health-consultation**

If you would like to request the survey in another format then please

- Email us at Sandyford.feedback@ggc.scot.nhs.uk
- Phone us on 0141 211 6729

The closing date for responses is Friday 13th September 2019.

What improvements have already been agreed?

The main improvements to our services will be:

- More appointments will be available meaning that more people will be seen each year.
- People will get services that they need and will be able to see the right staff at the right time.
- We will introduce online booking for appointments and make it easier to get through to book appointments on the telephone too.
- Women will be able to get long-acting methods of contraception (coils and implants) at **all** Sandyford services.
- Women will be able to get their oral contraception pills at some local pharmacies.
- There will be Test Express services (fast access HIV and STI testing service for people without symptoms) at **all** Sandyford services.
- There will be more early evening services in more places for young people (for those aged 17 and under), and a Saturday afternoon service in Glasgow city centre.
- Some people will be able to order sexually transmitted infection (STI) testing kits online.
- Some people will be able to order oral contraception prescriptions online.

Why are we doing this?

There are various reasons why the service is not working as efficiently as it used to.

- We changed the service in 2015 from a drop in one to appointments only, but this has led to longer waiting times for appointments and difficulties for people trying to phone the service to make or change an appointment.
- The numbers of people with sexually transmitted infections is increasing, which means more people need to be seen more often to be treated for their infections.

- From 2017, sexual health services in Scotland have been able to prescribe medicine (known as PrEP) to people who are HIV negative to help prevent them becoming infected with HIV. In Glasgow this medicine can only be prescribed at Sandyford and this new service has been very busy.
- In recent years it has become more difficult to recruit the right kind of staff into the service.

How did we decide what we were going to do?

In 2016 we consulted with patients, partner organisations and members of the public on the future priorities for sexual health. As a result the Strategic Plan 2017-20 stated our intention to review all sexual health services.

In 2017 as part of the review, we worked with some voluntary sector organisations to gather the views of specific groups of people who use our services about what we could improve. This helped shape the proposals to increase and improve services for young people, and also the proposals for online appointment booking and better telephone systems to make it easier for people to attend services.

In 2018 we asked college students about how they would like to access sexual health services, and this has helped us come up with the proposal to allow people to order some contraception prescriptions and some STI testing kits on the internet.

In 2019 we looked at all our available information to understand what changes were needed. We looked at the priority sexual health issues, how is the local population made up, and how are our services used. We looked at any impact the proposals might have on groups of people protected by Equality legislation. We also considered what impact there would be if people had to travel to different areas to get services.

What is changing?

Services for Adults

We are proposing that Sandyford services for adults will be provided in 10 different locations.

- One day a week at
  - Barrhead Health and Care Centre
  - Clydebank Health Centre
  - Kirkintilloch Health and Care Centre
  - Vale of Leven Hospital
- Two days a week in Greenock Health Centre
- Five days a week at
  - Paisley New Sneddon Street Clinic
  - Woodside Health and Care Centre
- Five days and four evenings at
  - Sauchiehall Street in Charing Cross, Glasgow
  - Govanhill Health Centre (community wing)
  - Parkhead Health Centre

The new services will be delivered in such a way that different parts of the service will available in different places.

The services that most adults (aged over 18) who use Sandyford services need are contraception, emergency contraception and testing for sexually transmitted infections. We are proposing that these will be available at all of our services listed above.

Some people will need services that are a bit more complex, for example people who have symptoms of an infection and may need quicker treatment. We are proposing that this will be available five days a week at Paisley, Woodside, Govanhill and Parkhead locations. People might have to travel a bit further to get to them.

A very specialist level of service that will be needed by fewer people includes:

- consultant led care
- abortion care
- complex menopause
- services for people who have been sexually assaulted or raped
- counselling
- gender identity services
- specialised risk reduction services for gay and bisexual men

All of these will be provided in one location at our central service near Charing Cross in Glasgow city centre. Anyone who needs these specialist services will have to travel to Glasgow.

To create the new service model with more appointments for everyone and better services for young people, some of our adult services will have to move. This means that people may have to visit services that are further from where they live in order to get the right care by the right staff for them.

- Services for adults (aged over 18) at Easterhouse and Springburn will move to Parkhead.
- Services for adults (aged over 18) at Pollok and Castlemilk will move to Govanhill.
- Services for adults (aged over 18) at Drumchapel will move to Woodside.

Online Services

Some people have very straightforward needs and would prefer to get their services in a different way. We have decided to test an online service for 2 groups of people who have used our services in the past:

- people who want to be tested for sexually transmitted infections but have no symptoms
- women who need a repeat prescription of their oral contraception supply

These people will be able to go online, answer some questions about who they are and some information about their health, and either order their contraception prescription, and then pick it up at a pharmacy close to where they live; or order a home-testing kit which will be sent out to their home address. They will be able to send the tests in and receive their results by phone, only having to visit a clinic if they need some treatment or follow up care.

We will test this in some parts of Glasgow (including Castlemilk, Easterhouse, Drumchapel, Springburn and Pollok), and in East Dunbartonshire and East Renfrewshire. If it is successful we would like to spread it to more areas and to allow more people to do this. In time, we would also like to have more of our services available online, and also to work with GPs to help support their patients do this.

Getting Contraception from your Pharmacy

We will try out a service which means women can get their oral contraception pills from their Community Pharmacies. We will test this in Darnley and Langside to begin with, and if this is successful we would like to provide it in other areas.

Services for young people

Our services for young people are for those aged 17 and under. Young people told us that our services are not open at the right times and some are not easy to get to. Therefore, we want to set up new early evening drop-in services for young people at 9 different locations across Glasgow and Clyde. Discussions are ongoing with young people and other organisations to agree the exact locations, but we would propose to have the drop-in services in:

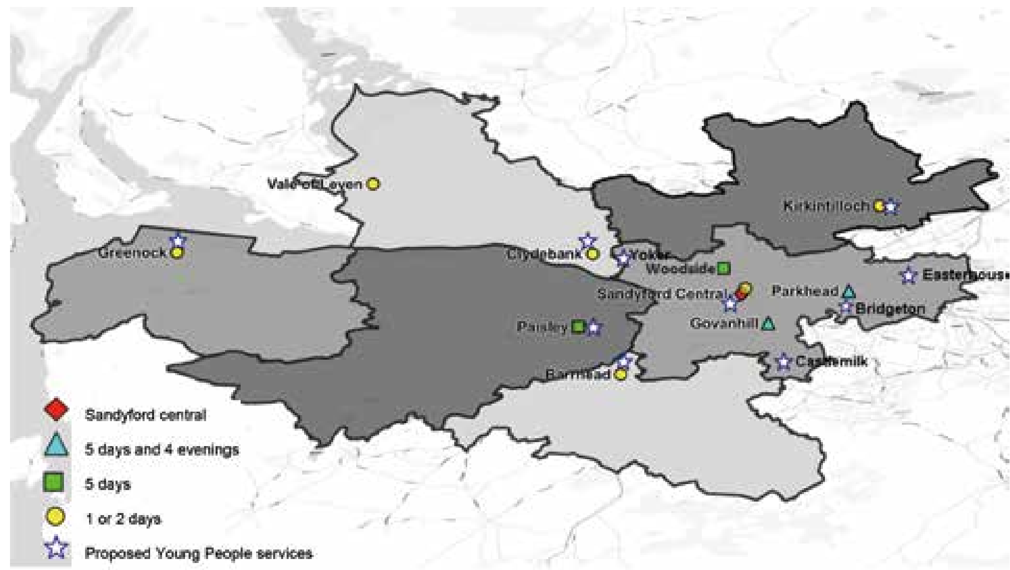
- Greenock
- Clydebank
- Paisley
- Barrhead
- Kirkintilloch

In Glasgow city, we will have a new Saturday afternoon service for young people.

We will work with the new HSCP Youth Health Service as it becomes established over the next year and would also hope to have drop in sexual health clinics for young people in areas such as:

- Castlemilk
- Easterhouse
- Bridgeton
- Yoker

New Sandyford Service Locations



When will the changes happen?

If the Integration Joint Board approves the proposals, we would start to put the new services in place early in 2020

- We would move all the specialist services to our central service on Sauchiehall Street near Charing Cross in Glasgow
- Services at Paisley and Woodside in Glasgow would open on 5 full days and include early evening drop in service for young people
- Services in Govanhill and Parkhead would open on 5 days and 4 evenings each week
- Online services will be tested in Castlemilk, Easterhouse, Drumchapel, Springburn, Pollok, East Dunbartonshire and East Renfrewshire
- Drop in services for young people would open in Castlemilk and Easterhouse in the evening, and in the city centre on a Saturday afternoon

Later in 2020 the Greenock and Vale of Leven services will open, and drop in services for young people will open in Greenock and Clydebank.

Until these changes happen, the current services will continue.

Notes:

Notes:

If you would like this document in another language please contact Sandyford on:
Email: **Sandyford.feedback@ggc.scot.nhs.uk**
or Phone: **0141 211 6729**

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Jeśli chcesz uzyskać te informacje w innym języku skontaktuj się z:

اگر آپ یہ معلومات کسی اور زبان میں حاصل کرنا چاہتے ہیں تو براہ مہربانی رابطہ کریں:

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ:

اگر این اطلاعات را به زبانی دیگر میخواهید لطفا با این ادرس تماس بگیرید:
إذا رغبت في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال بـ:

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You can also watch a short animated video that explains this summary document at: **www.glasgowcity.hscp.scot/sexual-health-consultation**

This document was produced August 2019.

mi • 315288 v1.0

Chief Officer
Susan Manion

Agenda Item Number: 9

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Learning Disability Services Strategic Review
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement Services, Interim Chief Social Work Officer
Contact Officer	Alan Cairns, Planning, Performance & Quality Manager Alan.cairns2@ggc.scot.nhs.uk

Purpose of Report	To purpose of this report is to advise the Board of the outcome of the consultation relating to proposed learning disability accommodation-based service redesign principles, to seek approval for these and to authorise officers to proceed with the preferred option for the development of a new day care service in partnership with the Council and East Dunbartonshire Leisure and Culture Trust.

Recommendations	It is recommended that the HSCP Board: • Note the progress of the overall Learning Disability Services Strategic Review as outlined at section 1.2 of this report; • Note the consultative feedback on the proposed accommodation-based support services redesign principles described at sections 1.7 to 1.10 of this report; • Approve the accommodation-based support services redesign principles, as set out at section 1.4 of this report; • Note that the HSCP Chief Officer, in consultation with East Dunbartonshire Council, will commence exploration, option appraisal and planning for accommodation-based support services that align with these service redesign principles; • Note that following an option appraisal by the Council's Major Assets team, in support of the work of the Learning Disability Strategic Review, a preferred site option has been identified for the development of a new Learning Disability Day Service; • Agree to the HSCP Chief Officer pursuing this preferred day service option with the Council and the Leisure Trust, consulting on development proposals with HSCP partners and stakeholders; • Request further reports to the HSCP Board when detailed development plans for redesigned day and accommodation-based support services are proposed for approval.

Relevance to HSCP Board Strategic Plan	This report supports the achievement of the HSCP Boards following priorities: PRIORITY 2. Enhance the quality of life and supporting independence for people, particularly those with long term conditions PRIORITY 4. Address inequalities and support people to have more choice and control PRIORITY 5. People have a positive experience of health and social care services PRIORITY 8. Optimise efficiency, effectiveness and flexibility

Implications for Health & Social Care Partnership

Human Resources:	There are no HR implications arising from this report at this stage. As the Learning Disability Services Strategic Review continues to progress any HR implications that arise will be responded to in line with established policies and procedures.

Equalities:	A full Equality Impact Assessment (EQIA) of the overarching Learning Disability Strategy has been assessed and approved. Additional impact assessment may be necessary to support detailed service proposals once these have been developed.

Financial:	The implementation of the strategic review will operate within existing financial parameters.

Legal:	None at this stage in the strategic review process.

Economic Impact:	None at this stage in the strategic review process.

Sustainability:	Financial and service sustainability are key objectives within these redesign proposals.

Risk Implications:	There are no risks identified with this report at this stage.

Implications for East Dunbartonshire Council:	As a provider of a number of the social care services covered in this strategic review process and employer of staff delivering in-house social care services, the Council has significant interests in the policy framework and supporting associated Directions. Council officers are closely involved in the leadership of the Strategic Review process.

Implications for NHS Greater Glasgow & Clyde:	There are no direct implications for NHSGGC. The consultative process will include engagement with key NHSGGC stakeholders.

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1. No Direction Required *(at this stage)*	
	2. East Dunbartonshire Council	**X**
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0 MAIN REPORT

Introduction

1.1 At its meeting of 10 May 2018, the HSCP Board approved an East Dunbartonshire Adult Learning Disability Strategy 2018-23, which set the context for a planned review and redesign project, and wider service development and modernisation. The vision established by the strategy "Working together to deliver better outcomes for people with learning disabilities, and their families and carers", is supported by a set of Improvement Themes as follows:

I. To improve the planning for young people with learning disabilities transitioning from childhood to adulthood, with early involvement of parents, carers and the young people themselves;

II. To review and redesign accommodation-based and day support services (including employability), to modernise them, provide them locally wherever possible, make them fit for purpose and of high quality for the people who need them and ensure they are sustainable for the future;

III. To work in partnership to ensure that specialist NHS services for people with learning disabilities are improved and developed in line with the Health Board's improvement programmes "A Strategy for the Future" and "Designing an Effective Assessment and Treatment Model";

IV. To continue to embed the principles of personalisation and Self-Directed Support, to encourage choice and independence within a framework that ensures fairness and consistency;

V. To continue to follow the principles and recommendations set out in "Keys to Life", to ensure that the best possible outcomes are being met for people with learning disabilities, their families and carers, within the resources available, and;

VI. To ensure that our resource allocation processes are fair and consistent, and that we maximise efficiencies to secure Best Value for the people we support and the wider community.

1.2 The strategy committed to the preparation of an associated implementation plan to be taken forward as part of the HSCP's business planning processes, as follows:

i. To develop of a Fair Access to Community Care (Adults) Policy and updated Eligibility Criteria – this has been developed and approved by the HSCP Board and is now in the implementation phase;

ii. To improve transition arrangements for young people moving to adult services – this is a priority initiative in the HSCP Business Plan for 2019–2020 and work is underway on this area;

iii. To develop redesigned day services and accommodation-based support services for people with learning disabilities – this is a priority initiative in the HSCP Business Plan. Progress has been reported to the HSCP Board as the stages of the review have progressed;

iv. To work in partnership with other HSCPs across the Greater Glasgow and

Clyde health board area to take forward Improvement Theme iii, led by East Renfrewshire as host HSCP. Staff from the East Dunbartonshire HSCP are actively engaged in this work.

Service Redesign Principles

1.3 At its meeting of 27 June 2019, in pursuance of action (iii) at section 1.2 above, the HSCP Board approved a vision and set of redesign principles for learning disability day services, following a process of partnership, stakeholder and public consultation. It was noted that the HSCP Chief Officer, in consultation with East Dunbartonshire Council, would commence exploration, option appraisal and planning for potential alternative day care service sites that aligned with the service redesign principles.

1.4 At its meeting of 27 June 2019, the HSCP Board was advised that an equivalent set of redesign principles for learning disability accommodation-based support services had been developed and proposed by the Strategic Review Steering Group. The HSCP Board agreed to these being the subject of a similar consultative exercise, to ensure that these received consensual support by partners and stakeholders prior to moving to the development of detailed service proposals. The proposed redesign principles for learning disability accommodation-based support services were presented as follows:

I. In-house, third and independent sectors working together to provide complementary and sustainable services;

II. Service development and commissioning to optimise core and cluster approaches:
- To work with providers to ensure existing provision reflects these redesign principles;
- To develop extra-care core and cluster tenancies;

III. In-house provision to focus on providing services for people with:
- Severe learning disabilities;
- Profound and complex learning disabilities;
- Highly complex learning disabilities and severe challenging behaviour.

1.5 These proposed redesign principles are necessarily high-level due to the fact that specific solutions will be at an individual, person-centred level. However they provide important parameters for local provision, commissioning and collaborative working across all sectors and partners.

Consultation Responses and Outcomes

1.6 Consultation on the proposed redesign principles for accommodation-based support services were focused on:

- Public, Service User and Carer Group
- The Learning Disability Providers Forum
- East Dunbartonshire Voluntary Action and extended networks
- Staff Partnership Forum membership
- Extended Senior Management Team
- Web and social media

- Families of the people we support in Council-run services and associated staff groups were also involved in correspondence and discussion, in support of ongoing communications.

1.7 At an individual level the priority for the people we support will be focused on the potential impact on their support arrangements from any changes that may be a consequence of service redesign. The Chief Officer will ensure that support planning will be sensitive to any such circumstance and will be taken forward in a person-centred way that recognises individual needs and preferences. The Fair Access to Community Care (Adults) Policy will provide a framework for this.

1.8 The feedback from the proposed redesign principles has been positive. The PSUC membership commented that “the redesign strategy and principles are excellent” and “the ideas and principals all sound good”. The members did stress though that supporting independence well involved a balance between maximising opportunity and potential, with safeguarding vulnerability and carer anxiety appropriately. The needs of adults with complex autism were also stressed as a service gap that needed to be addressed through this redesign activity.

1.9 The presentation and discussion at the East Dunbartonshire Learning Disability Providers Forum was also positive, with national and local service providers supportive of the local strategic direction.

1.10 It is proposed that as a result of the positive validation of the proposed redesign principles for accommodation-based support services that the HSCP Board approves these for adoption and requests that the HSCP Chief Officer, in consultation with East Dunbartonshire Council, commences exploration, option appraisal and planning for accommodation-based support services that align with these service redesign principles.

Learning Disability Day Services

1.11 At its meeting of 27 June 2019, the HSCP Board noted that the HSCP Chief Officer, in consultation with East Dunbartonshire Council, would commence exploration, option appraisal and planning for a day service to replace Kelvinbank Resource Centre, which is a Council-run service that constitutes the main learning disability day service in East Dunbartonshire. As a part of that work, the Council’s Major Assets team undertook an Outline Options Appraisal. This is attached at **Appendix 1** and concludes that the preferred option is to integrate the new service within the planned leisure centre development at Allander, Milngavie.

1.12 Integration of the provision within the New Allander Leisure Centre, is considered the only feasible Major Asset Project which could not only accommodate the provision but also offers the most opportunities for delivering against the HSCP key principles for service design noted above. This option in particular offers significant opportunity to share wider resources and spaces between both the Leisure and Culture Trust and the day service provision. Officers of the HSCP have visited similar learning disability day services that have been integrated into leisure centres, in Paisley and Linwood; both services have demonstrated excellent mutual benefits and outcomes. The national Learning Disability Strategy Keys for Life noted in particular the value of these joint ventures:

“Good practice: Where day services are located is also of importance in maximising

opportunities for social integration and for achieving health benefits. South Lanarkshire and Renfrewshire Councils, for example, have both invested in new day centres based entirely within their council leisure centres. Not only has this resulted in more people with learning disabilities becoming part of the wider community, but has also achieved the positive outcome of easy access to healthy activities such as swimming and sports. In both councils, there is the added benefit of encouraging the wider public to make use of the day services resources including sensory room, dance studio and music room, thus breaking down barriers traditionally associated with learning disabilities" (Source: Keys to Life, 2013).

1.13 The Chief Officer of the HSCP considers that this option offers not only a proven model for delivering modern, high quality, community integrated day services but also offers the potential for an exciting joint venture between the HSCP Board, the Council and the Leisure and Culture Trust. It is proposed therefore that HSCP Chief Officer pursues this preferred day service option with the Council and the Leisure Trust to explore the option further, consulting on development proposals appropriately with HSCP partners and stakeholders, in support of the positive collaborative approaches that have underpinned the learning disability strategic review to date.

Appendix 1 – Outline Options Appraisal: Integration of Learning Disability Day Services within future EDC Major Asset Projects

Outline Options Appraisal: Integration of Learning Disability Day Services within future EDC Major Asset Projects

Background

East Dunbartonshire Council and HSCP Board have jointly undertaken a strategic review into the modernisation of services for adults with learning disabilities. The HSCP Board approved a strategy in May 2018 that set out a range of improvements that we wanted to make over the next 5 years. A strategic review was established to take a number of these improvement themes forward. We have undertaken public consultation at each stage in the review, in order that we can reflect the issues that are most important for people and build on consensus. This has included the strategy, new policies and day services redesign principles, all of which have now been approved by the HSCP Board.

We have agreed that future learning disability services should be local, modern, accessible and person-centred. Support should be therapeutic, enabling, meaningful and of high quality. Services should be designed to meet individual needs and personal outcomes, with a focus on encouraging health and wellbeing and independent living. The redesign principles are:

- Providing a wider range of day services in the local area, in line with the principles of the national Learning Disability Strategy Keys to Life;
- Placing in-house HSCP services at the heart of local provision with a strong third, independent and voluntary sector presence, together providing complementary and sustainable services;
- Replacing the current service delivered from Kelvinbank Resource Centre and moving to a new, modern location. The new service would provide a wider range of support than at present, including those for people with more complex and profound disabilities, supported by skilled staff;
- Delivering the new in-house service from a single main location, supplemented by shared spaces across the localities. We would favour the integration of the main service within a shared community resource rather than a standalone building, reflecting national strategies and examples of good practice;
- Delivering both centre-based and community-based services to meet individual needs and outcomes. People with mild and the lower end of moderate learning disabilities would be supported within community settings, as far as possible;
- Commissioning a wider range of informal community assets, social enterprise developments, supported and substantive employment opportunities and volunteering services. This would be an area of significant growth and improvement, in partnership with local organisations;
- Provision of choice and self-determination through Self-Directed Support, informed by fair and equitable mechanisms for determining personal budgets.

The Strategic Review process has also included extensive analysis of potential service models and environmental options for future service provision. This activity has supported the evaluation of relevant criteria by Major Assets.

Shortlisting Criteria

Major Asset projects shortlisted for consideration are those which are currently funded within the Council's 10 Year Capital Programme and which have yet to formally proceed through any concept design and cost planning.

Four projects meet this criteria:

- New Allander Leisure Centre
- New Boclair Academy
- EDC Roads Depot
- Milngavie Community Hub

Options Appraisal Criteria

An HSCP-led options appraisal into the design of Adult Learning Disability Day Services (LDDS) was undertaken in 2019. This appraisal identifies a number of key principles which should inform the future provision of ALDDS in East Dunbartonshire.

- Improved transport links
- Better community integration
- Modern philosophy of community based support
- Shared costs
- Access to shared and wider resources and spaces (canteen, halls)
- Access to cost of shared facilities (janitorial, cleaning, catering, reception)
- Shared capital funding opportunity
- Meet Care Inspectorate Requirements
- Potential to meet National and HSCP policy requirements

These are detailed below alongside a summary assessment from an Assets / Technical perspective of key considerations which affect the feasibility of the four shortlisted projects accommodating the LDDS provision.

Project	Location / Site	Anticipated Completion	Description	Community Integration	Transport Links	Shared Spaces	Care Inspectorate	Other Technical Considerations	Conclusion
Standalone New Provision	TBC – tandem development on existing site in Kirkintilloch or relocation elsewhere.	TBC	Development of a new standalone LDDS provision to replace the existing Kelvinbank RC.	Access by the general public would likely be limited and where it does take place, be strictly controlled. Opportunities for social integration with the wider community would be limited.	Dependent on site selection.	Standalone provision would have no opportunities for sharing of spaces with other assets.	Registration subject to approval on specific proposals.	Other technical considerations would be site dependent.	Standalone re-provision of Kelvinbank offers limited opportunities to increase social integration with the wider community, no opportunity to share space or resources with another asset and no opportunities for shared capital funding opportunities.
New Allander Leisure Centre	Site of existing Allander Leisure Centre, Milngavie.	Autumn 2022	Development of a new Leisure Centre on the site of existing Allander, tandem build which will replicate majority of existing facilities within the original centre.	Allander will be a high footfall facility used by a wide variety of general public from various age groups and backgrounds. Facility will be open 7 days per week from early morning until late evening.	Direct public transport links from Kirkintilloch / Bishopbriggs area are limited. Site is easily accessed from within Milngavie / Bearsden with local bus services running frequently. Train links via Glasgow to nearby Hillfoot / Milngavie stations.	Significant opportunities to share Sports Halls, Fitness Studios, access to gym facilities, all wetside facilities inc. pool and spa areas, wetside plant areas, changing rooms and café / kitchen facilities.	Registration subject to approval on specific proposals, but precedent well established at similar joint ventures in Renfrewshire and S Lanarkshire	Developable area within site boundary can accommodate anticipated internal floor area and car parking requirements for LDDS.	Integration of LDDS with New Allander Leisure Centre is considered feasible.

New Boclair Academy	Site of existing Boclair Academy, Bearsden.	Autumn 2022	Development of a new secondary school on the site of the existing Boclair Academy, tandem build which will replace the original high school.	Boclair will primarily be an educational facility with majority of footfall occurring midweek and during normal school hours, i.e. 8.30am – 4pm. Access by the general public is strictly controlled and will be limited.	Direct public transport links from Kirkintilloch / Bishopbriggs area are limited. Site is easily accessed from within Milngavie / Bearsden with local bus services running frequently.	Opportunities to share Sports Halls, Fitness Studios, gym facilities, changing rooms and café/kitchen facilities, subject to coordinating with school curriculum requirements. No wetside facilities planned for new school.	Registration subject to approval on specific proposals	Available developable area within site is limited and not immediately apparent whether internal floor area and car parking requirements for LDDS can be met within this site. Future Scottish Government capital grant funding for will be linked to integration of community and education assets within projects.	Not immediately clear whether integration of LDDS with the new Boclair Academy is feasible and this would require further investigation.
EDC Roads Depot	Site of existing Roads Depot, Kilsyth Road, Kirkintilloch.	Spring 2024	Development of a replacement Council Depot on the site of the existing facility in Kirkintilloch.	Primarily an operational depot for EDC services, access may be taken at any time but majority of activity occurring midweek between 6am and 6pm. Access by the general public is strictly controlled and will be limited.	Direct public transport links from Bearsden / Milngavie area are limited. Site is easily accessed from within Kirkintilloch with local bus services running frequently. Regular Bus services via Glasgow City Centre.	Limited (if any) crossover between accommodation required for Depot and LDDS and therefore no sharing of facilities is likely to be possible.	Registration subject to approval on specific proposals	Available developable area within site is limited and unlikely that the internal floor area and car parking requirements for LDDS can be met within this site.	Integration of LDDS with Roads Depot not considered feasible.
Milngavie Community Hub	TBC –this is subject to Committee Approval in August 2019.	Spring 2021	Development of a community hub facility for Milngavie Town Centre, incorporating Library Services, customer services Hub and community meeting room spaces.	Community Hub will be a relatively high footfall facility and used by a wide variety of general public from various age groups and backgrounds. Primary operating hours will be midweek from 10am until 5pm.	Direct public transport links from Kirkintilloch / Bishopbriggs area are limited. Site is easily accessed from within Milngavie / Bearsden with local bus services running frequently. Train links via Glasgow to nearby Milngavie station.	Limited (if any) crossover between accommodation required for Hub and LDDS and therefore no sharing of facilities is likely to be possible.	Registration subject to approval on specific proposals	Available developable area within site is limited and unlikely that the internal floor area and car parking requirements for LDDS can be met within this site.	Integration of LDDS with Milngavie Hub not considered feasible.

Conclusion

Integration of the LDDS provision within the New Allander Leisure Centre, Milngavie is considered the only feasible Major Asset Project which could not only accommodate the provision but also offers the most opportunities for delivering against the HSCP key principles for service design noted above. This option in particular offers significant opportunity to share wider resources and spaces between both the Community Leisure side and the LDDS provision. Officers of the HSCP have visited similar learning day services that have been integrated into leisure centres, in Paisley and Linwood; both services have demonstrated excellent mutual benefits. The national Learning Disability Strategy Keys for Life noted in particular the value of these particular joint ventures:

"Good practice: Where day services are located is also of importance in maximising opportunities for social integration and for achieving health benefits. South Lanarkshire and Renfrewshire Councils, for example, have both invested in new day centres based entirely within their council leisure centres. Not only has this resulted in more people with learning disabilities becoming part of the wider community, but has also achieved the positive outcome of easy access to healthy activities such as swimming and sports. In both councils, there is the added benefit of encouraging the wider public to make use of the day services resources including sensory room, dance studio and music room, thus breaking down barriers traditionally associated with learning disabilities" (Source: Keys to Life, 2013).

Chief Officer
Susan Manion

Agenda Item Number: 10

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Draft Assistance with Transport Policy
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer Tel: 0141 232 8216. Jean.Campbell2@ggc.scot.nhs.uk

Purpose of Report	The purpose of the report is to seek Board approval to consult on the Draft Assistance with Transport Policy.

Recommendations	The Board is asked to: a. Note the Draft Assistance with Transport Policy, Procedures and Operational Guidance attached as Appendix 1. b. Approve the process for consulting on the Draft Assistance with Transport Policy attached as Appendix 2.

Relevance to HSCP Board Strategic Plan	

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	An initial equality impact assessment was undertaken as part of the budget proposals, a fuller EQIA will be informed by the consultation process.

Financial:	A review of the eligibility to access support with transport formed part of the transformation plan agreed to deliver a balanced budget for 19/20.

Legal:	The duties and powers to provide assistance with transport have been considered and reflected within the policy development and advice taken from Council legal services.

Economic Impact:	None

Sustainability:	The sustainability of the partnership in the context of the current financial position and lack of reserves rely on a 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.

Risk Implications:	There are a number of risks inherent in the policy and a risk register has been developed which captures these along with actions to mitigate the likelihood and impact of these.

Implications for East Dunbartonshire Council:	The Council has legal duties and powers, in certain circumstance where the eligibility criteria is met, to provide support with transport.

Implications for NHS Greater Glasgow & Clyde:	None

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

MAIN REPORT

1.1 Context

As part of the financial planning for 2019/20 for the Partnership there was a proposal to undertake a review of transport provision across social work services with the intention of developing and implementing a policy to ensure a fair and consistent approach to the provision of support with transport.

1.2 At present, where there is an assessment of need and call for services which requires transport provision, the Partnership provides e this as part of the overall package of care, regardless of what other supports may be available such as mobility benefits, mobility car or the ability of an individual to make their own arrangements for transport.

1.3 There are currently 83 people in receipt of support with externally provided transport costing £504k per annum with an additional 124 people supported to access internally provided transport at a cost of £452k.

1.4 The work undertaken to date in the review of assistance with transport includes:-

- The establishment of assistance with transport short life working group including social work practitioners and managers, change leads, shared services and commissioning lead.
- The review and updating of previously developed policy documentation, procedures and operational guidance in conjunction with the Council's legal services.
- The scoping of service users currently in receipt of assistance with transport from the social work service.
- Review of costing information across external and internal provision.
- Benchmarking with other local authority areas on practices in place elsewhere
- The development of a risk register on the potential implications from the implementation of the policy
- The development of a consultation plan with those who will be impacted by the policy.
- The development of transactional processes to support the implementation of the policy.
- Initial development of a more comprehensive equality impact assessment in line with the process agreed for the HSCP.

1.5 The response to the benchmarking exercise was limited, however there are a number of areas who have arrangements in place for consideration of other forms of support with transport or are looking at reviewing their current arrangements for providing assistance with transport.

1.6 Policy Provisions

The draft policy on the assistance with transport provides that in relation to service users, and those with responsibilities towards service users, Social Work services will **only** consider providing assistance with transport where:-

a) There is a **duty** to provide this, and / or
b) Such assistance is assessed as essential to enable the achievement of the assessed care plan

1.7 In considering any assistance with transport, and in line with the above, the service will take into account the availability of other sources of assistance with transport. Where other assistance with transport is available, and depending on the source and nature of that assistance, social work services will decide to :-

- Provide some assistance with transport
- Provide no assistance with transport
- Provide some assistance with transport and claim / reclaim the cost or part of the cost of this assistance (from the person who received the assistance or those with responsibilities towards service users, where appropriate).

1.8 A copy of the draft policy, procedures and operational guidance is attached as **Appendix 1.**

1.9 Consultation

A programme of consultation has been developed which identifies the key stakeholders and in particular those impacted by the proposed assistance with transport policy. This process of consultation will be progressed during September – November 2019 with an expectation that this will be brought back to the IJB for final approval. This is attached as **Appendix 2**.

SOCIAL WORK SERVICES

Draft POLICY

ON

ASSISTANCE WITH TRANSPORT

August 2019

1. INTRODUCTION

1.1 East Dunbartonshire HSCP Social Work Services (the "Service") provides a range of services to children, young people and adults. In relation to assistance with transport, the Service has reviewed its arrangements with the aims of ensuring that:

- its duties are being fulfilled appropriately; and
- there is clarity across the Service about the circumstances in which it is appropriate to consider providing assistance with transport.

1.2 In reviewing this area of service, the legal, policy and financial framework within which the Service is planned, managed and delivered has been taken into account.

1.3 The Service operates within a defined legal and policy framework. As well as defining its duties towards those who reside in the East Dunbartonshire Council area, the legal framework makes provision for a range of powers which may or may not be exercised by the Service. The ways in which the Service exercises those powers, or does not exercise them, are influenced by the policy framework.

1.4 The Service operates to a defined allocated budget. The Service is accountable for use of this budget. Ensuring that duties are fulfilled includes spending the money it has in the most effective and efficient ways, and ensuring that it does not incur expense unnecessarily. In relation to providing assistance with transport, it is considered that incurring expense unnecessarily would include giving assistance with transport to a service user when s/he has in place, or can gain access to, more appropriate means of such assistance.

1.5 At present, where there is an assessment of need and call for services which requires transport provision, the partnership will provide this as part of the overall package of care, regardless of what other supports may be available such as mobility benefits, mobility car or the ability of an individual to make their own arrangements for transport.

1.6 From this review it became clear that it would be helpful to have in place a policy on the provision of assistance with transport, not only to support the ongoing achievement of the aims noted at 1.1 above, but also to make clear to service users and others with an interest on this matter, the Service's approach to assistance with transport.

1.7 It is against this background that the Service's policy on assistance with transport (the "Policy") has been developed.

2. THE POLICY

2.1 As noted above there are areas where the Service has a duty i.e. where it **must** provide a service, and there are areas where it **may** provide a service.

2.2 In relation to transport, the Service has no duties or powers to provide assistance with transport for any individuals, or groups of individuals, who are not otherwise involved with the Service.

2.3 In relation to service users, and those with responsibilities towards service users[1], the Service will only **consider** providing assistance with transport where:

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[1] This might include, for example, a parent, carer or Guardian.

a) there is a duty to provide this[JR1]; and/or
b) such assistance is assessed as essential to enable achievement of the assessed care plan.

2.4 In relation to service users, and those with responsibilities towards service users, any consideration of assistance with transport in line with (a) [JR2]and/or (b) above will take into account the availability of other sources of assistance with transport. Where other assistance with transport is available, and depending on the source and nature of that assistance, the Service will decide whether to:

(i) provide some assistance with transport;
(ii) provide no assistance with transport; or
(iii) provide some assistance with transport and claim/reclaim the cost or part of the cost of this assistance from the person who received the assistance or those with responsibilities towards service users, where appropriate.

2.5 Following the Policy will ensure that the Service:

- appropriately fulfils its duties; and
- provides clarity about the circumstances in which it is appropriate to consider assisting with transport.

2.6 Procedures and operational guidance have been developed to assist implementation of the Policy. The procedures and operational guidance will provide information for staff on implementing the Policy and the process to be followed where it is decided that assistance with transport is to be provided by the Service.

3. POLICY IMPLEMENTATION

3.1 The Policy will become effective on [specify date] (the "Implementation Date") except in those instances where arrangements are already in place prior to the Implementation Date, in which case the transitional arrangements specified at paragraph 3.2 will apply.

3.2 It is the Service's intention to review those cases where there are already arrangements in place for assistance with transport at the earliest appropriate time, in line with the new Policy. This will likely mean that a review of any assistance with transport will take place at the same time as a review of the service user's care plan and/or when a review assessment of need is taking place. The pre-existing arrangements for assistance with transport will continue until such time as the review is complete and new arrangements are put in place.

3.3 The Policy will be made available on the Council website and in different formats by request.

SOCIAL WORK SERVICES

ASSISTANCE WITH TRANSPORT

Draft PROCEDURES AND OPERATIONAL GUIDANCE

August 2019

Assistance with Transport from Social Work Services

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Assistance with Transport from Social Work Services

1. Introduction

1.1 The HSCP Annual Business Development Plan (Transformational Change Plan) 2019/20 identifies the following priority: review of transport policy (the "Review").

1.2 In undertaking this Review, East Dunbartonshire HSCP Social Work Services (the "Service") aimed to ensure that:

- its duties were being fulfilled appropriately; and
- there was clarity across the Service about the circumstances in which it is appropriate to consider providing assistance with transport.

1.3 In reviewing this area of service, the legal, policy and financial framework within which the Service is planned, managed and delivered has been taken into account.

1.4 The Service operates to a defined allocated budget. The Service is accountable for use of this budget. Ensuring that duties are fulfilled includes spending the money the Service has in the most effective and efficient ways.

1.5 The Service operates within a defined legal and policy framework. As well as defining its duties towards those who reside in the East Dunbartonshire Council (the "Council") area, the legal framework makes provision for a range of powers which may or may not be exercised by the Service. The ways in which the Service exercises those powers, or does not exercise them, are influenced by the policy framework.

1.6 For the purposes of this procedure and guidance document (the "Procedures and Guidance") the terms 'Service User' and 'Carer' have the following meanings:

Service User: a child, young person or adult with whom the Service is working and in respect of whom an assessment of need has been undertaken by the Service and from which there is a care plan in place

Carer: an adult whose relationship with the Service is primarily as a result of the responsibilities it has in respect of a Service User. This might include, for example, a parent or other person with parental responsibilities or rights; a person with a caring role (who might also be a parent, in the case of an adult Service User); a guardian or a person having power of attorney.

1.7 The Service's policy on assistance with transport (the "Policy") makes clear when such assistance **may** be provided. The Policy outlines the following:

(i) the Service has no duties or powers to provide assistance with transport for any individuals, or groups of individuals, who are not otherwise involved with the Service;

(ii) In relation to Service Users, and those with responsibilities towards Service Users[1], the Service will only **consider** providing assistance with transport where:

a) there is a duty to provide this; and/or[JR1]
b) such assistance is assessed as essential to enable achievement of the assessed care plan.

(iii) In relation to Service Users, and those with responsibilities towards Service Users, any consideration of assistance with transport in line with (a) [JR2]and/or (b) above will take into account the availability of other sources of assistance with transport. Where other assistance with transport is available, and depending on the source and nature of that assistance, the Service will decide whether to:

a) provide some assistance with transport;
b) provide no assistance with transport; or
c) provide some assistance with transport and claim/reclaim the cost or part of the cost of this assistance (from the person who received the assistance or those with responsibilities towards Service Users, where appropriate).

1.8 In relation to criminal justice services there is national guidance in relation to assistance with bus fares. This is the only assistance with transport that can be provided under the duties and powers that relate to criminal justice services. The Procedures and Guidance does not therefore need to cover criminal justice services.

1.9 The Procedures and Guidance has been developed to support the implementation of the Policy. It aims to do this by setting out the principles underlying the Service's approach, the relevant range of duties and powers, considerations to be made, and the procedure for assessing and providing assistance with transport.

[1] This might include, for example, a parent, Carer or guardian.

2. Principles

2.1 The principles which underpin the Procedures and Guidance reflect the overall objectives of the Service in terms of:

- supporting children, young people and adults who are vulnerable or in need to remain at home or in their own communities;
- assisting children, young people and adults who are vulnerable or in need to achieve their potential and lead independent lives;
- ensuring that those who use the Service receive a high standard of care;
- achieving better involvement and support for Carers and other stakeholders; and
- promoting the welfare of individuals who are vulnerable or in need.

2.2 In addition, further principles which underpin the Service's approach to assistance with transport are as follows:

- Service Users are encouraged and supported to –
  - ➢ reach their full potential, in all aspects of their lives;
  - ➢ be safe, healthy, respected, responsible and included members of the community; and
  - ➢ be as independent as their individual circumstances allow.
- Carers are encouraged and supported to fulfil their Carer role and to work alongside the Service to ensure those they care for have the maximum opportunities to -
  - ➢ reach their full potential, in all aspects of their lives;
  - ➢ be safe, healthy, respected, responsible and included members of the community; and
  - ➢ be as independent as their individual circumstances allow.
- Carers are encouraged and supported to have their own needs assessed through a Carer's assessment, where this is appropriate. Young Carers are entitled to have a personal statement which may identify assessed needs.

3. Assistance with Transport - Duties and Powers

3.1 As noted earlier, the Service operates within a defined legal framework. This framework includes a range of legislation from which it derives duties and powers. In relation to the duties and powers which the Service has regarding assistance with transport, the main source of these duties and powers are the:

- Social Work (Scotland) Act 1968 (as amended)
- Chronically Sick and Disabled Persons Act 1970 (as amended)
- Children (Scotland) Act 1995 (as amended)
- Mental Health (Care and Treatment) (Scotland) Act 2003.
- Children and Young People (Scotland) Act 2014

3.2 In general terms, where there is a duty to provide assistance with transport (e.g. with travelling to allow participation in a service being provided in respect of the Service User need), there is also a power to seek repayment, of some or all, of the costs for this assistance.

3.3 Some detail on the duties and powers which the Service has regarding assistance with transport is provided in **Appendix 1**.

4. Considerations to be Made when Assessing Possible Assistance with Transport

4.1 In all cases where the Service proceeds to make an assessment on the possible provision of assistance with transport the following considerations will apply:-

4.1.2 Any assessment for assistance with transport will be done separately from the assessment of need.

4.1.3 Any assessment for assistance with transport will identify whether the Service has a duty to provide such assistance. (See Section 3 above and **Appendix 1**).

4.1.4 Any assistance with transport which is provided will be done in the most cost effective way.

4.1.5 The Service will be able to demonstrate that any assessment for assistance with transport or actual assistance provided is done in accordance with the Policy and the Procedures and Guidance.

4.1.6 The Service will not provide assistance with transport unless it is assessed that such assistance is essential to achievement of the care plan compiled by the Service. The exception to this is where the Service has a duty to provide assistance with transport, i.e. with travelling, and a care plan is not yet in place. This would be an unusual circumstance but may on occasion occur. Where this happens, the decision will be an interim one and as soon as practicable, but no later than within fifteen working days of the assistance being provided, a care plan will be drawn up. The decision about assistance with transport will then be the subject of discussion at the Service User review meeting – as detailed in section 5 below).

4.1.7 The Service will take account of any other income or resources (in kind or in cash) available to the Service User and/or their Carer

which could reasonably be expected by the Service to be utilised for the purpose of aiding mobility. The expectation is that arrangements would be made (by the Service User and/or their Carer) to utilise these in respect of the transport needs.

4.1.8 Where the care plan is supported by benefits such as PIP or other sources of funding, this will be taken into account in coming to a decision about assistance with transport, including in terms of the possible impact on the Independent Living Fund (ILF)[JR3] of any decision to provide assistance with transport. In any case where the ILF is accessed by a Service User, the assistance with transport assessment should be discussed with the team manager / manager.

4.1.9 Where assistance with transport is provided by the Service (in kind or in cash), consideration will be given to the option of the Service claiming or reclaiming the cost or part of the cost of this assistance, from the person who received the assistance, or from their Carer if appropriate.

4.1.10 In cases where assistance with transport is assessed as essential to enable achievement of the assessed care plan of a Service User, but where the assistance needs to be directed to the Carer, all of the above considerations apply. (For example, where the care plan for a child who is looked after away from home is to return that child home, and that as part of the work to achieve this there is a series of planned contact between the child and parent, the Service may consider providing assistance with transport to the parent to support and enable the achievement of the child's care plan).

5. Procedure for Assessing Possible Assistance with Transport

5.1 The question of assistance with transport may arise from a range of sources - for example, from the worker who has carried out the assessment of need, from a Service User or from an individual with responsibilities towards a Service User. Individuals with responsibilities towards a Service User include, for example, a:

- parent or other person with parental responsibilities or rights;
- Carer;
- guardian; or
- person having power of attorney.

5.2 Where the enquiry about assistance or request for assistance with transport is made by a Service User or an individual with responsibilities towards a Service User, they must be advised that:

- there is a Policy;
- assistance is subject to assessment;

- any assessment for assistance with transport is done separately from an assessment of need/assessment for a social work service;
- where it is assessed that assistance with transport is required, this does not necessarily mean that the Service will provide it; and
- where it is assessed that assistance with transport is required, and the Service decides it is appropriate to provide it (in kind or in cash), it may be that the Service will seek reimbursement of the cost or part of the cost of the assistance.

5.3 When an assessment for assistance with transport is to be undertaken, the Service User and/or other person with responsibilities towards the Service User should be advised of the considerations to be made – as noted in section 4 above.

5.4 In addition, the Service User and/or other person with responsibilities towards the Service User should be advised that any decision about whether to provide assistance with transport will be made through the Service's care plan review mechanisms. In the case of community care Service Users, this would be at a community care review meeting; in the case of children and families Service Users this would be at a looked after child review meeting, an integrated assessment review meeting, a team around the child meeting or a pathways plan review meeting.

5.5 When assessing for assistance with transport, the relevant form should be completed – see **Appendix 2**. Once completed it should be signed by the assessing worker, and where appropriate by the Service User (or the individual with responsibilities towards them) and the relevant team manager at section 2 of the form. This assessment and recommendation will be discussed with the service manager at the resource allocation group. The recommendation will also note whether reimbursement is to be made with regards to any assistance being proposed / given and the arrangements for this. The details considered within this assistance with transport assessment will be considered at the Service User review meeting as a specific agenda item. The decisions made about this at the review meeting will be reflected in the care plan, in the minute of the review meeting and in the Service User case record.

5.6 Where assistance with transport has been agreed by the Service, the cost of this should be clearly detailed within the assessment form and be budgeted for against the appropriate cost code.

5.7 Where there is a decision to assist with transport, this decision will be subject to regular review, as follows:

- at each subsequent review of the Service User care plan;

- at any time where there is information to suggest a significant change of circumstances in the case;
- at any time the Service considers it appropriate; or
- notwithstanding any of the above, at a minimum on an annual basis.

5.8 In exceptional circumstances, which would most likely be linked to an unexpected significant change in the circumstances of a Service User or individual with responsibilities towards the Service User, a decision may be made about assistance with transport outwith these review mechanisms. In such cases, the actions noted at 5.2 - 5.5 above will still be undertaken and an assessment form used to record the assessment (as above). The assessment should be signed by the team manager once signed by the assessing worker and where appropriate, the Service User (or the individual with responsibilities towards them), at section 2. The team manager's recommendations about any assistance with transport should also be noted and this will include whether reimbursement is to be made with regard to any assistance with transport. The team manager should make arrangements to discuss the assessment with the relevant manager (e.g. fieldwork manager). This service manager is responsible for ensuring the assessment and recommendations are discussed at the resource allocation group and a decision is made about assistance with transport; this will include whether reimbursement is to be made.

5.9 It might be helpful to note here some circumstances in which assistance with transport may be assessed as essential – but **note too that this does not necessarily mean that the Service will not seek reimbursement of the costs/part of the costs of any assistance provided**. Bearing in mind the relevance of assistance with transport to the achievement of the care plan, examples of where assistance with transport may be assessed as essential are where:

- the Service User, or their parent/Carer, has no other access to assistance with transport, e.g. there is no-one who is willing and able to assist with transport and all other options, including the use of public transport, have been taken into account and ruled out for specific reasons. (These details will be evidenced within the assessment form and the evidential information will also be recorded in the Service User case record);

- due to specific health and safety issues related to the Service User there are no appropriate transport alternatives. These details will be evidenced within the assessment form and the evidential information will also be recorded in the Service User case record;

- a Carer is caring for more than one dependent and because of the competing caring demands they are not in a position to provide assistance with transport; or

- there are issues of risk and/or financial hardship exists and the giving of assistance with transport would avoid the Council being caused greater expense through the giving of assistance in another form, or where failure to provide transport would cause greater expense to the Council on a future occasion.

5.10 Where there is disagreement by a Service User, or an individual with responsibilities towards the Service User, about the decision that has been made with regards assistance with transport, and where they wish to appeal this decision, this may be done by contacting the relevant manager in writing. This will either be the community care manager or the children and families service manager. This written appeal must be made within ten working days of the Service making the decision (i.e. ten working days from the review meeting where the decision was made or in exceptional circumstances, from the date the manager e.g. fieldwork manager, made the decision). The community care manager/children and families manager will consider any written appeal received and provide their written decision on this, and the reasons for it, within ten working days of receipt of the appeal. A copy of the decision will be provided to the relevant team manager for noting in the case records and inclusion within the case file. The decision of the community care manager/children and families manager is final.

5.11 However, as is the case with other areas of service, any Service User, or an individual with responsibilities towards that Service User, may use the complaints procedure if they wish to do so. As is usual practice, Service Users, and individuals with responsibilities towards Service Users, should be advised of the complaints procedure.

6. Procedure for Providing Assistance with Transport

6.1 Where it has been assessed that assistance with transport is essential, and that it is appropriate for this assistance to come from the Service, the aim is to provide this (either directly or through another provider) using the most cost-effective means available.

6.2 There may be instances where the most cost-effective option is not the preferred option (e.g. due to exceptional health and safety issues). Any use of a more expensive option must be approved by the relevant fieldwork manager (in the case of children and family services, this may be the fieldwork manager or resources manager) and the reasons for use of

such an option, if made, recorded in the assessment form and the Service User case records.

6.3 Any assistance with transport for an individual in receipt of a long-term, residential or nursing care service commissioned by the Service will normally be the responsibility of the provider.

6.4 In the case of adult community care Service Users, transport to and from any college, training or employment placement after the Service User leaves school, is the responsibility of the Service User. It is important that Service Users, and other individuals with responsibilities towards the Service User, recognise this and take it into account when they are considering initiating a service/agreeing a care plan.

6.5 When assistance with transport has been agreed by the Service and where this relates to attendance at a Service provided day care, lunch club or other such service, the Service may seek some reimbursement towards the costs of the transport.

6.6 There are instances where Service Users (e.g. those using a community care day care service) are offered opportunities to be involved in recreational outings. Where this happens and the Service User makes use of the transport organised by the Service, reimbursement of the costs for this usage may be sought.

6.7 In exceptional circumstances, and if a pool car is not available, approval must be sought from a manager for a worker to transport a Service User.

Appendix 1

Assistance with Transport - Duties and Powers

Section 3 of the Procedures and Guidance refers to the legal framework from which the Service's duties and powers derive. The information noted here provides some detail on the duties and powers which the Service has regarding assistance with transport.

A1. The Social Work (Scotland) Act 1968 (as amended)

A1.1 Section 12 of this Act relates to "general social welfare services of local authorities". In overall terms, section 12 imposes a duty on local authorities "to promote social welfare by making available advice, guidance and assistance" and to provide or secure the provision of such facilities as they "consider suitable and adequate". Further, that where assistance is given, this may be "in kind or in cash". Section 12 also gives a power to local authorities when giving this assistance, to make the assistance subject to conditions of repayment.

A1.2 The detail of the remainder of section 12 makes clear to whom and under what circumstances assistance may be given. Within this, under section 12(3), the local authority "before giving assistance to, or in respect of, a person in cash ………shall have regard to his eligibility for receiving assistance from any other statutory body and, if he is so eligible, to the availability to him of that assistance in his time of need".

A1.3 Section 12(4) makes provision for the local authority, in providing assistance in cash or kind, to provide this "subject to such conditions as to the repayment of the assistance, or of its value, whether in whole or in part, as the local authority may consider reasonable having regard to the means of the person receiving the assistance and to the eligibility of the person for assistance from any other statutory body".

A1.4 Section 29 of the Social Work (Scotland) Act 1968 relates to the "power of local authority to defray expenses of parent, etc., visiting persons or attending funerals". Section 29 states:

(1) A local authority may make payments to any parent, relative or other person connected with -
(a) a person, other than a child, in the care of the authority or receiving assistance from the authority; or
(b) a child who is being looked after by the authority,

in respect of travelling, subsistence or other expenses incurred by the parent, relative or other person in visiting the person or child, if it appears to the authority that the parent, relative or other person would not otherwise be able to visit him without undue hardship and that the circumstances warrant the making of the payments.

A2. The Chronically Sick and Disabled Persons Act 1970 (as amended)

A2.1 Section 2 of this Act relates to the "provision of welfare services". Section 2 states in part that:

(1) Where a local authority having functions under section 29 of the National Assistance Act 1948[2] are satisfied in the case of any person to whom that section applies who is ordinarily resident in their area that it is necessary in order to meet the needs of that person for that authority to make arrangements for all or any of the following matters, namely –

(a) the provision of practical assistance for that person in his home;
(b) the provision for that person of, or assistance to that person in obtaining, wireless, television, library or similar recreational facilities;
(c) the provision for that person of lectures, games, outings or other recreational facilities outside his home or assistance to that person in taking advantage of educational facilities available to him;
(d) the provision for that person of facilities for, or assistance in, travelling to and from his home for the purpose of participating in any services provided under arrangements made by the authority under the said section 29 or, with the approval of the authority, in any services provided otherwise than as aforesaid which are similar to services which could be provided under such arrangements.

A3. The Children (Scotland) Act 1995 (as amended)

A3.1 Section 22 of the Children (Scotland) Act 1995 relates to the "promotion of welfare of children in need" and Section 29 to "after-care" (in respect of advice and assistance for young persons formerly looked after by local authorities).

A3.2 Section 22 states:

[2] This refers to welfare arrangements for adults.

(1) A local authority shall –

(a) safeguard and promote the welfare of children in their area who are in need; and
(b) so far as is consistent with that duty, promote the upbringing of such children by their families,

by providing a range and level of services appropriate to the children's needs.

(2) In providing services under subsection (1) above, a local authority shall have regard so far as practicable to each child's religious persuasion, racial origin and cultural and linguistic background.

(3) Without prejudice to the generality of subsection (1) above –

(a) a service may be provided under that subsection -
   (i) for a particular child;
   (ii) if provided with a view to safeguarding or promoting his welfare, for his family; or
   (iii) if provided with such a view, for any other member of his family; and
(b) the services mentioned in that subsection may include giving assistance in kind or, in exceptional circumstances, in cash.

(4) Assistance such as is mentioned in subsection (3)(b) above may be given unconditionally or subject to conditions as to the repayment, in whole or in part, of it or of its value; but before giving it, or imposing such conditions, the local authority shall have regard to the means of the child concerned and of his parents and no condition shall require repayment by a person at any time when in receipt of –

(za) universal credit under Part 1 of the Welfare Reform Act 2012;
(a) income support or working families' tax credit payable under the Social Security Contributions and Benefits Act 1992;
(aa) any element of child tax credit other than the family element or working tax credit;
(b) an income-based jobseeker's allowance payable under the Jobseekers Act 1995; or
(c) an income-related allowance under Part 1 of the Welfare Reform Act 2007 (employment and support allowance).

A3.3 Section 29 states in part that:

(1) A local authority shall, unless they are satisfied that his welfare does not require it, advise, guide and assist any person in their area who is at least sixteen but not yet nineteen years of age who either –

(a) was (on his sixteenth birthday or at any subsequent time) but is no longer looked after by a local authority; or
(b) is of such other description of person formerly but no longer looked after by a local authority as the Scottish Ministers may specify by order.

(1A) An order made under subsection (1)(b) above is subject to the affirmative procedure.

(2) If a person within the area of a local authority is at least nineteen, but is less than twenty-one, years of age and is otherwise a person such as is described in subsection (1) above, he may by application to the authority request that they provide him with advice, guidance and assistance.

(2A) Subsections (1) and (2) above do not apply to a person during any period when the person is being provided with continuing care under section 26A of this Act.

(3) Subject to section 73(2) of the Regulation of Care (Scotland) Act 2001 (asp 8), assistance] given under subsection (1) above or (5A) or (5B) below may include assistance in kind or in cash.

(4) Where a person –

(a) who is at least sixteen years of age ceases to be looked after by a local authority; or
(b) described in subsection (1) above is being provided with advice, guidance or assistance by a local authority,

they shall, if he proposes to reside in the area of another local authority, inform that other local authority accordingly provided that he consents to their doing so.

A4. The Mental Health (Care and Treatment) (Scotland) Act 2003

A4.1 Section 27 of this Act relates to “assistance with travel”. Section 27 states:

A local authority –
(a) shall -

(i) provide, for persons who are not in hospital and who have or have had a mental disorder, such facilities for, or assistance in, travelling as the authority may consider necessary to enable those persons to attend or participate in any of the services mentioned in sections 25 and 26 of this Act; or

(ii) secure the provision of such facilities or assistance for such persons; and

(b) may -

(i) provide such facilities or assistance for persons who are in hospital and who have or have had a mental disorder; or

(ii) secure the provision of such facilities or assistance for such persons.

A4.2 Section 28 of the Mental Health (Care and Treatment) Act 2003 makes amendments to earlier legislation, including the Social Work (Scotland) Act 1968, through which powers are given to local authorities in relation to charges that may be made for certain services. That is, a power to recover “such charge (if any)” for services provided under Sections 25, 26 and 27 of the Mental Health (Care and Treatment) Act 2003.

A4.3 Section 27 has already been noted above. Sections 25 and 26 both refer to the provision of services; Section 25 to “care and support services etc” and Section 26 to “services designed to promote well-being and social development”.

Appendix 2

Assistance with Transport Assessment Form

ASSISTANCE WITH TRANSPORT

ASSESSMENT FORM

Social Work Services Staff completing these assessments must ensure that:

- **All sections are completed**
- **Service Users / Carers are aware that refusal to disclose income or to apply for a state benefit, where an application should be made, will result in Social Work Services assuming that they have sufficient funds to meet the costs of transport. Further, that in these instances, we will either provide no assistance with transport or provide some assistance and claim/reclaim the cost or part of the costs from them.**
- **The assessment is signed and authorised.**

SECTION 1	REQUEST DETAILS

1.1	Request made in connection with the Care Plan for:
Name	
Date of Birth	
Carefirst ID	
Legal Status	
Legal Basis of SWS Involvement	

1.2	Request made for assistance with transport for: 'Same as Above' ☐ OR
Name	
Date of Birth	
Carefirst ID	
Relationship to the person named at 1.1 above	

Is there a legal order, warrant etc. in place in connection with this relationship?	YES ☐	NO ☐
If YES	Date of legal order, warrant etc:	
	Description of legal order, warrant etc:	

1.3	Reason for Request
Include Care Plan Date, as referenced at 1.1 above and Action Point number to which this request is related:	

1.4	**Is there a duty for Social Work Services to provide assistance with transport?**	**YES ☐ NO ☐**
If YES, state legislative reference:		

1.5	**Please provide details of the specific journeys:**				
From	To	Indicate if return journey required	Date(s) / Day(s) of Week	Method of Transport	Cost / Approximate Cost

1.6	**Can the journey be combined with another journey?**	**YES ☐ NO ☐**
If YES, is it appropriate to do so? **If NO, please specify why:**		

1.7	**Can the service user make the journey/s by foot?**	**YES ☐ NO ☐**
If YES, why is assistance with transport being requested? **If NO, please specify why:**		

1.8	**Can the service user make the journey/s by public transport?**	**YES** ☐ **NO** ☐
If YES, why is assistance with transport being requested? **If NO, please specify why:**		

1.9	**Is the person named at 1.1 :**		
(A)	In receipt of Disability Living Allowance Mobility Component?	Lower Rate Higher Rate	**YES** ☐ **NO** ☐ **YES** ☐ **NO** ☐
If YES to either 'Lower' or 'Higher' rate, why is assistance with transport being requested from Social Work Services?			
(B)	In paid employment?	**YES** ☐ **NO** ☐	
If YES why is assistance with transport being requested from Social Work Services?			

1.10	**Does the person named at 1.1 :**	
(A)	Have a Mobility Car?	**YES** ☐ **NO** ☐
If YES, why is assistance with transport being requested from Social Work Services?		
(B)	Have a Travel/Companion card?	**YES** ☐ **NO** ☐
If YES why is assistance with transport being requested from Social Work Services?		

1.11	**Is the person named at 1.2 :**		
(A)	In receipt of Disability Living Allowance Mobility Component?	Lower Rate Higher Rate	**YES** ☐ **NO** ☐ **YES** ☐ **NO** ☐
If YES to either 'Lower' or 'Higher' rate, why is assistance with transport being requested from Social Work Services?			
(B)	In paid employment?	**YES** ☐ **NO** ☐	
If YES why is assistance with transport being requested from Social Work Services?			

1.12	**Does the person named at 1.2:**	
(A)	Have a Mobility Car?	**YES** ☐ **NO** ☐
If YES, why is assistance with transport being requested from Social Work Services?		
(B)	Have a Travel/Companion card?	**YES** ☐ **NO** ☐
If YES why is assistance with transport being requested from Social Work Services?		

1.13	**Are there family or friends who could provide assistance with transport?**	**YES** ☐ **NO** ☐
If YES, why is assistance with transport being requested from Social Work Services?		

1.14	**Is the service user care package supported by the Independent Living Fund?**	**YES** ☐ **NO** ☐
If YES, a copy of the ILF award letter should be attached to this form and the request for assistance with transport discussed with the Team Manager / Manager.		

SECTION 2	RECOMMENDATIONS AND DECLARATIONS

RECOMMENDATIONS: (For Internal Use Only).

I confirm that I have assessed this request for assistance with transport in line with the Social Work Services' Assistance with Transport Policy, Procedures and Guidance. Further (check all that apply):

A	I confirm I have verified the above noted details.	☐
B	I have been unable to verify some of the details above: specifically points	☐
C	I do not recommend that assistance with transport should be provided because	☐
D	I recommend that assistance with transport is provided without the need for reimbursement of the costs of this assistance.	☐
E	I recommend that assistance with transport is provided with the full costs of £ being reimbursed by (person named at 1.2)	☐
F	I recommend that assistance with transport is provided with some of the costs of £ being reimbursed by (person named at 1.2)	☐

Recommendation signature: ________________________________ Date: _______________

DECLARATIONS: (From Service User / Carer).

I agree that the information noted in Section 1 is correct.		☐
I agree with recommendations (note those you agree with):		☐
I do not agree with recommendations (note those you do not agree with):		☐
(And where relevant): I agree to reimburse EDC Social Work Services the costs referred to above at E or F.		☐

Service User / Carer signature: ________________________________ Date: _______________

For internal use only:		
Manager Decision:		
Date of Review where decision was made:		
Date of next Review:		
Manager Signature	Date:	

Was the request for EDC to provide assistance with transport approved?

YES:	NO – Please file this form in the case file.
Cost Centre & Account Code:	
For,	
☐ EDC Bus e.g. linked to Kelvinbank	
☐ Mileage Claim	
☐ Bus / Train fare	
☐ Taxi fare	
☐ Taxi arranged via EDC – please attach this form to the completed Social Work Transport Request form and pass to Social Work Admin for recording commitment and raising invoice for reimbursement where appropriate.	
☐ If other, specify here	

For Social Work Administration/Finance use only:	
Date commitments recorded:	
Date invoice for reimbursement raised (where relevant):	
Debtors Invoice No:	
Transport Request forwarded to:	

ED HSCP Communication / Consultation Plan

Who	What	When	Why	How
HSCP Team / Employees	Policy	Ongoing	Update on policy implementation / impact	Team Meetings
Legal Services	Policy Development	July	Engagement on strategy / policy development	Email / Meeting as required
Change Team / Shared Services	Process for implementation / Application	July	Development of process within Shared Services to support implementation	Meetings
HSCP SMT	Policy Development / Implementation	August 2019	Update on policy development / impact	SMT Meeting
Elected Members	Policy Development / Implementation	August 2019	Update on policy development / impact	Technical Note / Attendance at JALT
Council CMT / SMT	Policy Development / Implementation	August 2019	Update on policy development / impact	Technical Note / attendance at CMT / SMT
HSCP Board Members	Policy Development / Implementation	August Board Development Session	Update on policy development / impact	Board development session
HSCP Board	Policy Development / Implementation	September Board	Approval to formally consult on policy implications	HSCP Board report
PSUC	Policy Development / Implementation	Early Oct 2019	Consultation on policy development / implementation / implications	Attendance at PSUC forum
Parents / Carers	Policy Development / Implementation	September / October 2019	Consultation on policy development / implementation / implications	Letter / Meetings - Campsie View / Merkland Schools
Service User / carers	Policy Development / Implementation	September / October 2019	Consultation on policy development / implementation / implications	Letter / Meetings - Kelvinbank User Group
HSCP Board	Final Policy Approval	November 2019	Approval of final policy	HSCP Board report

Chief Officer
Susan Manion

Agenda Item Number: 11

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Joint Inspection (Adults) - The Effectiveness Of Strategic Planning in the East Dunbartonshire Health and Social Care Partnership July 2019
Report By	Susan Manion, Chief Officer
Contact Officer	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement, Interim Chief Social Work Officer

Purpose of Report	The purpose of this report is to highlight to members the publication on 30th July 2019 of the Care Inspectorate and Healthcare Improvement Scotland's 'Joint Inspection (Adults) - The Effectiveness of Strategic Planning in the East Dunbartonshire Health and Social Care Partnership' and to seek approval of the draft action plan which has been developed to address the improvement areas identified through the inspection process.

Recommendations	The Health and Social Care Partnership Board is asked to: a) note the publication of the Joint Inspection (Adults) - The Effectiveness of Strategic Planning in the East Dunbartonshire Health and Social Care Partnership attached as appendix 1 to this report and, and b) approve the draft action plan attached as appendix 2 to this report which has been developed to address the improvement areas identified through the inspection process.

Relevance to HSCP Board Strategic Plan	The inspection process and the development and delivery of an action plan to address identified improvement areas supports the effective working of the Health and Social Care Partnership overall and therefore contributes to all eight of the partnership's agreed strategic priorities.

Implications for Health & Social Care Partnership

Human Resources	None.

Equalities:	None.

Financial:	The action plan must be delivered within the financial resources already available to the partnership.

Legal:	The role of the national inspection bodies, in this case the Care Inspectorate and Healthcare Improvement Scotland, is enshrined in primary legislation.

Economic Impact:	None

Sustainability:	None

Risk Implications:	Failure to develop and deliver an action plan to address the improvement areas identified through the inspection process would carry risk for the Health and Social Care Partnership both in terms of delivering high quality services and in terms of compliance with statutory inspection expectations.

Implications for East Dunbartonshire Council:	The inspection aimed to consider the performance of the partnership as a whole. This takes into account the working arrangements between the HSCP and East Dunbartonshire Council. As a result some of the actions identified to address the improvement areas require to be taken forward in collaboration with East Dunbartonshire Council. This is reflected in the draft action plan and the inspection report and draft action plan will also be reported to and agreed by East Dunbartonshire Council.

Implications for NHS Greater Glasgow & Clyde:	The inspection aimed to consider the performance of the partnership as a whole. This takes into account the working arrangements between the HSCP and NHSGGC. As a result some of the actions identified to address the improvement areas require to be taken forward in collaboration with NHSGGC. This is reflected in the draft action plan and the inspection report and draft action plan will also be reported to and agreed by NHSGGC.

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0 MAIN REPORT

1.1. Scottish Ministers have asked the Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS) to report on the effectiveness of the strategic plans prepared by integration authorities, from April 2017.

1.2. The East Dunbartonshire Health and Social Care Partnership (HSCP) received an inspection of this nature spanning the time period of late 2018 into early 2019.

1.3. The final report was published on the CI's website on 30th July 2019 accompanied by a press release from the CI and HIS.

1.4. The inspection looked not just at the work of the HSCP, but at the partnership working across agencies and services in the East Dunbartonshire HSCP area. The aim was to assess the extent to which the right and necessary building blocks are place to plan, commission and deliver high quality services in a co-ordinated and sustainable way, in East Dunbartonshire. The key building blocks are as follows:

- a shared vision
- leadership of strategy and direction
- a culture of collaboration and partnership
- effective governance structures
- a needs analysis on which to plan and jointly commission services
- robust mechanisms to engage with communities
- a plan for effective use of financial resources, and
- a coherent integrated workforce plan which includes a strategy for continuous professional development and shared learning

1.5. The purpose of the inspection is to explore the question *"How well do we plan and commission services to achieve better outcomes for people?"*

1.6. The inspection process included a review of strategic plans and the process by which they were developed, and an overview of delivery against national targets. A staff survey and series of focus groups with staff and other stakeholders took place over a two week period. The inspection team also observed a number of meetings over a two week period. Unlike previous Care Inspectorate inspections the process did not involve meeting with people who use services to seek their views. This was because the focus of the inspection was on strategic action and progress, as opposed to operational service delivery.

1.7. The inspection found good performance and many good areas of development work ongoing. It is also positive that, in most cases, the improvement areas identified were those that the partnership itself had already highlighted as requiring attention in the self-assessment that was submitted to the inspection commencing. Work had also already commenced on most improvement areas.

1.8. Overall, inspectors fed back to local staff that they could see the progress that had been made, and was continuing, in the journey of integration, and planning and delivery of integrated services. However, grading in a number of areas was impacted by the view that a number of the required developments were still at a relatively early stage and could not yet be said to be fully embedded. This is an inevitable factor of the timing of the inspection which is very much a 'snap shot' in time, of what is a dynamic

and constantly evolving position.

1.9. The inspection process results in gradings in three main quality indicators taken from the Care Inspectorate's Quality Improvement Framework. Our grades are as follows:
- Key performance outcomes – Good
- Strategic planning and commissioning arrangements – Adequate
- Leadership and direction that promotes partnership – Adequate

1.10 The grading scale used by the Care Inspectorate is a six point scale as follows:
- Excellent – outstanding, sector leading
- Very good – major strengths
- Good – important strengths with some areas for improvement
- Adequate – strengths just outweigh weaknesses
- Weak – important weaknesses
- Unsatisfactory – major weaknesses

1.11 Following publication of the report the HSCP is required to develop an action plan to address the improvement areas identified. The draft plan that has been developed, in collaboration with East Dunbartonshire Council and NHSGGC, is attached as appendix 2 to this report. Implementation of this plan will be overseen by the allocated Care Inspectorate Link Inspector for the East Dunbartonshire area.

Appendix 1 – 'Joint Inspection (Adults) - The Effectiveness of Strategic Planning in the East Dunbartonshire Health and Social Care Partnership

Appendix 2 – Draft Action Plan

JOINT INSPECTION (ADULTS)

The effectiveness of strategic planning in the
East Dunbartonshire Health and Social Care Partnership

JULY 2019

JOINT INSPECTION (ADULTS)

The effectiveness of strategic planning in the **East Dunbartonshire Partnership**

July 2019

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards. We also carry out joint inspections with other bodies to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards.

Healthcare Improvement Scotland works with healthcare providers across Scotland to drive improvement and help them deliver high quality, evidence-based, safe, effective and person-centred care. It also inspects services to provide public assurance about the quality and safety of that care.

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We can also provide this report:

- by email
- in large print
- on audio tape or CD
- in Braille (English only)
- in languages spoken by minority ethnic groups.

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1. About this inspection

Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to report on the effectiveness of strategic planning by integration authorities.[1] This includes how integration authorities plan, commission and deliver high-quality services in a co-ordinated and sustainable way. In this inspection, the focus was on how well the partnership had:

- improved performance in both health and social care
- developed and implemented operational and strategic planning arrangements, and commissioning arrangements
- established the vision, values and aims across the partnership, and the leadership of strategy and direction.

To do this, we assessed the vision, values and culture across the partnership, including leadership of strategy and direction. We evaluated the operational and strategic planning arrangements (including progress towards effective commissioning) and we assessed the improvements the partnership has made in health and social care services that are provided for all adults.

Integration brings changes in service delivery, but we recognise that it takes time for this to work through into better outcomes. Indeed, at this early stage of integration, we would expect to see data showing some room for improvement in the outcomes for people using health and care services, even where leadership is effective and planning robust. In these inspections of strategic planning we do not set out to evaluate people's experience of services in their area. Our aim is to assess the extent to which the health and social care partnership (HSCP) is making progress in its journey towards efficient, effective and integrated services that are likely to lead to better experiences and improved outcomes for people who use services and their carers over time.

Both the Care Inspectorate and Healthcare Improvement Scotland undertake a variety of other scrutiny and improvement activities, in collaboration with other scrutiny bodies, which provides assurance about the quality of services and the difference those services are making to people in communities across Scotland.

The East Dunbartonshire HSCP comprises East Dunbartonshire council and NHS Greater Glasgow and Clyde and is referred to as 'the partnership' throughout this report. All acute hospital services and many community-based services were hosted by other health and social care partnerships in NHS Greater Glasgow and Clyde area with local East Dunbartonshire management arrangements in place. The partnership hosts NHS Greater Glasgow and Clyde's primary care oral health directorate on behalf of the six partnerships within the NHS Greater Glasgow and Clyde area.

[1] The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on integration authorities to develop a strategic plan for integrated functions and budgets under their control.

The Integration Joint Board[2] is known locally as the Health and Social Care Partnership (HSCP) board and therefore it is referred to as such in this report.

This inspection took place between November 2018 and February 2019. The conclusions within this report reflect our findings during the period of inspection. An outline of the quality improvement framework is shown in appendix one. There is a summary of the methodology in appendix two. In order that our joint inspections remain relevant and add value, we may refine our scrutiny methods and tools as we learn from each inspection.

[2] Under The Public Bodies (Joint Working) (Scotland) Act 2014, Integration Joint Boards are responsible for the planning of integrated arrangements and onward service delivery of the functions and resources delegated to it from the health board and local authorities.

2. East Dunbartonshire context

East Dunbartonshire was the sixth Integration Joint Board to formally establish in Scotland, in September 2015. In July 2016, the scope of the integration scheme was extended from adult services to include NHS and social work children's service functions and social work criminal justice services functions.

East Dunbartonshire has a population of approximately 108,000 and is a mix of urban and rural communities. Life expectancy, employment levels and school performance are much higher than the Scottish average. Economic activity and employment rates are high and the level of crime is significantly below the Scottish average. Despite this, inequalities exist and there are pockets of deprivation where people's quality of life fall well below the national average.

East Dunbartonshire has eight data zones which fall into the top 25% of most deprived in Scotland. These data zones are located in Hillhead, Lennoxtown, Auchinairn and Milngavie (Keystone/Dougalston). According to the Scottish index of multiple deprivation (SIMD) for 2012, certain parts of Hillhead, East Dunbartonshire's most deprived area, were among the 5% most deprived areas in Scotland. According to the 2014 SIMD, 8.2% of the working age population in East Dunbartonshire overall was employment deprived, which was below the Scottish average, but with significant local variation showing 14.2% in Auchinairn, 14.7% in Twechar and Harestanes East, 15.8% in Harestanes and 22.1% in Hillhead.

Compared with the rest of Scotland, people living in East Dunbartonshire are relatively healthy. More people take part in sports, fewer smoke and breast-feeding rates are higher than the Scottish average. Although East Dunbartonshire is in the highest decile for life expectancy in Scotland for both men and women, there is a 10-year gap of life expectancy in the Westerton area, compared to Hillhead.

In the 2011 Census, 5.6% of the adult population in East Dunbartonshire reported a disability, with hearing impairments and/or physical disability being the main disabilities. The number of long-term conditions rose with age. The most diagnosed long-term condition was hypertension. The prevalence for this condition, cancer and atrial fibrillation, were all higher than the rate for Scotland.

East Dunbartonshire has seen a 40% increase in people aged over 75 years since 2002. This is a positive reflection of advances in health and social care but has placed considerable pressure on services. With an increase in the frail older population, service pressure has been experienced in both the community and secondary healthcare settings. Demand on services for other adult care groups has also increased. The partnership has established two locality planning areas to help support the understanding, planning and delivery of services around communities within these localities. They comprise:

- East locality (Bishopbriggs, Torrance, Lenzie, Lennoxtown, and Kirkintilloch)
- West locality (Bearsden and Milngavie).

3. Performance

At the time of our inspection, the partnership was performing comparatively well against other integration authorities, measured against a range of nationally published datasets, the national health and wellbeing outcomes[3] and the Scottish Government's health and social care integration indicators[4]. It performed well, in 2017/18, in the following areas:

- The proportion of adults rating the care and support they received as good or excellent.
- Reducing the numbers of people attending hospital as a result of an emergency and the associated bed days occupied.
- Minimising the numbers of people who experienced a delayed hospital discharge and ensuring that people were discharged from hospital timeously. The associated bed days occupied were lower whether this was due to code nine[5] delays or delays due to health and social care reasons[6].
- Delivering care at home services to help adults meet their needs and deliver their personal outcomes.
- Shifting the balance of care towards community settings.
- Supporting people reaching the end of their life to die in their preferred place of care and support.
- The proportion of adults agreeing that the services they received had allowed them to maintain or improve their quality of life.

Particular areas for the partnership to improve its performance were:

- The use of assistive technology (telecare) to maintain people's independence and ability to realise their choice to remain at home.
- Reducing the number of falls experienced by adults and the number of hospital admissions resulting from a fall.
- The proportion of people diagnosed with dementia referred for post dementia diagnostic support and the numbers who get it.

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[3] Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using those services, carers and their families.
[4] Criteria that measures the effectiveness of health and social care integration in a partnership area.
[5] Code nine delayed discharges are mainly due to patients who lack capacity and require powers from a court to move them from an acute bed to a care home. Code nine delays can be due to the need to secure a specialist health resource for a patient.
[6] Place availability, assessment reasons, funding reasons, care arrangements and transport.

The partnership had published an annual performance report for the year 2017/18. It contained a range of well-presented and accessible statistical information on the performance of health and social care services. The document had helpful case studies that augmented the statistical data and provided concrete examples of how the partnership's services could positively transform lives.

The partnership's performance on its own key target areas was good. Of the 19 core indicators reported in the annual performance report, it had improved or maintained its performance in 17 of them. There was an improving picture of how the partnership was using its performance data. Quarterly performance reports were reviewed by the senior management team and presented to the HSCP board. These provided a suite of national and local measures and targets for services delivered by the partnership, including children's and criminal justice services. These clear and helpful reports identified recent trends, a situational analysis and paths for improvement for each indicator. This helped the partnership to identify performance trends. This approach helped ensure that changes in performance were monitored, and some actions to address deficits were evident.

The HSCP board and its performance, audit and risk committee received mostly appropriate reports on performance activity, set against national and local targets. HSCP board members considered that the partnership's performance overall was good and that the reporting arrangements were satisfactory. Performance management information was regularly reviewed by managers.

An improved performance management and reporting framework was in development and due for implementation by spring 2019. It aimed to provide a comprehensive means of measuring and reporting partnership performance. It included data to be reported to the HSCP board, senior management team, directorate, operational management and individual teams. It would link performance information and data to the strategic plan, national health and wellbeing outcomes, and the Scottish Government core suite of integration indicators. Links to the national Health and Social Care Standards were yet to be developed. It was too early to assess the framework's effectiveness in supporting the measurement and improvement of the partnership's performance across the range of its responsibilities.

There was less evidence of a systematic use of national and local performance data to drive identified improvements. Around half of the respondents to our staff survey agreed that the partnership provided full feedback to staff on how well the partnership was doing to meet locally and nationally set targets and how it compared to other partnerships around Scotland. Reports that could be used to review the performance of a single team, service or locality were not routinely available.

There were substantial differences in the profiles of the partnership's two localities. As yet, the partnership had not sought to understand its performance at locality level and there was scope to develop a greater focus on areas of deprivation.

It was important that the partnership understood its performance across all areas to ensure it was targeting resources and improvements to meet the needs of its most vulnerable people.

There was room for improvement in ensuring that individual staff performance was linked to team performance and thereafter to service performance and overall strategic level performance. The partnership was not demonstrating how its performance management was helping it to deliver best value, for example, in its annual performance report. These were areas that the emergent performance management and reporting framework aimed to address.

Performance management reporting did not gather, in the main, qualitative or outcome-focused data. While individual outcomes could be measured through a review of care and support plans, they were not generally aggregated, analysed or used to influence service delivery. Managers and staff recognised that they needed to do more to evidence positive personal outcomes and the impact of service delivery for people with experience of care and carers.[7] It would further strengthen the partnership's approach to improvement if the emergent performance management framework was updated to include personal outcomes as well as more qualitative indicators. The partnership was not always using its performance management information to identify priority areas for self-evaluation and self-assessment either.

The partnership had undertaken some good work on eliciting the views of people about the services they received. For example, the partnership had commissioned the Scottish Drugs Forum to survey those who used substance misuse services. A survey of people who used community mental health team services was a good example of performance measurement activity generating information that was subsequently used to drive improvement. While the partnership could review individual outcomes, it did not regularly and systematically aggregate or analyse the data to understand at a strategic or service planning level, the care experience of people who used services delivered by externally commissioned providers. There was room for improvement in this respect.

The partnership had used some performance information, including feedback from people who used services to inform improvement. However, there was limited evidence that the partnership's benchmarking against other integration authorities was being used to fully inform planning and commissioning decisions. Regular meetings with colleagues in the NHS Greater Glasgow and Clyde area provided an opportunity to share good practice and concerns, but there was limited evidence of this extending to other partnership areas. Good performance in other partnership areas of the country could highlight new and different ways of working that may influence strategic plans and service design.

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[7] In this report, when we refer to carers this means unpaid carers.

4. Strategic planning and commissioning

Strategic planning

The partnership had set out its shared priorities in its strategic plan (2018 – 2021)[8]. This was a well-presented, public facing document that outlined the partnership's intentions. The strategic plan was a high-level statement of intent that helpfully included a needs profile, information on locality planning, health and social care expenditure, and a series of actions based around eight priority themes. The strategic plan's priorities aligned well with other relevant strategies such as the East Dunbartonshire local outcome improvement plan, NHS Greater Glasgow and Clyde's Moving Forward Together transformation strategy and local delivery plan.

The partnership had prepared a supporting annual business plan. This helpfully focused on strategic improvement and transformational change associated with the implementation of the strategic plan. There was a lack of detailed and clearly recorded action planning. For example, the partnership's annual business plan and transformation plans lacked detailed supporting action plans in some cases. The partnership was preparing a refreshed approach to business planning for the forthcoming year.

The partnership had developed a range of strategies to inform service planning. It had a suite of supporting plans in areas such as finance and workforce development. Operational service planning arrangements existed to help deliver care group strategy implementation and service redesigns. While individual care group planning arrangements were well developed, they sometimes lacked detail for example, in progress tracking, and in locality and team planning.

The partnership had clear priorities and plans at strategic and service level. However, locality and team level priorities did not always connect clearly with strategic plans. Service and team level improvement activity in support of the strategic plan could have been better recorded and reported. Service plans that linked to strategic planning priorities were not fully developed.

The partnership had complex planning processes, but they lacked detail on implementation plans for future investment and disinvestment in services. The actions tended not to be fully costed and delivery timescales were not always clearly identified. They did not meet SMART (Specific, Measurable, Achievable, Realistic and Time-bound) criteria. This limited their use as delivery management and accountability tools. It was difficult to track how the partnership intended to deliver on its strategic intentions. The strategic plan was limited in that it was not complemented by a detailed commissioning strategy and associated market facilitation plans.

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[8] The document setting out the arrangements for carrying out the integration functions and how these are intended to achieve or contribute to the achievement of the relevant national health and wellbeing outcomes for the population of the integration authority.

In some cases, the partnership did not clearly report on the progress achieved in previous strategies and plans, for example, the previous strategic plan. This meant that opportunities were not always taken to report on the progress or incompletion of actions, or to reflect on and implement lessons learned from previous actions and plans. Partnership planning processes were not always SMART. They were not always regularly monitored, evaluated and reviewed by the partnership.

Service planning and redesign activity was taking place in areas such as the carer's strategy, learning disability services, aspects of the mental health strategy and a range of actions as part of the older people's strategy. The partnership did not always demonstrate that people experiencing care were meaningfully involved in service reviews or were an integral part of any service review and redesign.

The partnership was undertaking a series of service reviews using the council's multi-stage service review approach. This was a very sophisticated tool that helped to inform future commissioning decisions. However, there were some unintended consequences of this approach. These included that not all relevant stakeholders were afforded the opportunity to contribute to the reviews at all of the stages, particularly in the early scoping and evidence-gathering phases. Many staff, at practitioner and team level, while aware of the broad direction of travel, were not familiar with the detail of key strategic change agendas, such as the redesign of learning disability services and the care at home review. It would help if the whole process was fully informed from the beginning and in all stages, where appropriate, for example, by people who had experienced care and their carers.

There was a limited rationale for why particular service areas had been prioritised for review and redesign. The service redesign process could take substantially longer than intended, for example, review of accommodation with support for people with learning disabilities. Timeframes for review completion had been regularly extended. This had led to additional uncertainty among providers and staff, and people experiencing care and their carers about the future direction of services.

The service redesign process was not fully integrated. Many of the resources considered as part of the reviews were single-agency. While the main contributors to the redesigns were from the council and the NHS, there were missed opportunities to fully undertake truly integrated service reviews that explored opportunities for investment and disinvestment from multi-agency resources.

The partnership was one of the six health and social care partnerships within the NHS Greater Glasgow and Clyde area. This bought an added level of complexity to the planning and delivery of some services. There were some challenges for the partnership in terms of attending the numerous NHS Greater Glasgow and Clyde planning groups. However, the partnership engaged as fully as possible with the NHS Greater Glasgow and Clyde agenda and with the broader West of Scotland regional agenda. The benefits of doing so outweighed any possible disadvantages.

There were productive and business-like planning relationships with NHS Greater Glasgow and several planning forums at senior and operational levels took place regularly.

There were economies of scale in being able to approach aspects of service planning on a NHS Greater Glasgow and Clyde basis. The partnership had identified and agreed with its partner authorities which elements of individual service planning could be done on a Greater Glasgow and Clyde basis and what elements it needed to have ownership of for East Dunbartonshire. The chief officer was a member of the NHS Greater Glasgow and Clyde corporate management team, which provided positive opportunities to engage and work with the five other chief officers. Overall, the partnership's working arrangements with NHS Greater Glasgow and Clyde's was a mature and positive one.

The partnership benefitted from the additional capacity and expertise available as part of the wider NHS Greater Glasgow and Clyde and council planning arrangements.

Strategic needs assessment

The partnership had produced a comprehensive and detailed strategic needs assessment[9] in 2016 that included rich relevant data and was available to support the preparation of the current strategic plan (2018-21). It contained meaningful demographic, health and wellbeing and social care activity, including information on specific care groups. It also included information on health and social care expenditure.

The strategic needs assessment employed strong data analysis alongside positive engagement with a wide range of stakeholders, to help inform the assessment of needs and priorities based on their knowledge and experience. There were some stakeholders, for example some staff and externally commissioned providers, who had not participated in the strategic needs assessment process but had wished to do so. To ensure that strategic assessment of needs was fully co-produced, a full range of stakeholders should have been involved.

The partnership did not produce an updated assessment to additionally inform the current strategic plan (2018-21). The partnership view of the 2016 assessment's main findings was that they were still relevant and needs information was updated as and when required, for example, as part of service redesigns. Some of the needs data was some years old, particularly at a locality level. It would be beneficial if there was a review of strategic needs assessment information on a regular basis to help inform and update the partnership's priorities. The partnership had recently commissioned extensive needs assessments on housing for older people and people with housing support needs as well as assessing the demand for mental health and substance misuse services.

It had invested in sampling additional numbers of people for NHS Greater Glasgow and Clyde's health and wellbeing surveys to better understand the wishes and health and wellbeing needs of its population. The data derived from this would be used to inform the planning and prioritisation process.

[9] A strategic needs assessment analyses the needs of local populations and informs and guides the commissioning of health, wellbeing and social care services within the area.

Locality planning

The partnership was at a very early stage of delivering effective locality planning and commissioning. In 2016, the partnership had successfully established a planning group for each locality with each contributing to a locality plan for their respective area. Membership and terms of reference for locality planning groups had recently been reviewed. These had been updated to better focus on ensuring that national and local priorities were identified and planned for and that services were better aligned to each locality. There was suitable representation from a range of stakeholders. Meetings were becoming more regular and better attended. However, not all potentially constructive contributing agencies were attending.

The two locality planning groups aimed to identify the needs in their areas, map the services available, identify gaps and promote priorities for service development. There was a modest budget allocated to locality groups for projects such as research and start-up funding for local initiatives. Locality groups were not yet effectively planning for the delivery of health and social care services. Action plans were very high-level and insufficiently detailed.

The partnership had produced two locality profiles. These included a detailed analysis of need and demand. This included extensive demographic data, health and wellbeing indicators and health and social care service activity data. However, much of this information needed to be refreshed. The partnership did not have locality plans based on recent data about the needs of their community and service performance. It had not used a range of local management data to enhance its understanding of the locality profiles. Such profiles would enable each locality to use local data to identify and prioritise local need for service design and delivery.

The partnership had devolved a small amount (£5,000) of its budget to support locality development. It was aiming to strengthen its future financial accountability and ability to support locality managers to inform locality commissioning and service delivery. This work was at a relatively early stage of development. The council had also produced Planning for Places plans as part of its community planning role. The links between these plans and the partnership's locality planning were at an early stage and were not yet well aligned.

Building capacity in communities

The partnership's progress in building community capacity and resilience and delivering on co-production approaches was at an early stage. It was evident that the partnership recognised the role that health improvement activities could play in shifting the balance of care and the need to develop community capacity to help deliver this. This was partly set out in the partnership's health improvement strategy.

The partnership acknowledged the important role that local communities and community organisations could play in providing support. There was unrealised potential for the third sector[10] to be more involved in the delivery of services.

Health improvement was a key theme in the strategic plan. Several valuable initiatives had been developed and delivered through co-operation between health, social care and other partners such as the council's leisure services.

However, there was room for health improvement approaches to play a more prominent role in enabling community interventions to help deliver the partnership's ambitions. The partnership understood well the importance of how enabling and assisting volunteering could help deliver on these aims. The partnership was working with other key agencies and services across a range of forums and strategic groups to help build an area-wide approach to volunteering. This approach to volunteer recruitment, training, retention and allocation was not yet fully co-ordinated.

The health improvement team had made progress on a series of targets in areas such alcohol interventions, smoking cessation and cancer screening. There was an opportunity to further measure the potential positive impacts that the investment in community interventions was making, for example, in the social return on the partnership's investment[11]. The partnership did not yet have an overarching measurable action plan that clearly set out the role of community support interventions to help deliver the strategic plan and associated outcomes.

Engagement with people who experienced care and their carers

A small number of people who had experienced care and their carers were meaningfully involved in many relevant planning groups. The partnership had established a public, service user and carer (PSUC) representative group to strengthen accountability and help influence the strategic planning of services. For example, two PSUC representatives were members of the HSCP board.

The partnership had prepared a comprehensive communications framework and plan in August 2017. It had helpfully undertaken a consultation and engagement mapping exercise to review and improve its future partnership engagement methods.

The partnership and the Carers Link organisation effectively supported PSUC representatives to participate in strategic, service planning and service redesign. PSUC members reported directly to the HSCP board, presenting the minutes of their meetings and highlighting key developments in their own standing agenda item. PSUC members felt listened to and were mostly satisfied with their involvement in decision making processes.

[10] Third sector bodies include non-commercial providers of health and social care, representative groups, interest groups, social enterprises and community organisations.
[11] Social return on investment is way of measuring extra-financial value (such as environmental or social value. It can be used by any entity to evaluate impact on stakeholders, identify ways to improve performance, and enhance the performance of investments.

Outwith the PSUC there was less evidence of engagement with service users and carers. Less than half (49%) of respondents to our staff survey agreed that the views of people experiencing care and those of their carers and families were fully considered when planning services at strategic level. There was no representation from people experiencing care or their carers at the older people's strategy group. Carers did participate in some condition-specific subgroups, for example, the dementia subgroup.

Engagement with partnership staff

There was limited evidence that the partnership's operational staff were fully engaged in service planning or that they were well informed about developments however, the level and quality of engagement with staff was improving. There was an increasing staff awareness of the partnership's identity, priorities and work. The partnership's main vehicles for engagement with its staff were the staff forum, the Our News newsletter, the 'iMatter' annual staff survey, regular team meetings and an annual staff award ceremony. Staff expressed mixed views about the level of influence they felt they had in the design of services. Senior and middle managers felt involved in development and improvement activity.

Around a third of the staff (34%) responding to our survey agreed that their views were taken into account when planning services at a strategic level. Just over half (53%) agreed that there was a strong connection between strategy, development and service delivery. These results of our survey broadly reflected the partnership's own iMatter survey in areas that required further improvement. Frontline staff had a good knowledge and understanding of where there were significant challenges around choice, availability and access to services. They were keen to be more fully involved in planning for service changes.

Some staff would have liked to have seen a clearer link between the strategic vision, service redesign and day-to-day priorities. Staff also wanted improved communication and to have greater involvement in informing decisions. The partnership had recognised the need for further development in these areas and had commenced staff engagement events in December 2018. As the partnership's culture developed, communicating changes in a more inclusive manner would be a key way to promote further integration.

Engagement with the third and independent sectors

The third and independent sectors had very mixed experiences of their engagement with the partnership. The vast majority of providers informed us that they were unhappy with their relationship with the partnership. Most providers' experience of engagement with the partnership could be substantially improved. There were limited opportunities for the third sector to become involved in how services were planned and commissioned. Where there were examples of engagement, these were inconsistent and piecemeal. Many providers had not been involved in relevant strategic planning or service reviews from the outset.

This was reflected in our staff survey, with less than half (48%) of respondents agreeing that the partnership worked closely with health and social care providers when planning services at a strategic level.

The partnership relied heavily on providers of externally commissioned services. A lack of successful engagement was a high risk to existing and future service delivery. East Dunbartonshire Voluntary Action, the local third sector interface[12], had built up good relationships with some organisations within the third sector. However, the majority of third sector organisations were not adequately represented in strategic and service planning.

The partnership was beginning to set out arrangements to improve its relationship with providers of externally commissioned services. This included arrangements for earlier and fuller involvement in strategic and service planning. The third sector was represented on some strategic and local planning groups. The independent sector was less so. The third sector interface representative was a member of the HSCP board, the strategic planning group[13] and the commissioning strategy group.

There was a range of care group-specific and service-type providers' forums. These were welcomed by providers but in the past they had taken place intermittently and attendance had not always been good. The partnership had recently placed a greater emphasis on these forums and they were happening more regularly.

While engagement and involvement with the third and independent sectors had been inconsistent, opportunities for a greater level of closer dialogue and productive joint working were emerging. The partnership's intention was for externally commissioned providers to have a greater focus on prevention and early intervention agendas, and to develop more meaningful cross-cutting community-based services.

Work was underway to prepare a commissioning strategy. This was due for completion in the spring of 2019. The partnership, with support from Healthcare Improvement Scotland's ihub[14], was aiming to design and deliver this in a co-produced way, with the third and independent sector providing substantial input.

Most independent and third sector providers were not content with the level of engagement with, and support provided by, the partnership. The partnership had taken some steps to address this and it intended to continue developing its work in this area. Improvements on how the partnership liaised with providers were needed in areas such as tendering processes, training and development.

The third sector interface was recruiting for a post to help enable the third sector to be a more effective collaborator in commissioning decisions. The partnership had more work to do to ensure that third and independent sector providers were meaningfully and sustainably involved in productive collaborative leadership on an ongoing basis.

[12] Third sector interfaces (TSI) ensure the third sector is supported, developed and represented.
[13] The Public Bodies (Joint Working) (Scotland) Act 2014 requires each integration authority to establish a strategic planning group, which should be involved in all stages of developing and reviewing plans.
[14] Improvement Hub Healthcare Improvement Scotland provides support for the redesign and continuous improvement of health and social care services.

Strategic commissioning

The partnership did not have an overarching approach to the commissioning of services across all care settings to demonstrate how it would shift the balance of care. The partnership had yet to produce a formal commissioning strategy and market facilitation statement with accompanying plans. The partnership's understanding of local care markets was limited. Its approach to commissioning had been mostly single-agency based.

The partnership was at an early stage in linking investment to agreed outcomes, considering strategic options, planning the nature, range and quality of future services and working in partnership to put these in place.

Providers were keen to learn from the partnership about its market intelligence and its key messages for future service development. Helpfully, the partnership was working with Healthcare Improvement Scotland's ihub to re-energise its approaches to strategic commissioning.

The forthcoming commissioning strategy and accompanying market facilitation plans would set out the partnership's summary and medium-term commissioning intentions. The production of the commissioning strategy was not concurrent with strategic plan and its supporting financial plan.

There were challenges in ensuring local supply, capacity, quality and choice across social care services. There was a mixed economy in the care home, care at home and day services markets. The partnership's directly provided services had a minority share in key care markets. So, constructive relationships with third and independent sector providers were essential.

The partnership commissioned a wide range of externally provided services. Overall, these services were evaluated by the Care Inspectorate as 'good' with some exceptions in the care home sector. Directly provided regulated care services, evaluated by the Care Inspectorate, were underperforming in the care at home and housing support sectors. Other directly provided regulated care services were performing well.

To date, joint commissioning activity had focused on aspects of some older people's services. For example, bed-based intermediate care[15] service at a care home was successfully introduced as part of integrated care funding. The home for me project was in development and would support the partnership's performance on unscheduled care. Alcohol brief interventions projects had been purposefully commissioned too.

The partnership had successfully commissioned, with the council's housing services, several initiatives such as the Canal and Rapid Rehousing projects for homeless people.

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[15] An umbrella term describing services that provide a 'bridge' at key points of transition in a person's life, in particular from hospital to home (and from home to hospital) and from illness or injury to recovery and independence.

Jointly commissioned research on the housing and support needs of older people and the jointly funded care and repair service for older people and people with a physical disability were positive examples of close working with partner agencies.

Commissioning for some prevention services had started to help positively shift the balance of care. This was part of an approach aimed at developing provision delivered by small and medium-sized enterprises. However there had been limited movement in commissioning patterns of spend towards more preventative services with these types of providers.

Care homes

The partnership did not have a long-term, cross-sector approach that included its own direct provision and fitted with its strategic intentions for other elements of the care system. It did not have a comprehensive understanding of local needs and markets and was not fully engaged with providers to develop and deliver its future intentions for care home provision.

The partnership had experienced some success in changing the balance of care for older people by reducing the level of care home beds. It was still in the process of developing medium- to long-term plans for the provision of further community-based support for people with a physical disability or a mental health problem.

There were substantial numbers of people experiencing care whose needs were unable to be met within the East Dunbartonshire area and were receiving care at locations elsewhere. This was not always as a result of the person’s choice. This was particularly true in care home and day services.

Care at home

The partnership did not have a whole-system approach to the commissioning of care at home services that incorporated all related aspects of service delivery such as supporting hospital discharge, preventing admission and promoting independence.

Care at home provision is a critical aspect of health and social care, so it was a major focus for the partnership in its attempt to achieve a shift in the balance of care towards community settings. Despite there being good performance in shifting the balance of care there were significant challenges in the care at home market. There were some difficulties associated with the implementation of the care at home framework agreement made four years previously to improve the quality and reliability of service delivery. A review of care at home, including directly provided services, was underway but taking longer than the partnership had anticipated.

The partnership had a high dependency on externally commissioned providers but there was as a lack of market facilitation. These providers were keen to be involved in the review but consultation and engagement had been limited and there was widespread concern from stakeholders that commissioning decisions were not always well informed. This combination of factors had led to ongoing and substantial risks for the partnership on the delivery of care at home services.

Day services

Within the day services market for older people and for people with learning disabilities there were challenges with capacity and choice. The partnership had a significant investment in centre-based service models. Some progress had been made in moving towards enabling greater choice for people with a learning disability, through local area co-ordination. This offered individual day opportunities with a greater choice of more flexible options for people experiencing care and their carers. However, this was at an early stage for older people.

Commissioning, contract compliance and monitoring

The partnership did not have universally effective approaches to procurement and contract management to help deliver the commissioning intentions and directions from the HSCP board. There were significant weaknesses in the delivery of the partnership's commissioning and contracting function. These included deploying sufficient resources to support the effective management of the current volume of contracts.

There were problems with the information systems that supported commissioning and contracting processes. The partnership was planning to introduce a new electronic system to help assist in this area. Contractual terms and conditions were in need of updating to better reflect current and future outcomes-based commissioning. Contract models did not always reflect the personalisation agenda and needed to offer more flexibility. Procurement procedures needed to be reviewed to reduce duplication. Some providers did not have written contracts. There were at least 170 purchasing arrangements with providers operating in different partnerships areas outside East Dunbartonshire. The commissioning team was not involved in cross-boundary commissioning, and relationships with other partnerships for cross-boundary placements were not always fully formalised.

A formal contract management, monitoring and review framework set out a risk-based approach to help ensure that contract management and monitoring activities were proportionate to risk. Overall, there was an inconsistent approach to how the contract management framework was implemented even within similar types of providers and care groups. The partnership had a well-trained commissioning and contracts team who demonstrated a suitable range of skills and expertise. Commissioning guidance was in draft form. Once published and shared, this would help inform a better understanding of the commissioning process across the partnership.

Many third and independent sector providers were generally dissatisfied with the level of contact they had or support the partnership provided to them. Where support had been offered, providers were very appreciative of the partnership's interest and input.

Commissioning officers were involved in relevant strategic planning and service redesign. The commissioning team was not formally involved with in-house services but had informed some improvements in the quality of in-house provision.

The partnership delivered its procurement services with the council, using a ‘business partner’ arrangement. Relationships were productive between the partnership’s commissioning and contracts team and the council’s procurement services. Formal ‘business partner’ documentation had not yet been developed. Partnership procurement and contract management arrangements needed to be shared with providers once produced.

Externally commissioned services were not prominently featured in the partnership’s risk registers given the contract values and volume of services purchased. For example, there were substantial risks to the partnership in that many providers did not have a written contract. This had been highlighted by the council’s internal audit service for several years. This was one of several risk areas relating to commissioning and contracting that had not been addressed over the same period.

Performance of external providers and themes, and issues identified through contract monitoring were reported to the senior management team but not reported regularly to the HSCP board and its performance, audit and risk committee.

Housing agencies’ contribution

There were potential opportunities for housing agencies to play a more encompassed role in the work of the partnership in areas such as housing with care and support, telecare, intermediate care and day services. There were untapped resources that housing agencies could offer.

As the strategic housing body, the council was encouraged, as and when required, to participate in strategic planning forums such as the HSCP board meetings and the strategic planning group. Local authority housing representatives were invited to the locality groups. Attendance has been intermittent due to capacity challenges. Housing agency representatives had participated in some, but not all, care group planning and service redesign forums.

The partnership had a co-operative relationship with the strategic housing body. For example, regular housing and social work liaison meetings had been re-established. Areas of positive joint working included helping to deliver the council’s strategic housing investment plan, with a focus on amenity and wheelchair-standard housing, and a review of older people’s housing with care model.

Representatives from housing agencies and both council and registered social landlords were keen to be closely involved in service design from the outset. This had not always been the case. This was a missed opportunity to develop innovative preventative service models.

Relationships with other housing-with-care providers were mixed. These providers would benefit from more involvement in discussions on the future of housing and related support and their contribution to future commissioning intentions.

The housing contribution statement from the partnership’s strategic plan had not fully set out what housing agencies could deliver together with health and social care organisations. The partnership’s emergent-market facilitation plans could better complement the council’s strategic housing investment plan.

This would help to demonstrate how the partnership intended to prioritise and allocate its resources, in cooperation with its housing partners, to realise the ambitions of the strategic plan.

Primary care

There was a positive and improving culture across primary care services. Staff described a culture in which communication across disciplines had improved. There were good working relationships between community-facing services across primary care services, for example, district nurses, allied health professionals and community mental health teams.

The partnership had developed a primary-care improvement plan. This helpfully showed how the partnership would facilitate the development of additional primary care services to help shift the balance of care and enable more integrated care service delivery in localities.

For example, the partnership had successfully established GP clusters[16]. There were examples of good-practice sharing across primary-care settings. There was a high level of engagement and involvement of clinical staff in supporting the improvements in performance.

Primary care staff had been involved in the preparation of the partnership's strategic plan and primary-care improvement plan. They were making a prominent contribution to the work of the clinical and care governance group and to locality planning. However, they were not always consulted on all relevant strategic planning matters.

Some GPs were mentoring staff who had taken on enhanced roles such as district nurses. Wellbeing workers effectively supported a number of GP practices with activities such as social prescribing[17]. Most care home residents had benefitted from well-developed enhanced GP services.

Intermediate care and technology enabled care

The partnership's intention was to develop a continuum model of intermediate care to help prevent avoidable hospital admissions and support people to receive care within their community. This included reablement[18] and technology enabled care.

As part of this approach, a bed-based intermediate care service at a care home was successfully introduced as part of integrated care funding in 2016. A positive evaluation of the intermediate care unit found that the project was successful in returning some service users back to their own home. This reduced the number of bed days lost and the number of people placed within care homes.

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[16] GP clusters are groups of GP practices in a close geographical location. Their purpose is to encourage GPs to take part in quality improvement activity with their peers and contribute to the oversight and development of their local healthcare system.

[17] Social prescribing involves helping people to improve their health and wellbeing by connecting them to community services.

[18] Reablement is a short and intensive service, usually delivered in the home, which is offered to people with disabilities, those who are frail or recovering from an illness or injury. It is generally given for up to a period of six weeks. The aim is to return people to an optimal level of functioning and maximise their capacity for self-care.

For these individuals, it had effectively delivered outcome-focused, person-centred support. On this basis, the project had been continued.

The care at home framework agreement set out that externally commissioned providers were expected, where possible, to adopt a reablement approach. In practice, it was mainly delivered directly by the partnership. This was being reviewed as part of the care at home review.

Technology enabled care was an area where the partnership performed poorly compared to other areas in Scotland. The partnership had recently published an assistive technology strategy (2018-23). It was not fully clear within the strategy's action plan how the partnership would meet the strategy's ambitions. To further develop its intermediate care options, the partnership was developing a supported hospital discharge home for me project to help reduce delayed discharges. Key elements of the continuum model of intermediate care were in place. There was additional work needed to fully deliver on its promise.

Self-directed support[19]

While in 2017/18, the partnership had a higher level of direct payments recipients and associated expenditure compared to the national average, it had yet to fully demonstrate that its commissioning approaches were delivering a greater choice of personalised services. The further roll out of self-directed support was limited by a lack of care provider choice and limited third and independent sector service provider capacity. This meant that the ability to select direct payments, choose the service and the service provider, or a combination of all options was constrained.

Quality assurance, self-evaluation and improvement

The partnership had developed a wide ranging and well organised clinical and care governance framework. Clinical governance arrangements were embedded and effective. A clinical and care governance group was directly accountable for continuously improving the quality of services, safeguarding standards of care and fostering an environment where excellence could grow within an integrated service. The group had suitable representation from a wide range of service areas.

The clinical and care governance group had a major role in managing operational risk and in interpreting the impact of strategic risk. It considered matters relating to strategic plan development, governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement, and inspection activity.

The work of the clinical and care governance group was mostly healthcare orientated and not yet fully integrated. There was a developing focus on social care services.

[19] The Social Care (Self-Directed Support) (Scotland) Act 2013 placed a duty on local authority social work departments to offer people who are eligible for social care a range of choices over how they receive their support. Self-directed support options were: direct payments (option one); individual chooses the service and the service provider and the local authority makes the arrangements (option two); local authority-arranged support (option three); and option four (a combination of the other options).

The group recognised that this was an area still under development and had taken some steps to develop a more integrated agenda. It acknowledged that there was also scope to ensure that there was closer alignment between the group's activities and the professional advisory group.

Clinical and care governance group reports were well focused on the Scottish Government's national health agendas on patient safety, clinical effectiveness and person-centred care. The reports also helpfully addressed wider aspects such as the partnership's organisational culture.

There were comprehensive and effective clinical and care reporting structures, liaison arrangements with appropriate links to the HSCP board, relevant NHS Greater Glasgow and Clyde forums, and the council's integrated social work services group and policy and resource committee. Care governance arrangements were in place for public protection.

The partnership did not always involve a wide enough range of stakeholders to provide feedback on the quality of services. There was limited evidence that services provided by externally commissioned providers were routinely considered by the group and this was an area for improvement. The partnership was not regularly collecting and analysing feedback from people with lived experience of services and their carers, who were receiving services from third and independent sector providers, to inform service review and future service health and social care delivery.

The partnership had a clear approach to quality assurance. It had brought together elements from established quality assurance models rather than following a single integrated framework. Service- and team-level arrangements comprised a combination of quantitative and qualitative methods.

These included indicators and measures reflecting national and local priorities and a range of self-evaluation, audit and consultative mechanisms to test the quality and performance of customer experience, organisational processes, and customer and organisational outcomes.

The partnership had undertaken a range of purposeful self-evaluation activities. These activities varied considerably in terms of the scale, detail and comprehensiveness. There were good examples of clinical and social care audits with recommended follow-up actions. These were usually undertaken in-house or occasionally by external bodies to help ensure a more independent approach.

Quantitative measures were included in the performance management framework. The partnership had also mapped more qualitative methods, including customer consultations, compliments and complaints, audits of the case records for people who experienced care and audits of performance against the partnership's own standards.

Complaints about health and social care services were recorded on the Datix management information system, investigated in accordance with the relevant corporate policy and discussed at the clinical care and governance group. Operational risks were discussed at the group.

High risks were escalated to the corporate risk register. There were clear governance arrangements in place for managing performance and risk and these contributed to service development and improvement.

Staff's perception of the partnership's approach to quality assurance was broadly positive but only a minority of respondents to our staff survey were confident that improvement plans were continually monitored and evaluated and just over half agreed that the quality of services for adults had improved since integration.

The partnership did not demonstrate how it identified priority areas for self-evaluation. It did not have a strategic and co-ordinated approach to ensure that intelligence gained from quality assurance mechanisms would better influence improvement. Linking self-evaluation directly to the priorities of the strategic plan to support overall performance delivery would be beneficial.

Financial planning and sustainability

There had been significant recent improvements in the level and effectiveness of joint working between the partnership and the council and NHS in the budget setting process for 2019/20. This included the creation of a financial planning and governance group that met regularly.

The HSCP board was responsible for scrutinising financial performance and ensuring that prompt corrective actions were taken where appropriate. Budget monitoring reports were reported to all meetings of the HSCP board. These reports provided good quality information to facilitate scrutiny and challenge by board members on the partnership's financial position.

Performance reporting and budget reporting were considered separately at meetings of the HSCP board and its performance, audit and risk committee respectively. HSCP board members did not therefore have a clear sight of the impact of variances against budget in terms of service performance.

The 2018/19 budget allocation to the HSCP was agreed at the June 2018 HSCP board meeting (£51.9 million from the council and £77.2 million from NHS Greater Glasgow and Clyde Health, which excluded the set-aside[20] funding for acute hospital sites). This identified a £4.6 million funding gap.

NHS Greater Glasgow and Clyde Health had undertaken work to more accurately estimate hospital and acute (set-aside) services usage to provide a realistic set-aside budget for a three-year period. The HSCP board was implementing a medium-term financial plan, however, a long-term (five years and over) financial plan had yet to be produced. This was in part due to longer-term financial uncertainties in financial settlements from the council and the NHS. The partnership's reserves policy, approved in August 2016, set out the arrangements for addressing and financing any overspends or underspends.

[20] Activity based budget for commissioned hospital services used by the integration authority population as set out in the strategic plan. This is the amount required to be set aside by the health board for use by the integration authority

The policy provided for a prudent level of reserves linked to net expenditure, which was recommended to be 2%. Following the projected draw down in 2018/19, the level of closing reserves projected placed the application of the reserves policy at risk. The financial recovery plan approved by the HSCP board in May 2018 demonstrated that plans were in place to return to compliance with the reserves policy.

As at November 2018, the partnership was projecting an overspend of £2.885 million for 2018/19. Financial planning for 2019/20 identified a projected substantial financial gap and therefore a further significant level of savings would be required. There were substantial risks to the successful delivery of these savings. As part of the partnership's transformation programme, identified savings included service reviews of care at home, disability services, eligibility of access to social work services and charging arrangements. The identification and achievement of recurring savings would be essential to the long-term sustainability of the partnership's financial position. It was important that the partnership delivered its transformational change at a pace that facilitated the service redesign that was required to meet its integration agenda and the strategic plan's priorities. The pace of transformation needed be accelerated for significant recurring savings to be achieved.

Some recent developments had been planned in detail, had clear strategic objectives and took account of the financial position. For example, the policy on fair access to community care was designed to ensure that the partnership met its statutory responsibilities, but did so in a way so that increasing demand could be met within the overall allocation of resources and be financially sustainable. Likewise, the associated eligibility criteria were designed to more clearly reflect the important role for early intervention and prevention.

5. Leadership and direction

Leadership of vision, values and culture

The partnership had a clearly articulated vision, values and aims for health and social care services. Leaders had invested time and effort into developing and agreeing the partnership's values and vision. However, it was evident that a wider range of stakeholders did not always reflect it in their own vision, values, aims and plans. The professional advisory group had initially led work on creating and promoting the partnership's vision. It focused on engagement with staff, and people experiencing care and their carers on the professional values for the partnership. During 2018, work was further undertaken to share, promote and cascade the vision and values to staff at all levels. A manager's toolkit was helpfully developed to support this.

Leaders strongly held the view that successful integration had to be built on a shared vision and values. The partnership's approach to creating its vision had been inclusive. Leaders' efforts to develop and share the vision and values had started to deliver results. This was commendable, particularly as leaders had had to engage with staff working in children's and criminal justice social work services as well as all adult services staff. (These services had not originally been included in the partnership's integration scheme but were introduced in July 2016). In our staff survey, nearly three-quarters (73%) of respondents agreed that they were aware of the partnership's vision for health and social care services. However, there was a substantial variability in the extent to which staff, in particular at practitioner and team manager levels, were aware of the partnership's vision.

The findings for questions related to leadership in our survey were generally positive (with levels of agreement greater than levels of disagreement). However, the levels of agreement within NHS staff cohorts were noticeably higher than among council employed staff. Most staff, both NHS and council, expressed the view that the level and quality of communication from senior management had recently improved but there was still some way to go.

In general, staff saw managers at all levels as being supportive and visible. In our staff survey, 59% of respondents agreed that leaders were visible. Likewise, 53% of respondents agreed that leaders created a trusting, positive, sharing and open organisational structure. HSCP board members were not as visible to many staff, particularly at practitioner and team manager levels, or to people experiencing care. It could be a challenge for them to be regularly visible to all stakeholders. Promoting the HSCP board's profile to help make its role and membership more prominent to all stakeholders and provide a better recognition of its purpose, aims and values was included in the partnership's 2017 communications framework. This would benefit from being refreshed.

Leadership of strategy and direction

There had been several significant changes in the senior management of the partnership during the previous two years. Staff and managers particularly welcomed the arrival of two heads of service after a period in which there had been a gap in management capacity at this level. During this period there had been limited progress in taking forward the integration agenda. The relatively new senior leadership team had focused on the immediate priorities, ensuring that the essential building blocks of integration were in place. They were yet to deliver on the partnership's wider transformational agenda.

There were key areas where leaders had yet to fully demonstrate how their leadership was realising the partnership's strategy. There were risks that leaders were not achieving change at a pace required to meet the strategic plan's priorities. These included delivering the financial recovery plan, developing innovative services that were positively changing the balance of care, and improving services such as those delivered directly by the partnership in sectors such as care at home and housing support. Leaders had not yet set out their overarching approach to the commissioning of services across all care settings and had yet to undertake market facilitation in key care sectors. The partnership had detailed operational planning processes, but it was not ensuring that all of these were joined up. There were limited opportunities for some key stakeholders such as the third and independent sector providers to fully contribute to how services were planned, commissioned and delivered.

Leaders were aware of the need to move forward at pace, partly because of financial imperatives. However, some areas of service redesign had been going on for some considerable time. The partnership had set itself some challenging timescales and while this was positive, in light of its recent track record on delivering timeous improvements, the partnership's ability to achieve these were overly optimistic. Timescales for service reviews and redesign had been frequently extended. The delivery of the required major improvement projects and programmes had some way to go.

Workforce planning

Leaders had made efforts to bring staff together in a way that built upon their existing values, while creating a distinct new identity and shared vision for the partnership. A commitment to supporting a healthy working culture was a feature of both the partnership's strategic and workforce and organisational development plans (2018–2021). The establishment of the partnership brought together a diverse workforce from two organisations (the council and NHS Greater Glasgow and Clyde) and both had their own established cultures and subcultures. The position was further complicated because, as well as its initial focus on staff working in adult services, the leadership then had to include staff working in children's and criminal justice social work services.

Leaders were trying to ameliorate the effects of persistently very high sickness absence levels, in particular among council staff. This was a particular issue for long-term absences. These absence levels were contributing to the risks of delivering the partnership's improvement plans and future financial viability. Improvements were needed in how appropriate professional development and supervision was undertaken and recorded.

The partnership's workforce and organisational development plan was based on a six-step model for integrated health and social care services. It usefully laid out a profile of the current workforce, the future demand drivers and, on a high-level basis, some of the workforce changes and developments that were likely to be required as integration and new models of care developed. It was not yet at a stage where there were detailed plans of how this would be achieved.

The partnership had purposefully concentrated its workforce planning on its own staff. It had given limited consideration to the broader workforce in health and social care such as those working in the third and independent sector. This reflected to some degree the national picture. Leaders reported that they planned to consider the broader workforce during 2019/20 as part of the development of the commissioning strategy and as part of their work priorities for that year. In our staff survey, exactly half of respondents agreed that they were aware of the workforce planning arrangements currently in place to support the integration of health and social care across the partnership and within localities.

Embedded human resources and organisational development support from NHS Greater Glasgow and Clyde and East Dunbartonshire worked well, with the range of human resources functions being delivered effectively.

The partnership faced several recruitment and retention pressures, including for band-six community nurses who hold the specialist practitioner qualifications, care at home staff and mental health officers. It had plans in place to address these.

Staff, managers and HSCP board members were generally positive about how integrated working relationships had progressed. In our staff survey, almost all (94%) of respondents agreed that they clearly understood their role and responsibilities.

A majority agreed that they had good opportunities for single-agency training and professional development and that senior managers identified and disseminated good practice. An area for further development was access to integrated training and development opportunities. Leaders should build on what is currently available to further support the integration of its workforce.

The co-location of staff at the health and social care centre in Kirkintilloch was widely described as having significantly enhanced integrated working, particularly in the east locality. Things were less well developed in the west locality. There were plans to develop a health and care service site in the west locality and to co-locate staff there. An interim plan had been developed to promote co-location pending site development. The delivery was dependent on agreement on capital investment from the council and the NHS.

The partnership had helpfully produced a property strategy that was agreed in May 2018. NHS Greater Glasgow and Clyde and the council confirmed their intention to support co-location, where possible, across the health, social care and wider property estate.

Governance

Leaders had given detailed attention to the structures and governance arrangements to support integration. HSCP board members and senior officers had forged constructive working relationships. Leaders understood how the strategic plan helped to implement the partnership's vision. HSCP board members expressed confidence in the function of the board and their role within it.

Leaders were committed to supporting HSCP members and helping them to develop the knowledge, skills and abilities required for the role. There was a programme of support and development for both the elected and non-elected members of the HSCP board to improve its functioning. HSCP board members' levels of understanding of key strategic planning commissioning and communication issues were varied. They acknowledged that they needed to further develop their knowledge and understanding of integrated services, particularly service areas that were less familiar to them.

Improvements were needed to help enable the HSCP board and the strategic planning group to more effectively discharge their responsibilities. The HSCP board was not always pro-actively driving the partnership's change agendas. The strategic planning group was not always effectively informing the HSCP board's decision making. Many of the partnership's key strategies, plans and service redesigns were not given enough prominence in the work of the group. This was a missed opportunity. The strategic planning group had a satisfactory range of stakeholder representation but there were inconsistencies in membership attendance. This hampered the group's work and its capacity to exercise appropriate leadership.

Strategic planning group members did not always have a fully rounded understanding of anticipated emergent trends and how these may relate to service design and strategic commissioning. They did not all have access to a programme of support and development that HSCP board members had. The strategic planning group had recently reviewed its remit and practice. The chief officer chaired the strategic planning group but recognised that to strengthen the accountability of the group's work, the chair should be a HSCP board member. Further improvements were in preparation but not yet implemented.

Leaders had ensured that there was effective clinical and professional leadership that supported the delivery of services. There were effective clinical and care reporting structures with appropriate links to the HSCP board, relevant NHS Greater Glasgow and Clyde governance forums, the council's integrated social work services group, and the policy and resource committee. While there was potential to further integrate its approach, the partnership was generally making progress.

Risk

The partnership's approach to strategic risk assessment and management was satisfactory but still evolving. It had strengthened its approach but needed to develop it further. In August 2017, the partnership approved its risk management policy and in November 2017 approved a refreshed and updated corporate risk register.

Information on the performance of social care services, by externally commissioned providers on behalf of the partnership, was reported to the senior management team. It was not reported regularly to the HSCP board or its performance, audit and risk subcommittee. The partnership should review this given the scale of its commissioned activity and the potential risks involved.

There were risks that leaders were not achieving transformational change at a pace required to meet the partnership's strategic priorities. The senior leadership team had focused on the immediate governance and organisational priorities were in place to support integration. They were yet to deliver on the required transformation agenda.

A substantial financial gap was projected in future years. There were major risks for the partnership that were associated with the delivery of its current financial recovery plan and its medium-term financial plans. If not successfully managed, these risks would adversely affect the partnership's ability to deliver the transformation programme essential to delivering integrated heath and social care services and the long-term sustainability of the partnership's financial position.

6. Evaluations and areas for development

Quality indicator 1: Key performance outcomes
1.1 Improvements in partnership performance in both healthcare and social care

The partnership was performing comparatively well against other integration authorities, as measured against a range of nationally published datasets. The partnership was improving how it measured its performance and was regularly reporting clearly what progress it was making. It had undertaken some good work on finding out the views of people about the services they experienced. There was an improving picture on how the partnership was using this information to make further improvements.

However, performance management reporting was not always used to identify priority areas for self-evaluation or to demonstrate best value. The way in which the partnership compared its performance with other integration authorities was limited and this did not help to inform planning and commissioning decisions.

Evaluation: Good

Quality indicator 6: Policy development and plans to support improvement in service

6.1 Operational and strategic planning arrangements
6.3 Quality assurance, self-evaluation and improvement
6.5 Commissioning arrangements

The partnership had clear strategic priorities and plans. There was a comprehensive strategic needs assessment in place. There were productive planning relationships with other partnerships across NHS Greater Glasgow and Clyde.

There were complex planning processes that lacked detail on how the priorities would be delivered. It was difficult to track how the partnership intended to deliver on its strategic intentions. Relevant stakeholders were not always afforded the opportunity to contribute to the strategic planning or service reviews at all the key moments. The strategic plan was not backed up by a detailed commissioning strategy and associated market facilitation plans.

There were big challenges in ensuring an appropriate supply, quality and choice across services. There were weaknesses in how services were procured and monitored. The partnership had developed wide ranging and well organised clinical and care governance arrangements. These were embedded and effective, particularly in clinical settings, but not yet fully integrated.

Evaluation: Adequate

Quality indicator 9: Leadership and direction that promotes partnership

9.1 Vision, values and culture across the partnership
9.2 Leadership of strategy and direction

Leaders had made positive efforts to bring staff together in a way that built upon their existing values, while creating a shared vision. Recent senior managerial changes had provided a fresh sense of positive momentum. However, there was room for improvement in ensuring effective communication across all staff groups. Leaders had given detailed attention to the structures and governance arrangements to support integration. Improvements were needed to help enable the strategic planning group and HSCP board to more effectively discharge their responsibilities.

The partnership's workforce planning usefully focused on integration. It needed to continue to address longstanding challenges in reducing high absence levels in its own workforce, in particular the council's.

There were risks for the partnership associated with the delivery with its current financial recovery plan as well as delivering on its medium-term financial plans. These risks, if not successfully managed, would adversely affect the partnership's ability to deliver the transformation programme essential to the delivery of integrated health and social care services and the long-term sustainability of the partnership's financial position.

Evaluation: Adequate

Evaluation summary

<table>
<tr><th colspan="2">Quality indicator</th><th>Evaluation</th><th>Evaluation criteria</th></tr>
<tr><td>1</td><td>Performance</td><td>Good</td><td rowspan="3">Excellent – outstanding, sector leading
Very good – major strengths
Good – important strengths with some areas for improvement
Adequate – strengths just outweigh weaknesses
Weak – important weaknesses
Unsatisfactory – major weaknesses</td></tr>
<tr><td>6</td><td>Strategic planning and commissioning</td><td>Adequate</td></tr>
<tr><td>9</td><td>Leadership and direction</td><td>Adequate</td></tr>
</table>

	Areas for development
1	The partnership should improve its approaches to performance measurement and management of: • national and local datasets • teams, services and localities • benchmarking • qualitative data • outcome-focused data. It should ensure that it uses relevant information to identify priority areas for self-evaluation and self-assessment, and drive identified improvements.
2	The partnership should improve its strategic planning processes showing how: • SMART principles are met • strategic and locality needs information is updated • priorities are to be resourced • organisational development planning will be taken forward • fully costed action plans including plans for investment and disinvestment will be implemented based on identified future needs • expected measurable outcomes will be delivered.
3	The partnership should improve its approaches to engagement and involvement with stakeholders in relation to: • strategic and local planning • transformation • service redesign • commissioning • market facilitation.
4	The partnership should work closely with a full range of stakeholders to develop and implement a commissioning strategy and associated cross-sector market facilitation plans.
5	The partnership should develop and implement a detailed long-term financial plan to ensure a sustainable financial position is achieved by the HSCP board.

7. Conclusion

Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to assess the progress made by health and social care partnerships in delivering better, more effective and person-led services through integration. In doing so, we took into account the partnership's ability to:

- improve performance in both health and social care
- develop and implement operational and strategic planning arrangements, and commissioning arrangements
- establish a vision, values and aims across the partnership and the leadership of strategy and direction.

We concluded that there was clear evidence the partnership was progressing integration across health and social care settings and a positive culture of collaborative leadership was developing. We were confident that the partnership had the capacity to make further progress. Our confidence in its ability to do so was tempered by the scale of transformation required and the very challenging financial context.

This joint inspection's findings indicate that the partnership has the capacity to progress the identified areas for improvement. We anticipate that it can build on the progress made to date and move towards the more efficient and effective integration of health and social care services.

It is important that the partnership progresses the identified areas for improvement in relation to its performance, strategic planning and commissioning and leadership on integration. If the partnership does this, we can be more confident that the partnership will move forward with the integration of health and social care.

Appendix 1 - Quality improvement framework

Appendix 1 – Quality Improvement Framework

1. Key performance outcomes	**4. Impact on the community**	**6. Policy development and plans to support improvement in service**	**7. Management and support of staff**	**9. Leadership and direction that promotes partnership**
We assessed 1.1 Improvements in partnership performance in both healthcare and social care	4.1 Public confidence in community services and community engagement	**We assessed 6.1** Operational and strategic planning arrangements	7.1 Recruitment and retention	**We assessed 9.1** Vision,values and culture across the partnership
1.2 Improvements in the health and wellbeing and outcomes for people, carers and families	**5. Delivery of key processes**	6.2 Partnership development of a range of early intervention and support services	7.2 Deployment, joint working and team work	**We assessed 9.2** Leadership of strategy and direction
2. Getting help at the right time	5.1 Access to support	**We assessed 6.3** Quality assurance, self evaluation and improvement	7.3 Training, development and support	9.3 Leadership of people across the partnership
2.1 Experience of individuals and carers of improved health, wellbeing, care and support	5.2 Assessing need, planning for individuals and delivering care and support	6.4 Involving individuals who use services, carers and other stakeholders	8. Partnership working	9.4 Leadership of change and improvement
2.2 Prevention, early identification and intervention at the right time	5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks	**We assessed 6.5** Commissioning arrangements	8.1 Management of resources	**10. Capacity for improvement**
2.3 Access to information about support options including self directed support	5.4 Involvement of individuals and carers in directing their own support		8.2 Information systems	10.1 Judgement based on an evaluation of performance against the quality indicators
3. Impact on staff			8.3 Partnership arrangements	
3.1 Staff motivation and support				

What is our capacity for improvement?

Appendix 2 – Inspection methodology

Our inspection of the East Dunbartonshire health and social care partnership was carried out over three phases.

Phase 1 – Planning and information gathering

The inspection team collated and analysed information requested from the partnership. The inspection team sourced other information before the inspection started. Additional information was provided during fieldwork.

Phase 2 – Staff survey and fieldwork

We issued a survey to 662 staff. Of those, 279 (45%) responded. We also carried out fieldwork activity over 7.5 days, during which we interviewed a number of people who hold a range of responsibilities across the partnership. The partnership offered a number of observational sessions, which inspectors attended where they had capacity.

Phase 3 – Reporting

The Care Inspectorate and Healthcare Improvement Scotland have jointly published this inspection report. The report format for this inspection focuses on strategic planning and commissioning and links this to evidence gathered on current performance and the development of the integrated leadership team. Unlike previous joint reports, comment is provided on our level of confidence in respect of the partnership's ability to successfully take forward its strategic plans from intentions to changes in operational delivery.

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EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
JOINT INSPECTION (ADULTS) THE EFFECTIVENESS OF STRATEGIC PLANNING IN THE EAST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP JULY 2019- ACTION PLAN AUGUST 2019

The inspection report was published on 30 July 2019 and can be accessed here. The areas for development identified through the inspection process and the actions agreed to address these are set out below.

1. The partnership should improve its approaches to performance measurement and management of:

- **national and local datasets**
- **teams, services and localities**
- **benchmarking**
- **qualitative data**
- **outcome-focused data.**

It should ensure that it uses relevant information to identify priority areas for self-evaluation and self-assessment, and drive identified improvements.

Action and Cross Referencing	**Lead**	**Timescale**	**Progress**
1 a) Implement the Performance Framework approach developed during 2018 – 2019	Initially Caroline Sinclair / Alan Cairns Followed by ownership in each service	End September 2019	
1 b) Develop an ISD work plan to support data reporting and analysis *This action is reflected in the HSCP SMT Action Plan at Financial Planning*	Alan Cairns / Graham McTavish (ISD)	End September 2019	

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section			
1 c) Work with EDC Performance Team via the Operational Reporting Requirements Group to put reporting actions in place to address areas ISD are unable to contribute to *This action is reflected in the HSCP SMT Action Plan at Financial Planning section*	Alan Cairns / Joseph Greatorex	October 2019	
1 d) Develop and implement a Quality Assurance framework for use across the partnership and embed process for quality improvement across partnership team *This action is reflected in the MSG Action Plan at section 4.5*	Val Tierney	14 November 2019 for QA Framework approval. Delivery thereafter as per framework actions.	
1 e) Work with the EDC Performance Team and Carefirst Team to explore how information in relation to meeting outcomes for individuals can be collated /aggregated and reported to inform service review and planning processes	Alan Cairns / Joseph Greatorex / Linda Topping	End December 2019	
1 f) The national Chief Officers Group will work collectively to agree common framework and benchmarking processes to provide a consistent template for comparison and shared learning *This action is reflected in the MSG Action Plan at section 5.1*	Susan Manion	Not yet set – needs to be discussed and agreed at national COs meeting	

2. The partnership should improve its strategic planning processes showing how:

- **SMART principles are met**
- **strategic and locality needs information is updated**
- **priorities are to be resourced**
- **organisational development planning will be taken forward**

DRAFT

• **fully costed action plans including plans for investment and disinvestment will be implemented based on identified future needs** • **expected measurable outcomes will be delivered**			
Action and Cross Referencing	**Lead**	**Timescale**	**Progress**
2 a) Review the approach to the structure and contents of HSCP's Strategic Plan with a view to taking a revised approach that addresses the issues highlighted for the next publication	Susan Manion / Caroline Sinclair / Alan Cairns	For 2021 – 2024 plan	
2 b) The national Strategic Commissioning and Improvement Network will work collectively to review the approach to Strategic Commissioning Plans to identify best practice and learning in relation to the points highlighted for local adoption	Alan Cairns	For 2021 – 2024 plan	
2 c) As part of our Quality Improvement Framework establish expectations around formal updating of needs assessments to inform service planning and ensure scrutiny and reporting of same to Clinical and Care Governance Group *This action is a sub set of an action reflected in the MSG Action Plan at section 4.5*	Val Tierney	14 November 2019 for QA Framework approval. Delivery thereafter as per framework actions.	
Additional specific actions in relation to costed investment and disinvestment plans are set out in section 5 below			
3. The partnership should improve its approaches to engagement and involvement with stakeholders in relation to: • **strategic and local planning** • **transformation** • **service redesign**			

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• **commissioning** • **market facilitation.**			
Action and Cross Referencing	**Lead**	**Timescale**	**Progress**
3 a) Develop a refreshed engagement strategy within the HSCP that includes engagement expectations in relation to strategic and local planning, and transformation *This action is reflected in the MSG Action Plan at section 1.3*	Linda Tindall / David Radford	End September 2019	
3 b) Contribute to the Council's 10 stage service redesign review process to consider opportunities within process for engagement with service user / carers and care providers *This action is reflected in the MSG Action Plan at section 1.3*	David Radford / Pauline Halligan	End September 2019	
Actions in relation to commissioning and market facilitation are set out in section 4 below			
4. The partnership should work closely with a full range of stakeholders to develop and implement a commissioning strategy and associated cross-sector market facilitation plans.			
Action and Cross Referencing	**Lead**	**Timescale**	**Progress**
4 a) Finalise the Commissioning Strategy • Liaise with appropriate stakeholders to conclude the strategy • Take the finalised strategy to the HSCP Board meeting in November for	Jean Campbell	14 November 2019	

approval *This action is reflected in the MSG Action Plan at section 1.3*			
4 b) Further develop Provider Forums by ensuring attendance of senior managers to update / engage on key priority areas under development *This action is reflected in the MSG Action Plan at section 1.3*	Gillian Healey / ESMT members	End November 2019	
4 c) Use local third sector interface to improve engagement with larger national third sector providers *This action is reflected in the MSG Action Plan at section 1.3*	Gillian Healey	End September 2019	
4 d) Engage with IHub and through the provider forum to develop an approach to cross-market facilitation which delivers on the priorities set out in the Commissioning Strategy	Gillian Healey	End December 2019	

5. The partnership should develop and implement a detailed long-term financial plan to ensure a sustainable financial position is achieved by the HSCP board

Action and Cross Referencing	**Lead**	**Timescale**	**Progress**
5 a) Scope EDC Financial planning assumptions 5 b) Scope NHS GG&C financial planning assumptions 5 c) Scope service delivery activity and financial data to inform planning assumptions	Jean Campbell	End November 2019	

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5 d) Produce HSCP Medium Term Financial Plan *These actions are reflected in the MSG Action Plan at section 2.2*			

Agenda Item Number: 12

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	East Dunbartonshire HSCP Clinical Governance Annual Report 2018
Report By	Lisa Williams, Clinical Director
Contact Officer	Lisa Williams, Clinical Director, 0141 232 8216. Lisa.Williams@NHS.Net

Purpose of Report	To highlight and detail the Clinical and Care Governance activities taking place within East Dunbartonshire, and to advise the HSCP Board on some of the past and current activity taking place within the HSCP. The report requires to be submitted annually to NHSGG&C Clinical Governance Support Unit to provide assurance to the Health Board in respect of HSCP health services which are provided under direction by the Health Board, and operationally managed by the HSCP Chief Officer.

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

Relevance to HSCP Board Strategic Plan	The Clinical and Care Governance group (CCGG) provide support to delivery of the Strategic plan to ensure governance arrangements are comprehensive and robust.

Implications for Health & Social Care Partnership

Human Resources	N/A

Equalities:	To oversee Clinical & Care services provided to service users & carers of East Dunbartonshire and ensure all are treated fairly and

	equally.

Legal:	N/A

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	The CCGG has a responsibility to review complaints received, and ensure that any outcome measures are met as appropriate. The CCGG reviews all clinical incidents bi-monthly to ensure any learning and change is taken forward in an appropriate manner. Documenting and learning from complaints and incidents is fundamental to good governance within the organisation.

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	For noting by Health Board, to provide assurance of primary care governance arrangements.

Direction Required to Council, Health Board or Both	Direction To:	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0 MAIN REPORT

1.1 The report reflects the period from January 2018 to December 2018.

1.2 The report highlights the involvement of service users and carers, and the importance placed upon using feedback to inform development of services.

1.3 The report details specific quality improvement activities undertaken within our service teams over the period stated. Quality improvement activities are widely supported throughout the HSCP teams by the Clinical Effectiveness Unit, and a bi-monthly report of all activity is detailed to the Clinical and Care Governance Group. This annual report aims to give an overview of activity with some detail around specific projects, rather than a full review of all activity.

East Dunbartonshire

Health and Social Care Partnership

Annual Clinical & Care Governance Report
January – December 2018

Report by: Dr Lisa Williams, East Dunbartonshire HSCP Clinical Director

1. Introduction

1.1 East Dunbartonshire Health and Social Care Partnership (HSCP) was formed in 2015 and covers the geographical boundary of East Dunbartonshire with an estimated total population of 108,330 (National Records of Scotland).

1.2 Each year an annual report reflecting on the clinical & care governance of the HSCP and the progress it has made in improving the quality of care is produced. The report is structured around the three main domains set out in the National Quality Strategy: 1. Patient Safety, 2. Clinical Effectiveness, and 3. Person-Centred Care. This report will describe the main governance framework and demonstrate our work to improve the quality of care in our HSCP through a small selection of the activities and interventions. It is important to note that there is substantially more activity at personal, team, and service level arising from our collective commitment to provide a quality of care we can be proud of. This report can only reflect a small selection so is illustrative rather than comprehensive.

2. Patient Safety

Mental Health Service

2.1 A process has been developed to ensure a management plan is in place to support identified adult Community Mental Health Team (CMHT) service users who are known to repeatedly attend A&E. The aim would be to reduce A&E attendance and thereby improve in hours care.

2.2 EMIS is the preferred clinical application used within NHSGG&C Community for patient care and clinical recording of patient activity. This system has now been embedded across Community Mental Health services offering ease of access on patient information including Out of Hours services and Area Crisis Teams, with better communication leading to improved patient safety.

2.3 A newsletter has been developed across North & East Glasgow and East Dunbartonshire to inform staff of Significant Clinical Incidents (SCI) and also highlighting lessons learned, common themes and areas of good practice. Any actions identified are allocated clear timescales for improvement and monitored through the governance structure to ensure these actions are met.

2.4 A prompt telephone response and risk assessment process has now been implemented within the Primary Care Mental Health Team (PCMHT) once a self referral has been received by the service. This ensures timely and effective triage of self referrals.

Drug & Alcohol Services

2.5 All Service Users attending Opioid Replacement Therapy (ORT) clinics are routinely offered Naloxone medication. This temporarily reverses the effects of Opioid overdose, and is available to anyone at risk of Opioid overdose. The Drug and Alcohol Team have also provided Naloxone training to family and carers. This is now standard practice and will help to reduce adverse patient outcomes as a result of overdose. An Alcohol and Drug Death prevention group was established in 2018 to review all alcohol and drug related deaths within East Dunbartonshire, and consider the need for Significant Critical Incidents and take forward any local learning.

2.6 Service Users of the Drug and Alcohol Service are offered Blood Bourne Virus (BBV) testing and treatment within the ORT clinics. This will be extended to all other service users within the service. Early diagnosis leads to early intervention resulting in better outcomes for patients and potentially reduce the risk of transmission.

Adult Nursing

2.7 The District Nursing Service is currently working with the Podiatry Department to develop a new process for pressure ulcer prevention and reporting. Joint working between Podiatry and District Nursing Team is essential to improve outcomes for patients with complex care needs and multiple co-morbidities. This has proved particularly beneficial for those patients with peripheral vascular disease and diabetes.

2.8 A new project involving the Care Home Liaison Nurses and the Podiatry Department has improved prescribing formulary compliance within care homes for managing simple podiatry problems.

2.9 Across NHSGG&C there continues to be reporting of incidents in related to insulin administration within the community setting. An SCI was undertaken within East Renfrewshire and learning outcomes shared throughout NHSGG&C. In line with these recommendations, a new insulin management plan competency tool has been introduced and being actively used within East Dunbartonshire. Insulin incidents are reported through Datix Recording System and scrutinised closely the Lead Nurse for Adults and through the Clinical & Care Governance Group and there has been a marked reductions in incidents reported over the past 12 months.

3. Clinical Effectiveness

Mental Health

3.1 Core net (Clinical Outcome Measurement tool) was rolled out to CMHTs across NHSGG&C and is now embedded within CMHT & PCMHT practice. A patient survey was completed in April 2018 with the CMHT with future plans for this to be carried out on an annual basis with future iterations to include carer's feedback. The full report can be viewed in Appendix 1.

Children & Families Team

3.2 The Children & Families Team completed a scoping exercise to support the implementation of a Pre 5 Geographical Immunisation model across the HSCP in line with the Vaccination Transformation Programme (VTP) included in the new GMS contract. To date clinics have been successfully established within Kirkintilloch / Lennoxtown and Bearsden/ Milngavie cluster areas. Work is progressing to support the introduction of the final clinic within the Bishopbriggs / Auchinairn cluster of the HSCP. A transition plan is being developed to assist the transfer to a centralised model across NHSGG&C in 2019. The most recent report from Scottish Immunisation & Recall System (SIRs**)** confirms that the immunisation uptake rates remain at high levels within the 2 established clinic areas.

3.3 The Children & Family Team successfully met the standards in 2018 to be awarded the 'UNICEF Achieving Sustainability Gold Award'. This is designed to embed high quality baby friendly care for the long term covering the 4 main

themes of Leadership, Culture, Monitoring and Progression. There are three bi-annual UNICEF audits ongoing within the Children & Families Team to ensure UNICEF standards are maintained.

3.4 All Nursing Midwifery Council registrations & revalidations continue to be monitored within the Children & Families Team on a monthly basis. Processes are in place to ensure staff receive written reminders regarding renewing their registration. The annual report demonstrates no registration lapses with 100% staff compliance.

Adult Nursing

3.5 The Nursing service will be using a frailty score to identify patients who may benefit from inclusion in the Gold Standards Framework and Anticipatory Care Planning pathways. A test of change has been planned to evaluate this in due course to assess activity and impact.

3.6 A bladder health group has been established with the aim of reducing the number of unplanned catheter changes and reducing Catheter Associated Urinary Tract Infection **(CAUTI)**. Guidelines have been developed for use within the Nursing service and Care Homes. Any reduction in CAUTI will be beneficial to reduce harmful outcomes for patients.

3.7 The East Dunbartonshire Tissue Viability Group has been re-established with widespread representation across health and social care to review pressure ulcer management, and incident reporting in line with NHSGG&C guidelines.

4. Person-centred care

Primary Care

4.1 A new GMS contract was introduced and commenced in April 2018. The contract focuses on improving the sustainability of primary care for the future by helping to alleviate GP workload. By reforming the way primary care has traditionally been modelled, GPs could be supported in-house by health professionals from the broader health and social care field through better integration of key services which impact on health and wellbeing.

Within the first year of the contract the following changes have been introduced;

- All Phlebotomy services for housebound patients were diverted away from GP Practices and carried out by the Health Care Support Workers under the management of the District Nursing service;
- Two of the three clusters have established community clinics to deliver pre 5 vaccinations.
- Primary Care Improvement Pharmacists have been embedded within all GP Practices, to deliver on the requirements of the Memorandum of Understanding (MoU). This service will continue to expand as recruitments is ongoing.
- Advanced Practice Physiotherapy (APP) service established within 4 Bearsden & Milngavie Practices. The service is currently monitoring activity. New referrals will be signposted directly to the APPs by GP Reception Staff thereby avoiding the need for a GP appointment.

Mental Health

4.2 A Trauma project is ongoing in collaboration with Assisting Recovery in the Community (ARC) and Third Sector organisations. Staff within both Mental Health and the Alcohol & Drug service have been trained in the ability to identify and treat trauma. An audit of clinical environments within the HSCP has been completed and outcomes from this are being addressed to create a trauma friendly environment.

4.3 A general assessment rota is now embedded in practice for Occupational Therapy and Nursing Teams within the CMHT offering early Mental Health Assessment, treatment and discharge for service users.

4.4 Improving physical health for people with severe & enduring mental health problems remains a priority within the CMHT where models to monitor, review and support physical health of service users are being developed.

4.5 A new nursing post has been developed to support psychological therapies for hard to reach groups across mental health services as part of the Strategic plan for Mental Health Services.

4.6 Staff have been working to improve the interface and improve service user pathways across Adult Community Mental Health Teams, Primary Care Mental Health Team and Older Adults Mental Health Team.

4.7 Survive and Thrive is an educational course for individuals who have lived through childhood abuse (physical, sexual, emotional or neglect) or abuse in adulthood, most commonly domestic abuse, and who feel that their experience(s) are continuing to have a negative impact on their quality of life, mood and/or ability to manage things on a day to day basis. It provides information on the nature of abuse and trauma, how it affects people physically and psychologically and gives ideas about how to cope with these effects. This course fits within the first safety and stabilisation, phase of the phased based intervention for complex trauma. The North East Glasgow and East Dunbartonshire Survive and Thrive course ran from April-July 2018. Participants were recruited from Arran Centre CMHT, Kirkintilloch CMHT and North East Glasgow PCMHT. The outcomes revealed that Survive and Thrive group was an acceptable intervention. This group was well attended and well received as a mixed gender intervention. Reliable change was indicated across average Core-10 scores for the group.

4.8 Systems Training for Emotional Predictability and Problem Solving (STEPPS) is a group approach for patients with Borderline Personality Disorder and Emotionally Unstable Personality disorder. The intervention is offered by members of the multi-disciplinary team. It is a value added treatment option, so service users continue with treatment as usual. The group is a 20-week program. Patients also receive weekly telephone contact from a staff member to discuss the use of the skills they have learnt from the course. The group is systemic in nature, a session is offered to family members, carers or close supportive other, with the emphasis being on psycho education regarding skill acquisition. The outcomes, following attendance suggest the patients value this intervention. Maladaptive schemas improved, as measured using the Filter Questionnaire. Psychological distress improved as measured using the Core Outcomes in Routine Evaluation. The CMHT ran this group in 2018 and plan to continue with this model in 2019.

4.9 A specialist clinic for Attention Deficit Hyperactivity Disorder (ADHD) in adults has continued every month since 2014. This has streamlined the assessment process, meaning assessments are often concluded in one visit, which includes psychiatric evaluation, collateral history, diagnosis, blood pressure and weight check, written information and medication treatment (where appropriate). All available resources regarding ADHD, such as information sheets for carers, and self-help booklets for service users, are on hand in the clinic room. Where other members of the partnership would like to gain more experience in this area they have been made welcome to sit in on the clinic, including psychologists and psychiatrists. This service has also allowed patients from other areas in Glasgow to be seen for a 2nd opinion on ADHD which has benefited service users outwith the partnership.

4.10 A "One-stop" model for Clozapine out patients was introduced in the CMHT in October 2018. This involves all medication being dispensed and delivered in advance of the blood clinic. The patient would attend for bloods and leave with their supply of medication. The introduction of the One Stop Model has resulted in a greater convenience and a more cost effective model for the service user. It has also reduced the impact on staff resources for ensuring delivery/collection of medicines.

4.11 PCMHT have been working in collaboration with Clinical Governance on capturing service user feedback on discharge from the service. Following each analysis an action plan is completed. These surveys help to improve services for service users. Feedback on the service remains very positive.

4.12 PCMHT offer early morning and evening clinics to accommodate the needs of the service user who are predominantly of the working population- this was introduced on the basis of patient feedback.

Drug & Alcohol Service

4.13 EDADS have revised the standardised initial appointment letters to include useful contact numbers for service users and their extended family to promote family inclusive practice and acknowledge the impact of behaviours within a broader context.

Adult Nursing

4.14 The latest District Nursing patient feedback questionnaire was very positive. 100% of respondents provided the following responses:-

- 100% agreed or strongly agreed that the service gave the help that they needed,
- 95% reported they got the help when needed (5%neutral)
- 90% reported that they received the help how they wanted the help (10% neutral).

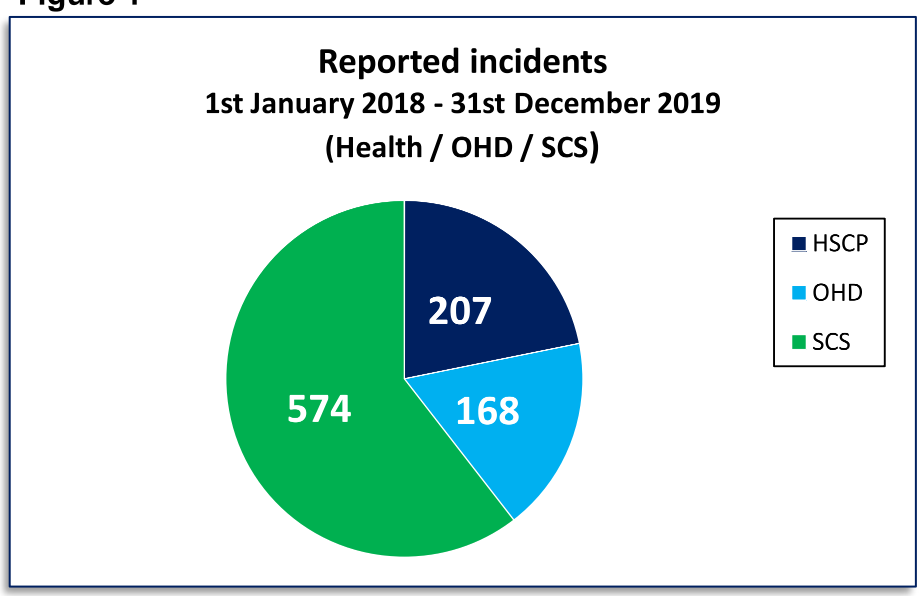
4.15 For the same categories above, the end of life questionnaire reported 100% agreed or strongly agreed.

4.16 The preferred place of care at end of life survey steadily increased from 80% (Jan –March) to 88% (July –Sept)

5. Incident Reporting

5.1 During 2018 a total of 949 incidents were recorded on Datix Incident Recording System for East Dunbartonshire Health & Social Care Partnership and both hosted services – The Primary Care element of the Oral Health Directorate (OHD) & Specialist Children's Services (SCS). The system currently records NHS service incidents only. The table below shows a breakdown of HSCP and hosted service incidents:

Figure 1



Source: Datix Recording System

5.2 Figure 2 below highlights the top incident categories reported over 2018 for the HSCP, OHD & SCS Services.

At this moment there is no HSCP access to the incidents that occur solely within Social Care so these are not included within this report.

5.3 All recorded incidents are reviewed bi-monthly at the Clinical & Care Governance meetings to monitor any recurring issues, trends or any further action required. All staff are required to complete recording of incidents as appropriate and undertake any relevant training regarding use of Datix.

5.4 For the HSCP the top reported incidents were related to Pressure Ulcers. There is a recognised NHSGG&C process for reporting all Grade 3 and 4 Pressure Ulcers and all pressure ulcers recorded within this period were recorded in line with this process. Any ulcers found to be avoidable are reviewed as SCI's to determine how and why they happened and any subsequent lessons to be learned.

For SCS the top reported incidents were related to self harm and these are reviewed within the governance structures of the SCS to determine if any of these incidents were avoidable of if any required further interventions or learning.

Figure 2

Top Reported Incidents

1st January 2019 - 31st December 2019

(HSCP/OHD/SCS)

	Self Harm	Challenging Behaviour / Violence & Aggression	Medication Administration	Diet Innapropriate	Other Incidents	Pressure Ulcer Care	Radiation / Imaging Incident
SCS	415	17	30	33	41	0	0
OHD	0	12	0	0	33	0	32
HSCP	0	35	12	0	6	50	0

Source: Datix Recording System

5.5 Significant Clinical Incidents

HSCP

During 2018, 5 Significant Clinical Incident (SCI) investigations were commissioned within East Dunbartonshire HSCP.

These five incidents related to suicide (2), delay in treatment (1), unexpected death (1) and a child protection issue (1).

Of these 5 SCIs, one has been reviewed and subsequently closed. This SCI occurred following the unexpected death of a service user. In conclusion issues were identified; however, they did not contribute to the event itself.

In light of issues highlighted, two recommendations were identified:

- Clinical supervision for new psychiatry trainees should highlight the importance of safety planning, including the provision of emergency contact details for services;
- All new psychiatry trainees to be informed of the requirement to complete the Glasgow Risk Screen as part of all new service user assessments. Clinical tutors have been provided with information to pass to trainees.

All recommendations have been implemented and embedded within service.

The remaining 4 SCIs are currently under review, awaiting completion and recommendations.

SCS
During the reporting period 4 incidents were reported within SCS Hosted Services that required investigation. 1 incident was reviewed as a Significant Clinical Incident Review whilst the remaining 3 were investigated as Local Reviews. A recommendations letter and action plan will be circulated to all staff within SCS for implementation of recommendations identified within the reports.

6. Complaints

6.1 East Dunbartonshire Health & Social Care / hosted services received a total of 65 complaints. A summary of complaints are shown below for each service.

Figure 3

Service	No. Of Complaints
HSCP (health only)	4
Social Care	34
Oral Health Directorate (Primary Care)	11
Specialist Children's Services	16

6.2 Of the complaints shown in the above table, the following outcomes were determined:

Figure 4

	Fully upheld	Partially upheld	Not upheld	withdrawn	Consent not received
Health	1	1	1	1	0
Social Care	5	11	17	1	0
OHD	3	1	7	0	0
SCS	6	8	1	0	1

Recommendations of "fully upheld" and "partially upheld" complaints in Health related complaints are reviewed by the Clinical & Care Governance Group to ensure appropriate action is taken.

7. Key Inspections & Reviews during 2018

7.1 **Adult Support & Protection Inspection -** East Dunbartonshire was one of 6 partnership areas selected to participate in a national thematic inspection of Adult Support & Protection (ASP) activity carried out by the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland in 2017. East Dunbartonshire was graded as good across the three quality indicators inspected (Impact on adults, Key processes and Leadership & Management). There was one formal recommendation. This was:

The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them

An improvement action plan is in place with three key objectives: to ensure governance, improve electronic recording systems and improve quality and completion rates for social work case chronologies.

7.2 **An Adult Support & Protection Large Scale Investigation (LSI)** was initiated after a series of incidents in a local care home led to concerns that potential systemic failings in the running of the home were putting residents at risk. The LSI identified deficits in five areas:

- Information & Communication
- Health care
- Support issues
- Environment
- Registration & Regulatory requirements

These findings were fed into the Care Inspectorate's parallel inspection activity and reflected in a formal improvement notice. A reflective review of the LSI led to the identification of two measures to formalise multi-agency information-sharing and action at the early intervention stage: introducing a health-led virtual care home liaison team and revising social work's care home resident review template.

8. Strategies introduced during 2018

8.1 The Carers Strategy 2019-2022 has been successfully implemented within East Dunbartonshire. A series of carer engagement sessions were held in advance of the enactment of the Carers Strategy which took place in both localities in East Dunbartonshire.

A Carers Partnership Group has been established with carer representatives and representation from Carers Link, EDVA and statutory partners which will take forward the work identified within our new Carers Strategy

All of the statutory guidance has been implemented within East Dunbartonshire and copies of or Carer Eligibility Criteria, Short Breaks Statement and Carers Strategy are all available publicly.

9. Key Success from 2018

9.1 Following a successful pilot PCMHT now offer Computerised Cognitive Behaviour Therapy (CCBT) as a regular choice/treatment Option. Regular appointments are arranged and can be delivered at a time / venue convenient for the service user.

Computerised Cognitive Behavioural Therapy (CCBT)

Service User attended service with symptoms of low mood and anxiety. The service user attributed these symptoms to work related stress and had been signed off by their GP. Service user completed 6 sessions of CCBT which enabled them flexibility to engage with the treatment from wherever they chose. The service user used the online Cognitive Behavioural Therapy modules, along with telephone sessions with the practitioner, to address the self esteem issues and to build up positive activities within their normal routine through a plan and review approach. By the end of treatment the service user was engaging in regular exercise and attending social activities that they had previously been avoiding. The service user also felt able to return to work. Service user felt reassured that although treatment had ended that they still had access to the *"Living Life to the Full"* online material at any time.

10. Conclusion

10.1 This is intended as a highlight report to give an overview of the extensive activity taking place within the HSCP and hosted services on a daily basis. Clinical & Care Governance arrangements will continue to evolve in line with new guidance to ensure that the residents of East Dunbartonshire continue to be delivered the highest level of service.

Appendix 1

East Dunbartonshire
Community Health Partnership

Community Mental health Team (CMHT)
Having Your Say
Final Patient Survey Report
8th January – 2nd February 2018

Compiled by Patient Survey Working Group members NTL Catherine McCrae, Team Secretary Janet Stevenson, C/N Maureen McBride, S/N Stacey Rose-McElhinney, HCA Brenda Griffiths, HCA Yvonne Rae, Peer Support Worker Peter Cameron.

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SECTION 1. INTRODUCTION

The Community Mental Health Team (CMHT) identified the need for an up to date patient survey.

It was therefore decided to carry out a patient survey between the 8th January and the 2nd February 2018 and audit the results.

The reasons for undertaking the survey were:

- To establish what service was delivered by the CMHT
- To establish to what extent the service met patients' needs
- To establish how satisfied the patient was with the amount of help received
- To identify what was helpful about the service
- Any other comments from patients

SECTION 2. AIM AND KEY QUESTIONS

Aim:

To establish patients' satisfaction levels with the CMHT and to identify areas of improvement.

Key questions:

1 What kind of service did you receive from the CMHT?
2 Are you happy with the service you receive from the CMHT?
3 Did you get the kind of service you wanted?
4 To what extent has the service met your needs?
5 How satisfied are you with the amount of help you received?
6 What did you find helpful about the service?
7 Any other comments

SECTION 3. METHOD & SAMPLE

The clinical team of Nursing, Occupational Therapy, Medical and Psychology staff were provided with audit forms to distribute to service users at home visits, Out Patient/ Clinic Appointments, Blood Clinic and Groups.

The client group targeted were service users who had attended more than one appointment.

The survey was conducted over a period of four weeks from 8th January 2018 to 2nd February 2018, with the closing date for return of surveys being 2nd March 2018.

Surveys were either returned to a central collection point at the main reception area at Kirkintilloch Health and Care Centre (KHCC) or returned direct to the clinician. Envelopes were provided with all surveys to ensure a degree of confidentiality

SECTION 4. RESULTS

The total number of survey forms distributed was 300, with the total number of returns being 84; a 35% response rate.

Service user Feedback

Question 1 What kind of service did you receive from the Community Mental Health Team?	
Individual appointment	81
Group work	2
Other, please specify	1

Question 2 Are you happy with the service you receive from the Community Mental health Team ?	
Excellent	57
Good	18
Fair	7
Poor	1
Did not respond	2

Comments:
“ appointments sometimes feel that they are rushed. It can be difficult for a phone call to be returned, if it is returned at all, I understand the person I see is busy, I don’t expect a call back straight away”.

“CMHT are fantastic and I don’t know what I would do without them”

“ constant changes, seems to use me for trainees to practice. Sick of having to go over my life stories every time with new people”

“Release people from care before they are ready, medicine was changed and discharged at the same time”

“ I am receiving help that is doing positive things”

The remainder of the comments were all positive, acknowledging all disciplines and the positive help offered by the staff.

Question 3 **Did you get the kind of service you wanted?**	
No, definitely not	1
No, not really	2
Yes, generally	29
Yes, definitely	50
Did not respond	2

Comments:

“asked for meds to be changed from pills to capsules will see if the referral to GP enforces this enough”

“ sometimes they are not as understanding as I would like”

The person I see is overall right for me, I do feel however that for some of the problems I have I need more specific help which I do not get and I am struggling to overcome them myself”

“I had no idea what I wanted or what to expect but the service has been really helpful”

The remainder of the comments reported helpful, supportive and caring staff.

Question 4 **To what extent has our service met your needs?**	
Almost all my needs have been met	45
Most of my needs have been met	29
Only a few of my needs have been met	6
None of my needs have been met	1
Did not respond	3

Comments:
“I feel when I need an admission it is not at all possible”

“Early days yet but off to a good start and plan”

“I have been rattling around in this system and feel no better emotionally, mentally or support wise”

“ having someone to trust with thoughts and feelings I had been having and being able to have someone show me a different way of thinking”

The remainder of the comments confirmed that patients needs were being met

Question 5
How satisfied with the amount of help you have received?

Quite satisfied	12
Indifferent or mildly satisfied	5
Mostly satisfied	14
Very satisfied	47
Did not respond	6

Comments:

“The frequency of appointments is generally OK. There are times when I feel it needs increased slightly but this doesn’t happen. Appointments are sometimes very short and I feel I am being rushed out the door”

“always here early for every appointment but never taken on time”

“Varied and honest information and advice”

“Most needs met but it was down to me to carry it through”

“I feel that staff who supported me were very caring, helpful and non judgemental; I feel comfortable and at eases with staff”

“I rarely felt alone as I had that one person to speak to. Kind firm approach. Phoning up at any time was never a problem”

“ Having phone OOH they got me through a lot. No embarrassment”

The remainder of the comments confirmed that the approach from all staff within the CMHT was appreciated by the patients; referring to feeling listened to, supported and reassured by staff.

Question 6
What did you find helpful about the service?

“Easy to access help and assistance”

“Flexible and very friendly”

“Helpful to have access to Desk and OOH. When phoning to speak to anybody the person who generally answers the phone initially (reception) is always very good.”

“The support is there when needed and mostly helpful”

“The level of support and help”

“ their knowledge of mental health issues”

“The people”

“They listened”

“The human friendly touch”

Question 7
Any other comments

“I waited six months to be seen and this felt like being abandoned during an emergency. Once I was seen my doctor was outstandingly good”

“I can’t fault the service as I’ve always been supported”

“having someone to talk to and discuss things with”

“I have noticed there is an improvement compared to the poor service I received in the past”

“very glad I have the support of my worker and have made progress because of their help”

SECTION 5. CONCLUSION

Summary of Findings in relation to key questions:

1 What kind of service did you receive from the Community Mental Health Team?

Of the appointments offered by the CMHT 97% were individual ones.
The groups ran by the CMHT at the time of the survey were for activities.

2 Are you happy with the service you receive from the Community Mental health Team ?

68% of the responses received rated the service as excellent, with 21% rating it as good.
The main points raised in the other fields were the lack of consistency with medical staff and repetition of case history at each appointment as a result.

3 **Did you get the kind of service you wanted?**

The service from all disciplines was rated at 60% for definitely receiving the service they wanted, with 35% reporting that they generally received the service they wanted.
The main comments raised in the other fields were occasional lack of understanding by staff with help not always available for specific problems.

4 To what extent has our service met your needs?

For meeting the service users needs 54% of patients' surveyed reported that almost all their needs had been met. With 35% stating that most of their needs had been met.
Among the comments raised in this area was the feeling of not being better emotionally or mentally supported. There was also the feeling that admission was not always possible.

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

The amount of help received was rated at 56% being very satisfied, 17% mostly satisfied with 14% being quite satisfied.

Comments within this area reflected on the caring and helpful approach by staff as well as the benefits of having access to Desk Duty and OOH services. There was also recognition given that patients' had a responsibility to help themselves.
Areas that did not work so well were the frequency of appointments and length of appointment time when patients' felt it was needed.

6 What did you find helpful about the service?

Recognition was given to the various disciplines within the MDT and the role they play in recovery. There was acknowledgement of the benefits of clinic visits, home visits and group work.

What was evident and reported in many of the comments was staff knowledge, understanding and their supportive approach towards patients.

7 Any other comments

Other comments included the length of wait for initial appointment and the feeling of abandonment during a time of need.

There was also reference to advice that is offered through Desk Duty and OOH not always being helpful.

Recognition was also recorded that the service had improved in comparison to previous experience of service.

Overall the Patient Survey for the CMHT has been positive about service delivery, meeting patient needs and help received from the team. Staff flexibility, friendliness and support was also well reported. There are some areas that will need to be reviewed such as improved continuity within the medical team, appointments being offered within timescales and ensuring access to Desk Duty, Crisis and OOH services remains a priority.

SECTION 6. ACTION PLAN

CHALLENGE	RECOMMENDATION	ACTION	PERSON RESPONSIBLE	TIMESCALE
Medic allocation	All cases allocated to junior medics will be transferred to senior medics on completion of placement	Medical staff to reallocate cases	Lorraine Currie Senior medical staff.	
Ensure all new referrals are seen within 18 weeks from referral	MDT screening of all referrals at Allocation Meeting.	Discipline specific referrals require to be seen within target date. Regular monitoring by medical secretaries and the PT HEAT target Group	Lorraine Currie All staff	
Appointment times	Ensure reception staff have details of patients attending for appointment.	Clinic lists to reception on the appointment day. Reception staff will be contacted with details of patient attending and relevant contact numbers.	Lorraine Currie All staff	

	Name	Designation	Date
Action plan written by:	Catherine McCrae	Nurse Team Leader	11/05/2018
Agreed with:	Lorraine Currie	Operational Manager	11/05/2018

Chief Officer
Susan Manion

Agenda Item Number: 13

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Financial Performance Budget 2019/20 – Month 3
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer Tel: 0141 232 8216. Jean.Campbell2@ggc.scot.nhs.uk

Purpose of Report	To update the Board on the financial performance of the partnership as at period 3 of 2019/20.

Recommendations	The SMT is asked to: a. Note the projected Out turn position is reporting an over spend of £3.6m as at period 3 of 2019/20. b. Note and approve the recovery plan measures to be implemented with immediate effect to provide robust budgetary controls to mitigate the anticipated in year pressures in respect of social work services.(**Appendix 1**) c. Note the progress to date on the achievement of the approved savings plan for 2019/20 as detailed in (**Appendix 2)**. d. Note the HSCP financial performance as detailed in (**Appendix 3).** e. Note and approve the updated reserves position as detailed in 1.18. f. Note the risks associated with the delivery of a balanced budget as detailed in 2.0.

Relevance to HSCP Board Strategic Plan	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

Human Resources	None

Equalities:	None

Financial:	The financial performance to date is showing that the budget is under significant pressure as a result of cost and demand pressures for social work services exceeding the budget provision available. Management actions are in place to mitigate the position there are very limited reserves to cushion the impact of these pressures which will require early discussions with our statutory partners to manage this during 2019/20.

Legal:	None.

Economic Impact:	None

Sustainability:	The sustainability of the partnership in the context of the current financial position and lack of reserves 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.

Risk Implications:	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 2.0.

Implications for East Dunbartonshire Council:	Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.

Implications for NHS Greater Glasgow & Clyde:	Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges

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

MAIN REPORT

1.1 Summary

The consolidated position for the Health & Social Partnership as at the 30th June 2019 (Month 3) for each care group area is outlined in the table below:-

Care Group	Annual Budget (£000) Total	YTD Budget (£000) Total	YTD Actual (£000) Total	YTD Variance (£000) Total	Projected Variance (£000) Total
Mental Health, Learning Disability, Addictions & Health Improvement	24,144	5,296	5,097	199	(617)
Community Health & Care Services	41,120	8,521	9,222	(700)	(3,097)
Children & Criminal Justice Services	14,893	3,501	3,433	68	4
Business Support	397	620	789	(170)	68
FHS - Prescribing	18,725	4,653	4,653	0	0
FHS - GMS	13,252	3,508	3,508	0	0
FHS - Other	12,389	3,234	3,234	0	0
Oral Health - hosted	10,035	2,568	2,377	192	0
Set Aside	19,116	4,779	4,779	0	0
TOTAL	**154,071**	**36,681**	**37,092**	**(411)**	**(3,642)**

1.2 The current position indicates a projected year end adverse variance on directly managed partnership budgets of £3.6m at this point in the financial year as a consequence of demand and cost pressures exceeding the available budget for 2019/20.

1.3 It is extremely early in the financial year and the position may vary given the volatility of social work and prescribing budgets.

1.4 The projected variance at this stage relates to a combination of factors for the HSCP relating to:-

- assumptions on the performance of payroll budgets particularly in relation to homecare (overtime, turnover), learning disability and mental health. In addition there are increasing activity levels placing demand pressures on older people care home, homecare, supported living and daycare (alternatives) budgets (£1.5m),
- cost increases in relation to the care at home framework and national care home contracts (£1m), and
- the impact of the non delivery of aspects of transformation activity to the extent identified and agreed by the HSCP Board in March 2019 (£1.1m).

1.5 The pressures at this stage relate to social work activity and this is set out in the table below:-

	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Projected Variance
Social Work	55,062	11,179	11,588	(409)	(3,642)
NHS Community	69,858	18,155	18,348	(194)	0
Total Partnership	124,920	29,334	29,936	(603)	(3,642)
Oral Health (hosted)	10,035	2,568	2,377	192	0
Set Aside (SA)	19,602	4,901	4,901	0	0
Total (incl: hosted + SA)	154,557	36,802	37,213	(411)	(3,642)

1.6 This is expected to be mitigated to some extent through anticipated under spends across NHS community budgets (yet to be fully quantified) and an assessment of the impact of new and continuing initiatives such as the delivery of Frank's Law and the implementation of the Carers Act.

1.7 The year to date position is showing an adverse variance on budget of £0.4m which relates primarily to the phasing of social work care budgets and the impact of payroll variances across partnership budgets.

1.8 Given the projected position for the partnership at this stage, a recovery plan has been developed for immediate implementation in order to put in place measures to address the anticipated challenges. This is included as **Appendix 1.**

1.9 The programme of service redesign and transformation was agreed as part of the budget setting process for 2019/20 and includes a range of priorities in support of delivery of the strategic plan as well as efficiencies in service delivery models, income generation options and review of access and eligibility to social work services. The delivery of a balanced outturn position for the partnership is dependent on the achievement of this challenging savings programme. The progress on the delivery of these savings programmes is showing a shortfall of £1m on planned delivery. A breakdown is included as **Appendix 2**.

1.10 The increasing demand and cost pressures for health and social care services are expected to continue over the medium to long term and the HSCP is embarking on a programme of fundamental change to the way these services are delivered into the future which provides sustainability going forward and delivers services within the financial framework available.

1.11 Adult Services

The projected outturn for adult services is that of **an overspend of £617k**. The overspend relates primarily to payroll variances (£550k) in respect of ongoing recruitment issues with mental health officers requiring the use of agency staff to meet our statutory duties, Pineview payroll costs as a consequence of bringing this service in house and a potential shortfall on the delivery of savings relating to delays in creating review capacity to progress the Fairer Access policy (£100k).

The projected variance includes an element of the expected impact of children transitioning into adult services, expected from July / August 2019 and further work is required in this area to quantify the full extent of any pressures in respect of care packages which may have a bearing on the final outturn position.

1.12 Older People & Physical Disability Services

The projected outturn for older people services is that of **an overspend of £3.1m**. This relates to:-

- pressures expected on the payroll budget in respect of overtime and challenging turnover savings within homecare to meet demand increases for care at home support (£0.6m);
- pressure in relation to demand levels for care home placements and cost increases associated with the national care home contract beyond the levels built into the budget (£1.1m);
- increased demand for care at home services met through external homecare provision and cost increases associated with the re-tendering of the care at home framework beyond the levels built into the budget for 19/20, (£0.76m);
- increased demand for daycare (alternatives) (£0.17m), and
- a shortfall on the delivery of the savings target for the review of homecare services (£0.5m).

1.13 Children & Families Services

The projected outturn for Children services is that of **an under spend of £4k.** This relates to demand pressures in respect of kinship payments and a potential shortfall on the savings target for external fostering placements offset by capacity within payroll budgets as a consequence of robust vacancy management. There is a risk that children who are now 18+ will become the sole funding responsibility of social work where previously education contributed to these placements – this would have an adverse impact on this position.

Given the ring fenced nature of criminal justice budgets, these are expected to breakeven at the year end.

1.14 Business Support

The projected outturn for business support is that of **an under spend of £68k**. This relates to income in respect of veterans funding now reflected and anticipated income to deliver on free personal care for those aged under 65 which will address some the pressures above.

1.15 Family Health Service (FHS)

There are no projected year end variations at this stage. The actual projected expenditure relating to GMS and Other are expected to match budget throughout the year.

GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means expenditure is only available for April – May (2 months). It is too early in the financial year for any trend analysis to inform year end projections, however at this stage it is anticipated that the additional funding allocated to prescribing through the budget process for 19/20 of £744k along with expected rebates in year will be sufficient to meet the current known demand and cost pressures. This will be closely monitored throughout the year as more data emerges and the potential impact from Brexit assessed.

1.16 Oral Health

There are no projected year end variations at this stage. If the current payroll variances continue then it is expected that there will be some capacity at the year end to mitigate in year pressures, this has yet to be fully quantified and will be reported in the next cycle. An assessment of the impact of the reduction to the bundled funding of £133k for Oral health is underway to identify where potential cost savings could be made to address the financial challenge. This is funding to provide delivery of Childsmile, Improvement programmes for our priority groups, clinical waste uplift in GDS and out of hours service provision for GDS and a number of options are being explored..

1.17 Set Aside

There are no projected year end variations as at present this remains a notional budget and a neutral position is reported.

1.18 **Appendix 3** provides a detailed breakdown of the partnership budget performance for the year to the 30th June 2019.

1.19 **Appendix 4** provides a detailed breakdown of the partnership NHS budget performance for the year to the 30th June 2019.

1.20 **Appendix 5** provides a detailed breakdown of the partnership Social Work budget performance for the year to the 30th June 2019.

1.21 **HSCP Reserves**
Partnership reserves as at the 31st March 2019 total £1.894m (£1.853m earmarked reserves and £0.041m general (contingency) reserves). This provides very limited resilience to manage in year budget movements and any delays in delivery of the partnership transformation programme, therefore it is paramount that robust budget management controls are in place and transformation activity is delivered as planned or through alternative means , where available.

1.22 The most up to date reserves position is set out in the table below:-

2017/18					2018/19		
Balance at 1 April 2017 £000	Transfers Out 2017/18 £000	Transfers In 2017/18 £000	Balance at 31 March 2018 £000		Transfers Out 2018/19 £000	Transfers In 2018/19 £000	Balance at 31 March 2019 £000
(106)	4		(102)	Scottish Govt. Funding - SDS	24		(78)
(36)			(36)	Mental Health project	36		-
(29)	29		-	Delayed Discharge – HAT Funding			-
(1,704)	73	(34)	(1,665)	Social Care Fund	1,665		-
(11)	5		(6)	Keys to Life Funding	6		-
(19)	19		-	Autism Funding			-
(5)	5		-	Police Scotland – CPC Funding			-
(523)			(523)	SG - Integrated Care / Delayed Discharge Funding			(523)
-		(198)	(198)	SG - Primary Care Cluster funding	159		(39)
(138)		(462)	(600)	Oral Health Funding	600	(200)	(200)
				SG - Primary Care Improvement		(632)	(632)
				SG – Action 15 Mental Health		(121)	(121)
				SG – Alcohol & Drugs Partnership		(73)	(73)
				SG – Technology Enabled Care		(11)	(11)
				Prescribing		(176)	(176)
(2,571)	135	(694)	(3,130)	Total Earmarked	2,490	(1,213)	(1,853)
(2,660)	1,955	(252)	(957)	Contingency	3,513	(2,597)	(41)
(5,231)	**2,090**	**(946)**	**(4,087)**	**General Fund**	**6,003**	**(3,810)**	**(1,894)**

2.0 Financial Risks

The most significant risks that will require to be managed during 2019/20 are:

- Prescribing Expenditure - Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. This represent the largest budget for the partnership and the previous risk sharing arrangement in place across GG&C ceased from the 1st April 2018. The pressures in relation to the increased costs associated with the short supply of certain drugs and demand increases have presented a significant risk to this budget in previous years.
- Achievement of Savings Targets – there are challenging savings targets to deliver efficiency and transformational change to achieve a balanced budget position for 2019/20. There are significant dependencies and complexities to be considered in order to effectively deliver on these.
- General Reserves – the lack of general reserves held by the partnership will provide limited ability to manage any in year financial pressures or smooth the impact of savings plans where there are unexpected delays in implementation. This will place a reliance on the constituent bodies to provide additional resource where management actions have been exhausted.
- Demographic Pressures - Increasing numbers of older people is placing additional demand on a range of services including Care homes and Home Care. In addition, achieving the required reductions in delayed discharges and hospital bed usage is creating increased demand on older people services and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.
- Contractual Price increases – assumptions were built into the budget for contractual price increases, however these increases are subject to procurement processes and negotiation through COSLA for the care at home framework and the national care home contract respectively. The former has yet to be concluded and may present further increases, which given the scale of the budget involved could be significant.
- Un Scheduled Care - The pressures on Acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial 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.
- Living Wage – the costs associated with implementing the living wage are subject to ongoing negotiation with care providers and there are elements around sustainability and future sleepover arrangements which will have recurring cost implications.
- The continued implementation of the Carers Act could result in significant increase in demand from carers for services to enable them to continue in their caring role.
- The implementation of Free Personal Care to those aged under 65 years of age (Frank's Law) could result in additional demand pressures beyond the allocation from the Scottish Government to deliver on this priority. This will be monitored throughout the course of the

year for impact.

- Independent / Private Providers – the sustainability of independent and private providers to effectively support the provision of a range of social care services presents risks to the delivery of services for the partnership. There are a range of contracts that are due for renewal over the short term where there is an expectation of increases in the rates paid for services to align with neighbouring local authority areas.

3.0 Future Financial Planning

3.1 The scale of the challenge at this stage in the financial year will require consideration of a range of options, requiring a decision of the board, which seeks to manage the current cost and demand pressures within the budget available to the partnership to achieve financial balance. This will form part of a board development session in early September to look in more detail at the short, medium and longer term options to ensure the financial sustainability of the partnership.

3.2 There have been significant transformational savings achieved by the partnership over the last 4 years totalling £9.3m which focussed on delivering efficiencies and service redesign. The extent to which further efficiencies can be achieved through these means are diminishing and options which seek to deliver services within the financial framework available will need to be considered. These will have a significant impact on the services currently delivered within the community.

3.3 A programme of financial and service re-modelling is underway which looks at a more radical approach to the way services are delivered and what these services may look like in the future. A reliance on digital solutions, minimising intervention / maximising independence, locality based community led support, repatriation and structuring around a life curve model.

East Dunbartonshire Health & Social Care Partnership

Financial Planning 2019/20 – Financial Recovery Plan

Background

A number of reports have been presented to the IJB outlining the financial planning assumptions for 2019/20 for the HSCP. The March 2019 report agreed the financial settlement from NHS GG&C and from East Dunbartonshire Council to set the HSCP Budget for 2019/20. This provided for uplift from NHS GG&C of 2.54% on pays and general expenditure, whilst the like for like funding position from the Council remained largely the same to that in the previous year this represented a position where significant pressures were offset by significant planned Transformation. The HSCP budget paper made note that this approach was not without risk. Additional funding was provided by the Scottish Government for specific initiatives with the decision of Council being to pass these on.

This provided a significant financial challenge to the partnership which required the identification of savings on partnership budgets to be delivered during 19/20 of £3.8m.

In addition, the year end position for the partnership for 2018/19 required the use of £3m of general reserves to deliver a balanced year end position. This left a residual contingency balance of £0.041m moving forward which is not in compliance with the partnerships reserves policy of 2% of net expenditure (£3m) to provide a level of resilience for a budget the size and complexity of that for the HSCP during the course of the financial year.

Proposed Management Action

In light if the above and in order to mitigate the financial impact during 2019/20, a number of management actions and robust budgetary control measures are proposed to be implemented with immediate effect:-

- ALL vacancies to be held with any ***critical*** posts to be considered by the SMT for approval prior to normal approval processes. Only in **exceptional** cases is recruitment of/or cover for vacant posts to be progressed. Service Managers should discuss exceptional cases with their Heads of Services and these should be brought through the SMT for approval.

- Limit on the use of overtime for ***critical*** cover only. Overtime and additional hours working should only be agreed to cover essential front line service delivery. Heads of Service must ensure that robust authorisation and control measures are in place and must be confident that all overtime worked can be justified and that there are no other more efficient alternative resourcing options available.

- Authorisation of mileage in ***exceptional*** circumstances only – better planning to maximise usage of pooled cars across KHCC / Southbank.

- Attendance at conferences, seminars, external training events etc., must be discussed in advance with the appropriate Heads of Service. Any requests will be through formal approval from the SMT.

- All non essential expenditure to be stopped, adherence to critical / substantial criteria only across all areas of budget expenditure.

- Review the number of care home placements each month to effect an overall reduction in the numbers of individuals within a care home setting following an assessment of the impact and any mitigation on the whole system and, where appropriate, in discussion and partnership with our acute colleagues.

- Access to care at home services to be within the parameters of critical and substantial cover only.

- Strict adherence to assessment timescales within the statutory minimum guidelines only (eg assessment for FPNC to 6 weeks).

- Explore options for access to services with a review mechanism to be developed to capture changing needs requiring re-prioritisation.

- Not progressing elements of the business plan which deliver on the strategic priorities of the partnership which relied on reserves to test change and deliver transformational change in service delivery models.

- Any other measures appropriate to limiting expenditure during the financial year in discussion with Heads of Service.

General Financial Management

- All projected underspends must be conserved and if there is no service imperative to commit resources then spend must be delayed.

- To ensure financial projections are as accurate as possible it is essential that financial administration arrangements for processing service requests or CC4s are processed as quickly as possible. In previous years the year-end process has revealed backlogs in this area and it is important that we avoid recurrence.

- There must be no unnecessary spend. Please ensure that your teams do not purchase furnishings, IT equipment or commit any other non-essential expenditure between now and the end of the financial year. However, if there are any exceptional circumstances then these should be brought to the attention of the relevant Head of Service for consideration and approval by the SMT.

- Any initiative or proposal which has a financial cost implication must be formally documented and approval sought through the SMT.

Recommendation

Note and approve the management actions outlined in this paper and ensure that this is cascaded through management teams for implementation with immediate effect.

Any further measures are to be considered to mitigate the financial position for the partnership for 2019/20.

ED HSCP Financial Planning 2019/20
Efficiencies 2019/20

Business Plan Ref	Action / Status	Item	2019/20 Saving Identified £(k)	Responsible Officer	2019/20 Saving Expected Aug 2019 £(k)	2019/20 Shortfall	Comment
Target Saving		HSCP £3,867.00					
19_20 BP5	Business Case	CM2000 External Inv	300.0	Derrick/Stephen	75.0	225.0	Assume half year - number of dependencies re homecare review, Care at home F/Work, capital funding and potential procurement issue
19_20 BP11	Business Case	Day Care /Transport Charging	65.0	Jean	43.3	21.7	Assume July implementation
19_20 BP12	Business Case	Transport Policy	52.5	Claire/David	52.5	-	Half year assumed - still to be fully quantified
19_20 BP20	Business Case	Review of Out of School provision for children with disabilities	0.0	Claire	-	-	
19_20 BP22	Business Case	3rd Sector Grants	185.0	Jean	185.0	-	Final proposal devloped and engagement with third sector interface. Letters sent out to 3rd sector organisations
19_20 BP25	Business Case	Charging Policies	38.0	Jean	38.0	-	Complete - delivered
19_20 BP1	Mgt Action	Sleepovers	50.0	Caroline/David	50.0	-	Review through budget monitoring
19_20 BP4	Mgt Action	LD In house Enhanced Day Care	100.0	Caroline/ Alan C	100.0	-	Review through budget monitoring
19_20 BP7	Mgt Action	Review of Fostering	60.0	Claire	60.0	-	On track - part of overall residential LAAC placement saving.
19_20 BP9	Mgt Action	Smart Flat /TEC	15.0	Derrick/Stephen	15.0	-	To be delievered thrugh maximisation of digital options.
19_20 BP10	Mgt Action	Review of Day Care East	150.0	Derrick/Stephen	54.0	96.0	Per Report to IJB June 2019, impact from increasing demand on daycare alternatives reported through budget monitoring.
19_20 BP13	Mgt Action	Fair Access to CC	100.0	Caroline/Alan C	-	100.0	Delays in developing a review function to implement policy may have an impact on achievement of savings in year.
19_20 BP14	Mgt Action	Review of Respite	10.0	Derrick/Stephen	10.0	-	On track
19_20 BP15	Mgt Action	Blue Badges In House	36.0	Derrick	18.0	18.0	Review undertaken and saving not achievable.
19_20 BP17	Mgt Action	MHO Agency Spend	0.0	Caroline	-	-	cost avoidance - work still to progress
19_20 BP18	Mgt Action	HAT / Community Care Agency Spend	0.0	Derrick	-	-	cost avoidance - work progressed to recruit to team.
19_20 BP19	Mgt Action	West Day Care Rationalisation	26.0	Derrick	13.0	13.0	Review undertaken and given current demand pressures for placements, this will not be achievable.
19_20 BP21	Mgt Action	Maximising Use of Equipment	0.0	Derrick	-	-	Work still to be progressed.
19_20 BP23	Mgt Action	Ordinary Residence MH	100.0	Caroline	50.0	50.0	Assume half year - require support from legal services to progress
19_20 BP24	Mgt Action	Ordinary Residence OP	0.0	Derrick	-	-	Assume half year - require support from legal services to progress
19_20 BP26	Mgt Action	Care Home Placements	300.0	Derrick	300.0	-	Review through budget monitoring - current demand pressures significant, therefore risk to delivery of this proposal.
19_20 BP28	Mgt Action	Review of All LAAC Residential Placements	150.0	Claire	150.0	-	Review through budget monitoring
19_20 BP29	Mgt Action	ASP Training	0.0	Caroline	-	-	Working with HR colleagues to find a means to progress - cost neutral
19_20 BP31	Mgt Action	Allotments	88.5	Caroline	69.0	19.5	Assume 3 mth notice to terminate service by end August 2019 - complete.
	Mgt Action	OT Post Rehab Team / vacancy mgt	30.0	Derrick	30.0	-	Complete - delivered
	Mgt Action	Review of LD RAM	50.0	Caroline	50.0	-	Complete - delivered
	Mgt Action	MH / Addictions health commissioning	30.0	Caroline	30.0	-	Saving will be informed by needs assessment work due to report Oct 2019
	Mgt Action	Vacancy Resourcing	400.0	Jean	400.0	-	Complete - delivered. Monitor payroll pressures arising through out the year.
	Mgt Action	Continuing Care (one off)	260.0	Derrick	260.0	-	Complete - delivered
	Mgt Action	Mainline ICF	100.0	Derrick	100.0	-	Complete - delivered
19_20 BP2	Service Review	Disabilities Function (Transitions)	80.0	Claire /Caroline	55.0	25.0	Assumed June implementation - delay to Sept. Review depenedant on conclusion of transitions review which is continuing - no saving anticipated in year.
19_20 BP3	Service Review	Review of Transitions	0.0	Claire		-	
19_20 BP6	Service Review	Homecare Review	825.0	Derrick/Stephen	300.0	525.0	Delay in progressing review due to complexity - saving linked to revised structure / operating model, review function, maximise use of CM2000, shift balance to private provision - per report to IIB in June 2019. Further delays in implementing new structure and revised rotas to deliver saving.
19_20 BP8	Service review	Review of Children & Families Staffing Structure	150.0	Claire	100.0	50.0	Service review ongoing, management of vacancies will deliver this saving in the short term until review is complete.
19_20 BP27	Service Review	Integrated Structure Review	0.0	Susan		-	
		TOTAL £k	**3751.0**		**2,607.8**	**1,143.2**	

Total Partnership Savings requirement	3,867
Total Partnership Savings Identified	3,751
Savings Gap	116.0
Improvement health offer	206.0
Savings Gap	-90.0
Mgt Action	2055.5
Business Cases - Service redesign	1695.5
	3751.0

HSCP Summary Performance 2019/20 (Month 3)

	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Projected Variance
Social Work	55,062	11,179	11,588	(409)	(3,642)
NHS Community	69,858	18,155	18,348	(194)	0
Total Partnership	124,920	29,334	29,936	(603)	(3,642)
Oral Health (hosted)	10,035	2,568	2,377	192	0
Set Aside (SA)	19,602	4,901	4,901	0	0
Total (incl: hosted + SA)	154,557	36,802	37,213	(411)	(3,642)

Reserves Position at Month 3

General	41
Earmarked	1,853
Total partnership reserves	1,894

East Dunbartonshire HSCP
Budget Performance 2019/20
Month 3

Care Group	Annual Budget (£000) Total	YTD Budget (£000) Total	YTD Actual (£000) Total	YTD Variance (£000) Total	Projected Variance (£000) Total	Comment
Mental Health, Learning Disability, Addictions & Health Improvement	24,144	5,296	5,097	199	(617)	Relates to payroll variances in respect of ongoing recruitment issues within mental health requiring the use of agency staff to meet statutory duties, Pineview payroll costs as a consequence of bringing this service in house (£550k) and potential shortfall on delivery of savings relating to delays in creating review capacity to progress the Fairer Access policy (£100k) .
Community Health & Care Services	41,120	8,521	9,222	(700)	(3,097)	Relates to pressures expected on payroll budget in respect of overtime and challenging turnover savings within homecare (£600k), pressure in relation to demand levels for care home placements, supported living, homecare and daycare (alternatives) - (£2m) and shortfall on delivery of savings target for rebiew of homecare (£500k).
Children & Criminal Justice Services	14,893	3,501	3,433	68	4	Relates to demand pressures in respect of kinship payments and potential shortfall on savings target for external fostering placements offset to some extent by capacity within payroll budgets as a consequence of robust vacancy management.
Business Support	397	620	789	(170)	68	Relates to the balance of budget savings yet to be allocated to specific service areas which is not expected to be achieved at this stage.
FHS - Prescribing	18,725	4,653	4,653	0	0	No variance expected at this stage - too early in the financial year to determine demand and cost trends.
FHS - GMS	13,252	3,508	3,508	0	0	Budget = Actual
FHS - Other	12,389	3,234	3,234	0	0	Budget = Actual
Oral Health - hosted	10,035	2,568	2,377	192	0	No variance rpeorted at this stage, however ongoing scrutiny of payroll underspends may provide some capacity to offset year end position.
Set Aside	19,602	4,901	4,901	0	0	Budget = Actual
TOTAL	**154,557**	**36,802**	**37,213**	**(411)**	**(3,642)**	

East Dunbartonshire HSCP
Budget Performance 2019/20
Month 3

	Annual Budget			YTD Budget			YTD Actual			YTD Variance			Projected Variance			Comment
	Health	SW	Total	Health	SW	Total	Health	SW	Total	Health	SW	Total	Health	SW	Total	
Adult Services																
Alcohol & Drugs	323.9		323.9	85.7		85.7	87.8		87.8	(2.1)	0.0	(2.1)	0.0		0.0	
Learning Disability Community	625.1		625.1	156.3		156.3	163.8		163.8	(7.5)		(7.5)	0.0		0.0	
Mental health - Adult Community	1,286.8		1,286.8	321.9		321.9	320.9		320.9	1.0	0.0	1.0	0.0		0.0	
Planning & Health Improvement	451.5		451.5	94.7		94.7	92.1		92.1	2.6	0.0	2.6	0.0		0.0	
Mental Health, Learning Disability, Addictions & HI		21,457.0	21,457.0		4,637.0	4,637.0		4,432.0	4,432.0	0.0	205.0	205.0	0.0	(617.0)	(617.0)	Relates to payroll variances in respect of ongoing recruitment issues within mental health requiring the use of agency staff to meet statutory duties, Pineview payroll costs as a consequence of bringing this service in house (£550k) and potential shortfall on delivery of savings relating to delays in creating review capacity to progress the Fairer Access policy (£100k). This is offset bu additional income included for therapeutic supports (£39k).
	2,687.3	21,457.0	24,144.3	658.6	4,637.0	5,295.6	664.6	4,432.0	5,096.6	(6.0)	205.0	199.0	0.0	(617.0)	(617.0)	
Older People Services																
Older People Community Services	3,962.5	35,085.0	39,047.5	990.6	7,274.0	8,264.6	1,060.1	7,944.0	9,004.1	(69.5)	(670.0)	(739.5)	0.0	(3,097.0)	(3,097.0)	Relates to pressures expected on payroll budget in respect of overtime and challenging turnover savings within homecare (£600k), pressure in relation to demand levels for care home placements, supported living, homecare and daycare (alternatives) - (£2m) and shortfall on delivery of savings target for rebiew of homecare (£500k).
Physical Disability			0.0			0.0			0.0		0.0	0.0			0.0	
Mental Health - Elderly Services	974.4		974.4	243.6		243.6	217.2		217.2	26.4	0.0	26.4	0.0		0.0	
Integrated Care Fund	587.6		587.6	13.2		13.2	0.3		0.3	12.9	0.0	12.9	0.0		0.0	
Other	510.0		510.0	0.0		0.0	0.0		0.0	0.0	0.0	0.0	0.0		0.0	
	6,034.5	35,085.0	41,119.5	1,247.4	7,274.0	8,521.4	1,277.6	7,944.0	9,221.6	(30.2)	(670.0)	(700.2)	0.0	(3,097.0)	(3,097.0)	
Children & Families																
Child Services - Community	1,828.8	13,064.0	14,892.8	457.2	3,044.0	3,501.2	448.3	2,985.0	3,433.3	8.9	59.0	67.9	0.0	4.0	4.0	Relates to demand pressures in respect of kinship payments and potential shortfall on savings target for external fostering placements offset by capacity within payroll budgets as a consequence of robust vacancy management.
Criminal Justice			0.0			0.0			0.0	0.0	0.0	0.0	0.0		0.0	
	1,828.8	13,064.0	14,892.8	457.2	3,044.0	3,501.2	448.3	2,985.0	3,433.3	8.9	59.0	67.9	0.0	4.0	4.0	
Business Support																
Administration & Management	1,458.4	1,827.0	3,285.4	445.7	337.0	782.7	444.6	381.0	825.6	1.1	(44.0)	(42.9)	0.0	68.0	68.0	Relates to income in respect of veterans funding now reflected and anticipated income to deliver on free personal care for those aged under 65 which will address some the pressures above.
Resource Transfer	16,470.8	(16,371.0)	99.8	4,117.7	(4,113.0)	4.7	4,117.7	(4,154.0)	(36.3)	0.0	41.0	41.0	0.0	0.0	0.0	
Financial Planning & Reserves	(2,988.3)		(2,988.3)	(167.7)		(167.7)	0.0		0.0	(167.7)		(167.7)			0.0	Relates to the contra entry within financial planning for assumed non recurring funding for Oral Health which has yet to be received from the Scottish Government (£4.5m)
Planning & Commissioning / Strategy			0.0			0.0			0.0	0.0	0.0	0.0	0.0		0.0	
	14,940.9	(14,544.0)	396.9	4,395.7	(3,776.0)	619.7	4,562.3	(3,773.0)	789.3	(166.6)	(3.0)	(169.6)	0.0	68.0	68.0	
FHS - Prescribing	18,725.0		18,725.0	4,653.4		4,653.4	4,653.4		4,653.4	0.0	0.0	0.0	0.0		0.0	
FHS - GMS	13,251.7		13,251.7	3,507.9		3,507.9	3,507.9		3,507.9	0.0	0.0	0.0	0.0		0.0	
FHS - Other	12,389.4		12,389.4	3,234.3		3,234.3	3,234.3		3,234.3	0.0	0.0	0.0	0.0		0.0	
	44,366.1	0.0	44,366.1	11,395.6	0.0	11,395.6	11,395.6	0.0	11,395.6	0.0	0.0	0.0	0.0	0.0	0.0	
Total Partnership Exepnditure	69,857.6	55,062.0	**124,919.6**	18,154.5	11,179.0	**29,333.5**	18,348.4	11,588.0	**29,936.4**	(193.9)	(409.0)	**(602.9)**	0.0	(3,642.0)	**(3,642.0)**	
Oral Health - hosted	10,035.2		10,035.2	2,568.2		2,568.2	2,376.5		2,376.5	191.7	0.0	191.7	0.0		0.0	
Set Aside	19,602.0		19,602.0	4,900.5		4,900.5	4,900.5		4,900.5	0.0	0.0	0.0	0.0		0.0	
Total Partnership Expenditure (Incl hosted + Set Aside)	**99,494.8**	**55,062.0**	**154,556.8**	**25,623.2**	**11,179.0**	**36,802.2**	**25,625.4**	**11,588.0**	**37,213.4**	**(2.2)**	**(409.0)**	**(411.2)**	**0.0**	**(3,642.0)**	**(3,642.0)**	
	79,892.8			20,722.7			20,724.9			(2.2)						
	79,892.8			20,722.7			20,724.7			(2.2)						
	0.0			0.0			(0.2)			0.0						

HSCP Summary Performance 2019/20 (Month 2)

Earmarked Reserves

SDS Training & Support (prior year)	78,454
Community Health - ICF / DD (Service Redesign - prior year)	523,000
Oral HD	200,000
Primary Care Cluster Funding (prior year)	38,968
Prescribing	176,529
Action 15	121,049
ADP	72,645
PCIP	527,242
GP Premises	93,000
PC SuUpport	11,919
TEC Funds	10,856
Total Earmarked	**1,853,662**

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th June 2019 (Month 03)

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Forecast Spend £'000	Forecast Variance £'000	Forecast Variance %	Summary Variance Analysis
Alcohol + Drugs - Community	328.6	85.7	87.8	(2.1)	328.6	0.0	0.0%	Overspend on pays within admin - review of funded establishment required. Assumes overall Addictions budget will break-even in 19/20.
Adult Community Services	3,962.5	990.6	1,060.1	(69.5)	3,962.5	0.0	0.0%	Pressure in pays budgets as a result of turnover savings, non pays pressure mainly EQUIPU. Assume overall Adult Community budget will break-even in 19/20. Further analysis required
Integrated Care Fund	587.6	13.2	0.3	12.8	587.6	0.0	0.0%	Forecast based on 18/19 spend with balance as slippage in 19/20 - to be reviewed in line with 19/20 plan
Child Services - Community	1,829.4	457.2	448.3	8.9	1,829.4	0.0	0.0%	Development of School Nursing Team to continue in 19/20. Recurring pressure remains re prior year school nursing savings target, however this will be offset by slippage in the recruitment for the new team.
Fhs - Prescribing	18,725.0	4,653.4	4,653.4	0.0	18,725.0	0.0	0.0%	Assumed breakeven as at month 3 until budget forecast for 19/20 received. Additional budget required to fund the 19/20 forecast sitting in financial planning in M12.
Fhs - Gms	13,251.7	3,507.9	3,507.9	0.0	13,251.7	0.0	0.0%	
Fhs - Other	13,799.7	3,589.6	3,589.4	0.2	13,799.7	0.0	0.0%	
Learn Dis - Community	625.1	156.3	163.8	(7.6)	625.1	0.0	0.0%	Assume overall LD budget will break-even in 19/20.
Men Health - Adult Community	1,525.6	381.4	380.4	1.0	1,525.6	0.0	0.0%	Assume overall Adult Mental Health budget will break-even in 19/20.
Men Health - Elderly Services	1,115.5	278.9	252.5	26.4	1,115.5	0.0	0.0%	Assume overall Elderly Mental Health budget will break-even in 19/20.
Oral Health	10,819.1	2,763.5	2,571.8	191.7	10,819.1	0.0	0.0%	
Administration & Management	1,568.9	445.7	444.6	1.1	1,568.9	0.0	0.0%	Year to date underspend in relation to slippage in delayed discharge funded posts not yet started. Pressure in accommodation budget - review of funded establishment required and estimated charge for Lennoxtown HUB to be clarified.
Planning & Health Improvement	469.7	112.9	110.3	2.6	469.7	0.0	0.0%	Health improvement overspend from prior year savings (£68k) that are unachieveable offset by slippage in recruitment in planning manager and information officer posts.
Resource Transfer - Local Auth	16,816.9	4,204.2	4,204.2	0.0	16,816.9	0.0	0.0%	
Financial Planning + Reserves	(2,431.1)	(120.5)	47.2	(167.7)	(2,431.1)	0.0	0.0%	Budget adjustment for £167.7k input to reflect underspend and month 3 movement to reserves at year end.
Expenditure	**82,994.2**	**21,520.0**	**21,522.0**	**(2.2)**	**82,994.2**	**0.0**	**0.0%**	
Alcohol + Drugs - Community	(4.7)	0.0	0.0	0.0	(4.7)	0.0	0.0%	
Child Services - Community	(0.6)	0.0	0.0	0.0	(0.6)	0.0	0.0%	
Fhs - Other	(1,410.3)	(355.3)	(355.3)	0.0	(1,410.3)	0.0	0.0%	
Men Health - Adult Community	(238.8)	(59.5)	(59.5)	0.0	(238.8)	0.0	0.0%	
Men Health - Elderly Services	(141.1)	(35.3)	(35.3)	0.0	(141.1)	0.0	0.0%	
Oral Health	(783.9)	(195.3)	(195.3)	0.0	(783.9)	0.0	0.0%	
Administration & Management	(110.5)	0.0	0.0	0.0	(110.5)	0.0	0.0%	
Planning & Health Improvement	(18.2)	(18.2)	(18.2)	0.0	(18.2)	0.0	0.0%	
Resource Transfer - Local Auth	(346.1)	(86.5)	(86.5)	0.0	(346.1)	0.0	0.0%	
Financial Planning + Reserves	(47.2)	(47.2)	(47.2)	0.0	(47.2)	0.0	0.0%	
Income	**(3,101.4)**	**(797.3)**	**(797.3)**	**0.0**	**(3,101.4)**	**0.0**	**0.0%**	
East Dunbartonshire Hscp	**79,892.8**	**20,722.7**	**20,724.7**	**(2.2)**	**79,892.8**	**0.0**	**0.0%**	

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th June 2019 (Month 03)

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000
Alcohol + Drugs - Community	328.6	85.7	87.8	(2.1)	31.7	27.5	4.2
Adult Community Services	3,962.5	990.6	1,060.1	(69.5)	330.2	351.5	(21.3)
Integrated Care Fund	587.6	13.2	0.3	12.8	4.4	0.0	4.4
Child Services - Community	1,829.4	457.2	448.3	8.9	152.4	154.1	(1.7)
Fhs - Prescribing	18,725.0	4,653.4	4,653.4	0.0	1,506.0	1,506.2	(0.2)
Fhs - Gms	13,251.7	3,507.9	3,507.9	0.0	1,159.0	1,159.0	0.0
Fhs - Other	13,799.7	3,589.6	3,589.4	0.2	1,108.9	1,108.7	0.2
Learn Dis - Community	625.1	156.3	163.8	(7.6)	52.1	58.9	(6.8)
Men Health - Adult Community	1,525.6	381.4	380.4	1.0	117.5	126.0	(8.5)
Men Health - Elderly Services	1,115.5	278.9	252.5	26.4	93.0	78.8	14.2
Oral Health	10,819.1	2,763.5	2,571.8	191.7	927.9	887.1	40.8
Administration & Management	1,568.9	445.7	444.6	1.1	142.8	152.8	(10.0)
Planning & Health Improvement	469.7	112.9	110.3	2.6	37.6	36.0	1.6
Resource Transfer - Local Auth	16,816.9	4,204.2	4,204.2	0.0	1,427.8	1,427.8	0.0
Financial Planning + Reserves	(2,431.1)	(120.5)	47.2	(167.7)	(19.0)	0.0	(19.0)
Expenditure	82,994.2	21,520.0	21,522.0	(2.2)	7,072.3	7,074.4	(2.1)
Alcohol + Drugs - Community	(4.7)	0.0	0.0	0.0	0.0	0.0	0.0
Child Services - Community	(0.6)	0.0	0.0	0.0	0.0	0.0	0.0
Fhs - Other	(1,410.3)	(355.3)	(355.3)	0.0	(125.2)	(125.2)	0.0
Men Health - Adult Community	(238.8)	(59.5)	(59.5)	0.0	(19.7)	(19.7)	0.0
Men Health - Elderly Services	(141.1)	(35.3)	(35.3)	0.0	(11.8)	(11.8)	0.0
Oral Health	(783.9)	(195.3)	(195.3)	0.0	(63.7)	(63.7)	0.0
Administration & Management	(110.5)	0.0	0.0	0.0	0.0	0.0	0.0
Planning & Health Improvement	(18.2)	(18.2)	(18.2)	0.0	0.0	0.0	0.0
Resource Transfer - Local Auth	(346.1)	(86.5)	(86.5)	0.0	(28.9)	(28.9)	0.0
Financial Planning + Reserves	(47.2)	(47.2)	(47.2)	0.0	0.0	0.0	0.0
Income	(3,101.4)	(797.3)	(797.3)	0.0	(249.3)	(249.3)	0.0
East Dunbartonshire Hscp	**79,892.8**	**20,722.7**	**20,724.7**	**(2.2)**	**6,823.0**	**6,825.1**	**(2.1)**

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th June 2019 (Month 03)
Expenditure

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Senior Managers	PA0	258.7	64.7	70.3	(5.7)	21.6	23.4	(1.9)	1.5	1.5
Medical & Dental	PA1	4,035.5	1,042.1	1,036.3	5.7	341.7	332.0	9.7	42.3	43.2
Nursing & Midwifery	PA2	6,851.1	1,772.0	1,518.7	253.3	587.7	505.1	82.6	141.8	141.3
Allied Health Professionals	PA3	1,190.0	310.3	345.4	(35.2)	112.1	123.5	(11.5)	29.6	27.4
Healthcare Sciences	PA4	85.0	21.3	18.6	2.7	7.1	6.2	0.9	1.6	1.6
Other Therapeutic	PA5	607.2	158.7	125.0	33.7	51.9	39.7	12.2	6.4	6.9
Medical Dental Support	PA6	4,671.1	1,193.2	1,203.2	(10.0)	395.0	394.7	0.4	139.6	141.7
Support Services	PA7	0.0	13.0	13.3	(0.3)	4.2	4.2	0.0	1.0	1.0
Admin & Clerical	PA8	2,043.7	542.7	497.7	45.0	187.2	162.5	24.7	59.9	60.8
Personal Social Care	PA9	529.2	132.3	132.7	(0.4)	43.4	49.8	(6.4)	11.1	10.7
Budget Reserves -pay	PB1	(803.8)	(200.9)	0.0	(200.9)	(67.0)	0.0	(67.0)		0.0
Pay		**19,467.7**	**5,049.4**	**4,961.2**	**87.9**	**1,684.9**	**1,641.1**	**43.7**	**434.9**	**436.1**
Drugs	S10	98.1	24.7	36.1	(11.5)	8.6	12.3	(3.8)		
Surgical Sundries	S11	636.3	138.6	148.2	(9.6)	40.7	51.3	(10.6)		
Cssd/diagnostic Supplies	S12	42.7	10.5	12.1	(1.6)	3.5	4.7	(1.1)		
Equipment	S13	311.0	75.0	108.3	(33.3)	26.5	5.1	21.4		
Other Admin Supplies	S14	1,046.7	317.0	268.2	48.8	83.5	108.3	(24.9)		
Hotel Services	S15	1,097.7	72.5	14.1	58.4	27.4	(0.3)	27.7		
Property	S16	285.9	70.6	1.5	69.1	23.5	0.6	22.9		
Heating Fuel And Power	S17	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Other Therapeutic Supplies	S18	18.4	4.2	3.2	1.0	1.4	0.9	0.5		
Other Supplies	S19	571.8	64.6	60.3	4.3	21.4	62.0	(40.6)		
Budget Reserves - Non Pay	S1X	(2,793.3)	(167.7)	0.0	(167.7)	(19.0)	0.0	(19.0)		
Non Pay		**1,315.3**	**610.0**	**652.0**	**(42.1)**	**217.5**	**244.9**	**(27.5)**		
Resource Transfer	S20	16,816.9	4,204.2	4,204.2	0.0	1,427.8	1,427.8	0.0		
Purchase Of Healthcare	S30	32.9	8.2	7.6	0.7	2.7	5.0	(2.3)		
Purchase Of Healthcare		**16,849.8**	**4,212.4**	**4,211.8**	**0.7**	**1,430.5**	**1,432.8**	**(2.3)**		
Gms	9	13,251.7	3,507.9	3,507.9	0.0	1,159.0	1,159.0	0.0		
Gps	0	22,238.6	5,548.0	5,547.8	0.2	1,798.6	1,798.6	0.1		
Gds	1	7,951.2	2,019.2	2,019.1	0.1	603.7	603.6	0.1		
Gos	2	2,114.8	621.9	622.0	(0.1)	194.3	194.4	(0.1)		
Family Health Services		**45,556.3**	**11,697.0**	**11,696.8**	**0.2**	**3,755.6**	**3,755.6**	**0.1**		
Savings	S50	(195.0)	(48.8)	0.0	(48.8)	(16.3)	0.0	(16.3)		
Savings		**(195.0)**	**(48.8)**	**0.0**	**(48.8)**	**(16.3)**	**0.0**	**(16.3)**		
East Dunbartonshire Hscp		**82,994.1**	**21,520.0**	**21,521.8**	**(2.1)**	**7,072.2**	**7,074.4**	**(2.3)**	**434.92**	**436.1**

Income

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Scot Bodies	I30	(1,072.6)	(270.2)	(270.2)	0.0	(90.0)	(90.1)	0.0		
Other Hch	I31	(526.8)	(151.9)	(151.9)	0.0	(28.9)	(28.9)	0.0		
Hch Income		**(1,599.4)**	**(422.1)**	**(422.1)**	**0.0**	**(118.9)**	**(119.0)**	**0.0**		
Unified Fhs	I20	(85.7)	(18.7)	(18.7)	0.0	(4.9)	(4.9)	0.0		
Non Disc Fhs	I21	(1,410.3)	(355.3)	(355.3)	0.0	(125.2)	(125.2)	0.0		
Fhs Income		**(1,496.0)**	**(374.0)**	**(374.0)**	**0.0**	**(130.1)**	**(130.1)**	**0.0**		
Other Operating Income	I40	(6.0)	(1.1)	(1.1)	0.0	(0.2)	(0.2)	0.0		
Other Operating Income		**(6.0)**	**(1.1)**	**(1.1)**	**0.0**	**(0.2)**	**(0.2)**	**0.0**		
East Dunbartonshire Hscp		**(3,101.4)**	**(797.2)**	**(797.2)**	**0.0**	**(249.2)**	**(249.3)**	**0.0**		

APPENDIX 1

GENERAL FUND REVENUE MONITORING 2019/20
SUMMARY FINANCIAL POSITION

As at : 30 June 2019	BUDGET		ACTUAL		VARIANCE	
Accounting Period 3	Annual Budget	Budget Period 3	Expenditure Period 3	Projected Annual	At Period 3	Projected Annual
Health & Social Care Partnership						
Community Health & Care Services	35,085	7,274	7,944	38,182	670	3,097
Mental Health, Learning Disability, Addictions & Health Improvement	21,457	4,637	4,432	22,074	(205)	617
Children and Families & Criminal Justice	13,064	3,044	2,985	13,060	(59)	(4)
Social Work Strategic Resources	(14,544)	(3,776)	(3,773)	(14,612)	3	(68)
HSCP Underspend / (Overspend)					**(409)**	**(3,642)**
Total	**55,062**	**11,179**	**11,588**	**58,704**	**0**	**0**

Appendix 2

GENERAL FUND REVENUE MONITORING 2019/20 DETAILED FINANCIAL POSITION as at Period 3 : 30 June 2019	Annual Budget £000	Budget Period 3 £000	Expenditure Period 3 £000	Projected Annual £000	Variation Period 3 £000	Projected Year End Variation £000
HEALTH AND SOCIAL CARE PARTNERSHIP						
COMMUNITY HEALTH & CARE SERVICES						
1 Employee Costs	**9,366**	**1,861**	**1,885**	**9,924**	**24**	**558**
At this stage projections show that there will be an unfavourable variation to budget. This is predominantly within the homecare service, is due to increased demand pressures covered through the use of overtime, and also non delivery of turnover as a result of continued requirement to cover frontline service delivery to a vulnerable customer group. Projections assume some vacancies will be filled with commencement dates as discussed with managers. Projected overspends in overtime and other pay are based on profiles of spend and have been adjusted in line with recruitment. Payroll variations will continue to be monitored as an area of recurring pressure.						
2 Property Costs	**3**	**1**	**1**	**3**	**0**	**0**
No variation on budget is expected						
3 Supplies and Services	**756**	**188**	**133**	**721**	**-55**	**-35**
Budgets relate to Homecare personal protective equipment and clothing, telecare costs and disabled adaptations. Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipu contract. The current underspend is in relation to a invoices still to be processed. At this stage in year savings for adaptations and employee clothing can be expected.						
4 Budget Savings	**-825**	**-205**	**0**	**-275**	**205**	**550**
This saving is in relation to the Homecare review, this is currently ongoing and at this stage £0.275m is expected to be achieved.						
5 Agencies and Other Bodies	**26,716**	**5,955**	**6,570**	**28,760**	**615**	**2,044**
At this stage there is an increase in the commitment against all types of service package, however, mainly in residential accommodation. These commitments are worst case scenario and include estimated values for packages still to go onto the Carefirst system. For these client contributions have been estimated as they are unknown at this stage. Estimates have also been included for rate uplifts for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
6 Transport and Plant	**34**	**8**	**7**	**34**	**-1**	**0**
No variation on budget is expected						
7 Admin and Other Costs	**253**	**63**	**-40**	**243**	**-103**	**-10**
Underspends are expected in this area through the independent living fund, stationery and legal expenses.						
8 Health Board Resource Transfer Income	**-45**	**-2**	**-2**	**-45**	**0**	**0**
No variation on budget is expected						
9 Other Income	**-1,173**	**-595**	**-610**	**-1,183**	**-15**	**-10**
The variation anticipated relates to unbudgeted income for student placements fees, this is expected to continue.						
Total - Community Health & Care Services	**35,085**	**7,274**	**7,944**	**38,182**	**670**	**3,097**
MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS & HEALTH IMPROVEMENT						
1 Employee Costs	**5,097**	**1,018**	**1,044**	**5,653**	**26**	**556**
At this stage projections show that there will be an unfavourable variation to budget. Projections assume some vacancies will be filled with commencement dates as discussed with managers. At this stage it is assumed that staff turnover savings will not be achieved. Projected overspends in overtime and other pay are based on profiles of spend and have been adjusted in line with recruitment. Variation to budget is also in relation to a £0.4m saving allocated to the Pineview service. For this report, although the original saving will not be achieved, it will be partly offset with a delay in the recruitment process, to fill a number of vacancies, while one client placement remains void. There are also pressures within Learning disability and mental health where agency costs have been included. Payroll variations will continue to be monitored as an area of recurring pressure.						
2 Property Costs	**127**	**25**	**15**	**127**	**-10**	**0**
The budget variation is in relation to water costs at Pineview						
3 Supplies and Services	**132**	**33**	**23**	**132**	**-10**	**0**

GENERAL FUND REVENUE MONITORING 2019/20 DETAILED FINANCIAL POSITION as at Period 3 : 30 June 2019		Annual Budget £000	Budget Period 3 £000	Expenditure Period 3 £000	Projected Annual £000	Variation Period 3 £000	Projected Year End Variation £000
	No variation on budget is expected.						
4	**Budget Savings**	-100	-25	0	0	25	100
	The budget saving is for Fair Access to Community Care, at this stage none of this is expected to be achieved until 2020/21 as there are delays in recruiting to a review team.						
5	**Agencies and Other Bodies**	16,726	3,693	3,384	16,726	-309	0
	At this stage there is a significant reduction in the Commitments against Care Packages for Residential, Daycare, Supported Accommodation and Supported Living. There is, however, increased commitment against Homecare. Estimates have also been included for rate uplifts for this financial year. Not included are a number of care packages that have moved from daycare to supported living as the cost of these are as yet unknown. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. This will be reviewed in the next monitoring report for any projected variations.						
6	**Transport and Plant**	390	94	94	390	0	0
	No variation on budget is expected.						
7	**Admin and Other Costs**	161	40	38	161	-2	0
	No variation on budget is expected.						
8	**Health Board Resource Transfer Income**	-447	-112	-112	-447	0	0
	No variation on budget is expected.						
9	**Other Income**	-629	-129	-54	-668	75	-39
	Additional service charges increased the budget in this area for 2019/20 this has been delayed till August but is expected to be achieved but not in full (£0.018m). Additional income in relation to Keys to life funding and Creative Scotland can be assumed this financial year, which will slightly offset this. Additional income in respect of therapeutic support can also now be anticipated						
Total - Mental Health, Learning Disability, Addictions & Health Improvement.		21,457	4,637	4,432	22,074	-205	617
CHILDREN AND FAMILIES & CRIMINAL JUSTICE							
1	**Employee Costs**	5,898	1,165	1,089	5,820	-76	-78
	Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. At this stage projections show that there will be a small underspend in this budget and that all staff turnover savings will be achieved. This is due to a number of vacancies that remain unfilled.						
2	**Property Costs**	50	7	3	50	-4	0
	No variation on budget is expected, spend is currently behind due to a delay in invoicing.						
3	**Supplies and Services**	97	24	15	97	-9	0
	No variation on budget is expected., this is currently underspent as this is variable throughout the year.						
4	**Agencies and Other Bodies**	7,730	2,050	2,121	7,829	71	99
	Projections are indicating pressures in fostering and kinship placements (an increase of 10 clients in these areas). There is a small reduction in projected children's residential placements expenditure.						
5	**Transport and Plant**	81	20	13	81	-7	0
	No variation on budget is expected.						
6	**Admin and Other Costs**	446	111	105	446	-6	0
	No variation on budget is expected.						
7	**Income**	-1,238	-333	-361	-1,263	-28	-25
	Additional income is expected from the NHS for Carers Link payments expenditure offsetting spend above.						
Total - Children and Families & Criminal Justice		13,064	3,044	2,985	13,060	-59	-4
SOCIAL WORK STRATEGIC / RESOURCES							

GENERAL FUND REVENUE MONITORING 2019/20 DETAILED FINANCIAL POSITION as at Period 3 : 30 June 2019		Annual Budget £000	Budget Period 3 £000	Expenditure Period 3 £000	Projected Annual £000	Variation Period 3 £000	Projected Year End Variation £000
1	**Employee Costs**	**628**	**122**	**132**	**640**	**10**	**12**
	Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. The projected variation is in relation to unachievable staff turnover savings.						
2	**Supplies and Services**	**6**	**1**	**4**	**6**	**3**	**0**
	The variation reported is in relation to decoration works at the KHCC.						
3	**Agencies and Other Bodies**	**1,379**	**260**	**237**	**1,379**	**-23**	**0**
	No variation on budget is expected.						
4	**Budget Savings**	**-214**	**-53**	**0**	**-214**	**53**	**0**
	No variation on budget is expected.						
5	**Admin and Other Costs**	**28**	**7**	**8**	**34**	**1**	**6**
	The variation reported is in relation to furniture an fittings expenditure and health and safety equipment, this may be funded by the NHS but still awaits confirmation.						
6	**Health Board Resource Transfer Income**	**-10,422**	**-2,605**	**-2,605**	**-10,422**	**0**	**0**
	No variation on budget is expected						
7	**Income**	**-5,949**	**-1,508**	**-1,549**	**-6,035**	**-41**	**-86**
	This budget currently includes funding for free personal care for under 65's and will be redistributed in a future report which may offset overspends elsewhere. Additional income in respect of veteran's funding can now be anticipated						
Total - Social Work Strategic / Resources		**-14,544**	**-3,776**	**-3,773**	**-14,612**	**3**	**-68**
Total Health and Social Care Variances		**55,062**	**11,179**	**11,588**	**58,704**	**409**	**3,642**

Chief Officer
Susan Manion

Agenda Item Number: 14

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Financial Framework for the NHS Greater Glasgow & Clyde Five Year Adult Mental Health Services Strategy
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement, Interim Chief Social Work Officer
Contact Officer	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement, Interim Chief Social Work Officer

Purpose of Report	The purpose of this report is to seek approval for the financial framework which has been developed to support the implementation of the Five Year Adult Mental Health Strategy across Greater Glasgow and Clyde

Recommendations	The Integration Joint Board is asked to: a) Approve the proposed financial framework described at sections 3.1 and 4 of this report, which will support the implementation of the NHS Greater Glasgow & Clyde Five Year Adult Mental Health Services Strategy.

Relevance to HSCP Board Strategic Plan	The NHS Greater Glasgow & Clyde Five Year Adult Mental Health Services Strategy is relevant to all eight of the HSCP's identified priorities

Implications for Health & Social Care Partnership

Human Resources	None.

Equalities:	None.

Financial:	This financial framework determines that budgets associated with disinvestment from current Board wide service models will be re-allocated across the 6 Health and Social Care Partnerships based on an NRAC calculation. Each HSCP will then be responsible for funding local and Board wide investment required to support the implementation of the Adult Mental Health Strategy. Board wide investment will be funding jointly by HSCP's based on their share of NRAC.

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	A financial framework is required to support the implementation of the Adult Mental Health Strategy. Failure to secure agreement across all 6 HSCP's which supports a system wide and local approach could impact on the ability to deliver on the NHS Greater Glasgow & Clyde Five Year Adult Mental Health Services Strategy.

Implications for East Dunbartonshire Council:	None at this stage. Directions will be issued in relation to reinvestment once the final financial framework is known.

Implications for NHS Greater Glasgow & Clyde:	None at this stage. Directions will be issued in relation to redirection and reinvestment once the final financial framework is known.

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0 MAIN REPORT

1.1. The purpose of this report is to seek approval for the financial framework which has been developed to support the implementation of the Five Year Adult Mental Health Strategy across Greater Glasgow and Clyde.

2. Background

2.1. The HSCPs across NHS Greater Glasgow and Clyde have worked collaboratively to develop an NHSGGC Five Year Adult Mental Health Services Strategy which has been approved by all 6 HSCP Boards. The aim of the strategy is to deliver a whole system approach to Adult Mental Health across Greater Glasgow and Clyde.

2.2. There are key service areas in Mental Health that are system wide services. These include:

- Adult Mental Health Inpatient Beds
- Specialist Adult Mental Health Services
- Perinatal Services
- Trauma Services
- Unscheduled Care Services

2.3. The Strategy recognises that this group of services will continue to be delivered on a system wide basis in order to ensure that access for people who require these services is equitable. In addition the strategy aims to standardise, within reasonable local variation, local services in order to ensure that the same levels and types of interventions are delivered across the Board area.

2.4. Work is being progressed to develop an implementation programme, which will be available later this year. A detailed financial framework will require to be developed to support the redistribution of funding which will support this whole system approach to Adult Mental Health within Greater Glasgow and Clyde. This will follow in due course.

3. Financial Framework Principles

3.1. The 6 HSCP's have worked together to develop a financial framework which will support the implementation of the Adult Mental Health Strategy, and have agreed the following principles. The framework must:-

- support system wide and local planning and decision making
- enable investments to be made which support delivery of the strategy, irrespective of where the budget is held
- offer a framework which is fair and equitable for all partners

- support service re-design on a system wide basis
- support collaborative working across the partners and deliver the optimum use of the resources across Greater Glasgow and Clyde, including workforce planning

3.2. These principles reflect the need for a collaborative and system wide approach and a need for local planning and decision making, and any financial framework proposed will need to support both approaches.

4. Financial Framework Proposed

4.1. The Adult Mental Health Strategy envisages significant resource shifts with service change. This will particularly focus on shifting the balance of care, reducing the reliance on high cost inpatient services and supporting the community infrastructure in Mental Health. Once the detail of the implementation programme is known this will identify areas of disinvestment which will free up money for reinvestment to support the implementation of the strategy. The strategy highlighted that the principal disinvestment will be confined to the contraction of inpatient services with the main areas requiring reinvestment being recovery, unscheduled care and social care.

4.2. The proposed financial framework will see the budgets identified for disinvestment across the system being re-allocated across the 6 HSCP's based on their share of NRAC in the year when the reallocation takes place. This is consistent with the approach which has taken place in other system wide financial frameworks.

4.3. Individual HSCP's will then be able to use this funding to undertake the local and board wide investment required to support the implementation of the Adult Mental Health Strategy. Board wide investment will be funded jointly by HSCP's based on their share of NRAC.

Chief Officer
Susan Manion

Agenda Item Number: 15

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Oral Health Directorate Performance Report – Overall GGC
Report By	Lisa Johnston – Interim General Manager Oral Health
Contact Officer	Lisa Johnston – Interim General Manager Oral Health

Purpose of Report	To provide an overview of the activities carried out by the Oral Health Directorate across NHSGGC.

Recommendations	To note the content.

Relevance to HSCP Board Strategic Plan	This report supports the strategic aims of the HSCP Boards in relation to health improvement, the provision of general dental services and the priority group work carried out for oral health in across NHSGGC.

Implications for Health & Social Care Partnership

Human Resources	None.

Equalities:	None.

Financial:	None.

Legal:	None.

Economic Impact:	None.

Sustainability:	None.

Risk Implications:	None.

Implications for East Dunbartonshire Council:	None.

Implications for NHS Greater Glasgow & Clyde:	Review and agree direction of oral health services for HSCP area.

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1. No Direction Required	√
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0	**MAIN REPORT**
1.1	This report provides an overview of the oral health services provided throughout NHS GG&C.
1.2	This report provides performance data in relation to oral health programmes and monitoring of oral health activities across GG&C, wherever possible this data has also been included in the individual HSCP reports as a comparator.

NHSGGC
Oral Health Directorate
Performance Report
June 2019

"Working with our partners to deliver the best possible oral health services"

Foreword

This report outlines the activities carried out by the Oral Health Directorate across NHS Greater Glasgow & Clyde.

We have looked to highlight where progress is being made and where the challenges remain to improve oral health and reduce inequalities for the population of Greater Glasgow and Clyde.

There have been a number of significant changes within the Directorate since the previous report. Our General Manager (Frances McLinden) has taken up post as the Interim Director of Regional Services within NHSGGC. We wish her the best in her new role. I have been appointed Interim General Manager for the Oral Health Directorate, with Susan Frew acting as Clinical Services Manager for Primary Dental Care Services.

Scottish Government continues to move forward with actions from the Oral Health Improvement Plan. This has included the appointment of Lee Savarrio as Chief of Dentistry in NHSGGC, previously Clinical Director of Acute Dental Services, to act as a strategic lead and point of contact in the Board to deliver the actions of the OHIP. This includes the implementation of accredited, enhanced skills general dental practitioners delivering dental care in care homes.

The training for the enhanced skills general dental practitioners has commenced. This process will take some time to complete across GG&C. There will be a need to maintain good engagement across services in NHSGGC throughout this process, to ensure the allocation of care homes to the enhanced skills GDPs while maintaining stability in service provision.

The review of Public Dental Services in GG&C is ongoing, with feedback sought from stakeholder groups. This work will continue in to the next year.

We will strive to work collaboratively, innovatively and effectively with you to improve the health of the population in GG&C. We will continue to deliver a safe, person-centred, effective and efficient oral health service across NHSGGC.

Lisa Johnston
Interim General Manager Oral Health NHSGGC

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GENERAL DENTAL SERVICES

The Oral Health Directorate performs an administrative function in relation to clinical and financial governance in all NHS dental practices. This is to ensure that General Dental Services (GDS) are delivered to an expected professional standard and includes carrying out Combined Practice Inspections and Sedation Practice Inspections on a minimum three yearly basis in line with General Dental Service Regulations.

We also work with Practitioner Services Division (PSD) and National Services Scotland (NSS) in relation to financial oversight/activity and regulatory functions in relation to Primary Care Dental Services.

There are 270 independent contractor practices providing NHS dentistry in NHSGGC. These practices provide General Dental Services (GDS) and in addition 68 of these practices provide sedation services. NHSGGC has 11 practices that only provide orthodontic services meaning no patients are registered with them for routine NHS dental treatment and patients are treated on a referral basis. Each HSCP is provided with a list of GDP's in their area.

HSCP	No. Practices	No. Practices Providing Sedation	No. Ortho Practices
West Dunbartonshire	16	3	0
Renfrewshire	35	13	1
Inverclyde	12	3	1
Glasgow North West	57	17	1
Glasgow North East	64	17	3
Glasgow South	39	12	1
East Renfrewshire	21	1	2
East Dunbartonshire	26	2	2
TOTAL	**270**	**68**	**11**

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Emergency and Out of Hours Attendances

The Oral Health Directorate provides emergency daytime and Out of Hours (OOH) cover for the population of GG&C. The Emergency Dental Treatment Centre (EDTC) is located on Floor 1 of Glasgow Dental Hospital and is operated by the Public Dental Service during the daytime and weekends. The daytime service provides emergency cover for unregistered patients and patients from outwith the area who are unable to attend their own dentist. The evening and weekend Out of Hours service provides emergency cover for patients registered in GG&C on behalf of GDPs as well as unregistered patients. OOHs appointments are booked via NHS 24.

The following tables provide a breakdown of the number of patients who attended these services during the year 2018/19.

Age Group	**Daytime Service (pop^n rate/1000)**		**Out of Hours (pop^n rate/1000)**	
0 to 4	14	0.23	81	1.31
5 to 9	39	0.60	244	3.77
10 to 15	31	0.44	144	2.04
16 to 29	1701	7.20	2165	9.16
30 to 44	1346	5.69	1911	8.07
45 to 64	797	2.56	1324	4.25
65+	185	0.96	280	1.45
Total	**4,113**		**6,149**	

Table of GG&C Residents Attending the Emergency Dental Treatment Centre during 2018/19

Age Group	**Patients Attending EDTC from "Out of Area"**	
	Daytime	**Out of Hours**
0 to 4	1	12
5 to 9	7	40
10 to 15	7	17
16 to 29	350	319
30 to 44	307	261
45 to 64	220	205
65+	49	29
Total	**941**	**883**

Table of Non-GGC Residents Attending the Emergency Dental Treatment Centre during 2018/19

Patient attendances at services delivered from the EDTC are heavily influenced by Glasgow City residents, with upwards of 60% of attendances by patients within this HSCP. This is not surprising owing to the larger population, but this alone cannot explain this phenomenon.

In addition to large numbers attending from within Glasgow City HSCP, there are significant numbers of attendances from patients defined as "out of area".

These include tourists and visitors to Glasgow, students in higher education (not registering with a dentist in GG&C) and patients from neighbouring territorial Boards. The latter may include those who reside outwith Glasgow, but work within the Board area. We will work with other Health Boards to encourage dental attendance and registration in their own areas.

Children who make contact with the services in the EDTC (and through NHS 24) are followed up by oral health improvement staff to ensure assisting in registering with NHS dental services.

The data from the tables suggests the age range of patients in relation to population size who most frequently attend the EDTC is 16 to 64. This age range is predominantly the working population and those in higher education. These age groups are also the least likely to maintain regular participation with their own dentist. It is probable a number of the attendances at the Out of Hours service are registered patients who for a variety of reasons are unable to arrange appointments at their own dentist during the daytime, examples of these could be home/work commitments or distance from place of work their dentist.

It is clear from the data available there are opportunities to explore how more people in this age range can be encouraged to attend their own dentist for routine care regularly and review educational campaigns and opportunities to encourage resolution of care with their own GDP. We will work with local General Dental Practitioner's, partners in higher education and the Health Improvement teams across GG&C to seek ways to widely advertise dental services and seek greater participation in routine care.

Registration with NHS Dental Services

Data available from Information Services Division (ISD) (September 2018) shows the proportion of patients registered in GG&C are:

	Children	Adults
West Dunbartonshire	91.7%	95.5%
Renfrewshire	93.9%	97.4%
Inverclyde	93.7%	94.8%
Glasgow City	98.1%	98.7%
East Renfrewshire	94.6%	100%
East Dunbartonshire	92.6%	95.4%
GG&C	**95.8%**	**98.0%**
Scotland	**94.1%**	**94.3%**

The overall registration data for children and adults in GG&C are higher than the data for Scotland. There is some variation on this when looking at the data at an HSCP level. As data is not collected for non-NHS dental practices, it is not possible to determine numbers of patients seeking treatment outside of the NHS. Overall registration rates in GG&C for children and adults have improved on the previous figures (March 2017), which were 95.1% and 94.6%, respectively.

More detailed data on dental registrations from ISD[1] highlights persistent issues relating to the registration of very young children (aged 0-2 years). In GG&C the proportion of children aged 0-2 years who are registered with a dentist is 52.2%. This compares to 47.6% for Scotland. This represents a slight decline on the previous figure for the Board, which was 52.9%, but this remains unacceptably low and should be a major target for improvement for all HSCPs.

Registration data provides only details of patients registered with an NHS dentist. Data is available for participation, which is defined as contact with General Dental Services for patients who are registered with an NHS dentist and have attended for an examination or treatment in the previous two years. Unfortunately, detailed participation data at an HSCP level is not available. For GG&C the most recent data[1] for participation is:

- 83.3% (children)
- 65.7% (adults)

This data reveals significant numbers of patients of all ages are not routinely engaging with dental services. This limits the impact of oral and general health improvement messages reaching this cohort of hard to reach patients.

[1] **Dental Statistics - NHS Registration and ParticipationStatistics as at 30 September 2017**
http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/data-tables2017.asp?id=1843#1843

There is a likely association between the lower participation rates for adults and the increased attendances at the Emergency Dental Treatment Centre for adult patients.

Many of the interventions delivered by the Oral Health Directorate are funded to be targeted by population need. The Oral Health Improvement Team will also seek to determine if there is a risk that more affluent children are being overlooked in oral health improvement programmes which are targeting more vulnerable, or deprived children. As we still see a number of children in SIMD4/5 areas experiencing dental extraction procedures for decay.

PUBLIC DENTAL SERVICE

The Public Dental Service (PDS) provides comprehensive dental care and oral health education to priority group patients, including those with additional support needs, adult and paediatric learning disabilities, medically compromised and for child patients who are unable to be seen routinely by GDS (these will include higher levels of treatment complexity, behavioural factors and the medically compromised). Treatment is provided in clinics, schools and nurseries, care homes, outpatient daycentres, hospital units, domiciliary visits, prisons and undergraduate outreach clinics.

In January 2018, Scottish Government launched the Oral Health Improvement Plan (OHIP) for Scotland. It sets out the Scottish Government's direction of travel for NHS dental services and oral health improvement in Scotland.

In the context set out in the OHIP, it was decided to undertake a review of the Public Dental Service. The purpose of this review is to begin the process of ensuring that the services currently provided by the Public Dental Service in NHSGGC are fit for purpose and that our infrastructure is appropriate to support these services. The review sets out to identify the drivers for change, the challenges, risks and opportunities for the PDS in the future and to provide recommendations to be tested as part of the next steps.

The outcome of the review may result in the rationalisation and amalgamation of sites across Greater Glasgow & Clyde.

A list of all current sites used for clinical work by the PDS is attached in Appendix 2.

PRISON DENTAL SERVICE

The responsibility of the provision of Healthcare Services to prisoners transferred from the Scottish Prison Service (SPS) to NHS in November 2011. This transfer of responsibility was to ensure equity of care: prisoners now receive their healthcare from NHS in line with wider society.

Current Clinical Service Provision

The PDS provide dental care for prisoners convicted or on remand. Currently 10 dentist sessions per week are provided across the three prisons in Glasgow. 5 dental sessions per week are provided in HMP Barlinnie, 4 dentist sessions per week and 1 hygienist session per month are provided in HMP Lowmoss, 1 dentist session and 1 hygienist session per week are provided in HMP Greenock.

Current Health Improvement Provision

Health Improvement in prisons is delivered by the Prison Health Care Team which includes a dedicated Dental Health Support Worker (DHSW). The DHSW works closely with the Stop Smoking service in prisons and provides one to one and group support to prisoners to improve their oral health. The DHSW also facilitates involvement with community services to encourage prisoners to access care on liberation from prison. The children of prisoners with additional visiting privileges participate in the toothbrushing programme when they attend the visitors centre, this initiative has been developed jointly by Oral Health Improvement and Early Years staff. The Early Year's worker also offers additional oral health advice and support to prisoner's families, if appropriate.

Developments

Prison Healthcare staff and Oral Health Directorate staff continue to work in partnership to implement the actions and recommendations within the Oral Health Improvement Plan and Dental Services in Scottish Prisons Guidance for NHS Boards. This includes plans to deliver peer mentor training in HMP Lowmoss and tooth brushing schemes in Greenock and Barlinnie.

As of May 2019 the population in HMP Barlinnie is 1453 prisoners, this has been a steady rise from 1073 prisoners in December 2018. The rise is putting additional pressure on both clinical and Oral Health Improvement services within Barlinnie.

DENTAL PUBLIC HEALTH

The oral health of children in GG&C has improved significantly over the last 20 years. A major contributing factor in this has been the implementation of the Childsmile Programme. Children in GG&C are now demonstrating oral health levels comparable to the average for Scotland, supported by data from the National Dental Inspection Programme (NDIP). However, there remain wide variations within GG&C. The NDIP report is published in autumn each year and the updated data will be provided in the next performance report.

Dental Extraction Under GA

The extraction of teeth is an end-point for dental decay experience. For young children this procedure is usually performed under general anaesthetic this can be a traumatic experience presenting a risk to children, loss of school time (work time for parents) and resource intensive for NHSGGC. Data are available for the numbers of episodes for children for extraction of teeth under general anaesthetic and can assist in building a more comprehensive knowledge of population oral health.

Post code sector	2013	2014	2015	2016	2017	2018	Total	Pop^n Rate (per 1000) in 2017
Total GG&C	2016	2037	2099	1728	1706	2049	11,635	12

The data for GA episodes for dental extractions is, again, dominated by Glasgow City HSCP with over 50% of episodes being delivered to child residents of Glasgow City. Nevertheless, there has been a steady reduction in recent years in the number of GA episodes. This has been as a result of successful prevention and improved patient pathways to services.

However, in 2018 there was a marked increase. The reasons for this increase are likely to be multi-factorial, but will include the impact of several years of financial austerity, an increase in the numbers of migrant families with a high burden of disease and the ability of our services to reach larger numbers of the community, particularly in vulnerable families.

Childhood GA extractions remain a major challenge for many areas in Glasgow City HSCP and for localities within other HSCPs across GG&C.

ORAL HEALTH IMPROVEMENT

Childsmile

Childsmile is the National Dental Programme to improve the oral health of Scottish children. The programme has three main components; Childsmile Practice, Childsmile Core Toothbrushing Programme and Childsmile Fluoride Varnish Programme.

Childsmile Practice

The Childsmile Practice programme is designed to improve the oral health of children in Scotland from birth by working closely with dental practices. It was developed to provide a universally accessible child-centred NHS dental service. An important link is established between Health Visitors, Dental Health Support Workers (DHSW) and dental practices. Assistance is provided in locating and facilitating attendance at a dentist for new parents. The table below outlines the patient contacts for Childsmile Practice staff providing home visit support.

SIMD	Children with (at least one) kept DHSW appointment	Children whose families refused Childsmile	'Family could not be contacted'	Families with outcome 'FTA / Not at home' (further contact required)
1	3286	57	13	606
2	1274	24	2	150
3	834	18	4	86
4	711	18	1	48
5	812	37	3	67
Total	7215	163	23	983
unknown	298	9	0	26

Children Successfully Contacted and Not Contacted by DHSW, and Families Who Refused Childsmile – NHSGGC 2018/2019

A total of 7,513 home visits were made across GG&C during 2018/2019. There were 1,009 family contacts where families were not at home at the time of the visits. Repeated attempts are made to visit these families. In most areas DHSW will refer patients back to HV's if they are unsuccessful in completing a family visit.

The data recorded on the HIC (Health Informatics Centre) system which is hosted by Dundee University is illustrated in the table above. This data relates to DHSW contacts with families. What is not clearly recorded or available from the data are the numbers of families where all attempts to engage have failed and the family have been referred back to the Health Visitor.

The Oral Health Improvement team continue to engage with HIC to highlight the need for a more robust means of identifying families where contact has been unsuccessful. The Oral Health Improvement team will engage further with HSCP teams to support the development of board wide approach to indentify families not engaging with services.

Childsmile Core Toothbrushing Programme August 2018 - June 2019

Overall levels of activity have remained consistent for Childsmile Core. GG&C has consistently performed well when compared in the National Childsmile Report to all other boards in Scotland. During the period 99% of nurseries and 100% of additional support needs schools (ASN) participated in the tooth brushing programme. A total of 268 out of 297 mainstream schools and 24 Additional Support Needs schools are taking part in the programme. A school is considered as toothbrushing if it has been observed on at least one occasion as toothbrushing in line with the National Toothbrushing Standards.

Oral Health Educator's (OHEs) have established an effective partnership working with HSCP colleagues, and work jointly to support the delivery of the Childsmile Programme. Non-participating schools are involved in other oral health activities such as creating sugar displays and creating oral health lessons. They are are contacted on a regular basis to review interest in participation and offered support to implement the Childsmile tooth brushing programme.

Continued collaboration between the Oral Health Directorate and the HSCPs is required, to influence positive change by partners in education to improve the uptake and sustainability of toothbrushing schemes, particularly in establishments in areas with high levels of deprivation with lower compliance and children at higher risk to developing dental disease.

SIMD	Nurseries	Primary Schools	Total (N+S)	Additional Support Needs
1	98	61	159	5
2	101	81	182	12
3	88	58	146	4
4	73	34	107	1
5	64	32	96	2
Unknown	3	2	5	0
Total	427	268	695	24

Establishments Participating in Toothbrushing Programme – NHSGGC August 2018 – June 2019

The number of nurseries participating in the toothbrushing programmes remains high, however there are six within Glasgow City who are finding it a challenge to brush on a daily basis. Gaining agreement from all Schools and nurseries to brush on a daily basis is an ongoing challenge, particularly in the most deprived areas of GG&C. The total number of establishments appears to have decreased from 720 in (2017/2018) to 719 in (2019/2020), this is due to merger of establishments in the board area. The number of ASN schools toothbrushing remains stable.

Childsmile Fluoride Varnish Programme

The Oral Health Improvement Team work with HSCP partners to deliver the Childsmile Fluoride Varnish programme in nurseries and schools within GG&C. A total of 46,115 fluoride varnish applications were made by the FV team during 2018/2019, this is a substantial increase of over 3,000 in 2017/18 (43,012). This is due to additional funding from the Scottish Government, allowing more establishments to be targeted. The aim is to apply varnish to children's teeth twice annually.

The health board focuses targeted fluoride varnish on SIMD 1 and 2 schools and nurseries. It should be noted that fluoride varnish can be accessed through the children's GDP so all children (between 2 and 6 years old) can receive this treatment twice yearly at their own dentist.

Class Type	Targeted Children	Children with validated consents		Children receiving at least one FVA			Children receiving two or more FVAs		
	T	V	% of T	n	% of T	% of V	n	% of T	% of V
nursery	12128	8160	67.30%	6515	53.70%	79.80%	3316	27.30%	40.60%
p1	5985	4697	78.50%	4448	74.30%	94.70%	3626	60.60%	77.20%
p2	6271	5214	83.10%	4971	79.30%	95.30%	4331	69.10%	83.10%
p3	6281	5331	84.90%	5036	80.20%	94.50%	4429	70.50%	83.10%
p4	6146	5273	85.80%	5008	81.50%	95.00%	4415	71.80%	83.70%
p5	384	20	5.20%	11	2.90%	55.00%	5	1.30%	25.00%
p6	2	2	100.00%	2	100.00%	100.00%	0	0.00%	0.00%
p7	3	2	66.70%	2	66.70%	100.00%	0	0.00%	0.00%

Childsmile Nursery and School: Fluoride Varnish activity 2018/2019

The fluoride varnish programme will be continually monitored to identify ways to improve efficiency and increase uptake of fluoride varnish.

Summary of OHEs Activity August 2018 – June 2019

This year the Oral Health Educators (OHE's) have been involved in board wide and national Oral Health Improvement Programmes for children and vulnerable adults. Activities include toothbrushing, oral health training, oral health promotion sessions, monitoring visits, recruiting volunteer, sugar display campaign, developing educational resources and health events both local and national.

In addition OHE's are involved in targeted Fluoride Varnish sessions, also providing support to families who have received a category A NDIP letter, which indicating an urgent need for dental treatment. They also provide support to families who have contacted NHS24, and oral health promotion to parents/carers at Glasgow Dental Hospital General Anaesthetic assessment sessions.

The support offered by OHE's includes 1-1 advice to parents on how to address their individual needs and to encourage registration with a dentist. Support is also offered to children with a fear of going to the dentist by offering acclimatisation sessions before their dental appointment.

OHE's offer all schools staff training to re-enforce the national toothbrushing standards. OHE's also assist Oral Health Training Officers to provide training and support to care home staff. In order to increase networking and support to General Dental Practitioners the OHEs have offered all GDP's in the Board update sessions on Childsmile and Caring for Smiles.

	West Dunbartonshire	Renfrewshire	Inverclyde	Glasgow City	East Renfrewshire	East Dunbartonshire
Total Number of OHE talks within Schools	76	136	72	206	83	25
Number of Children at OHE talks	2072	4921	2545	8566	844	1002
Number of Head Teacher visits	20	18	21	80	0	0
Number of parents sessions attended i.e. Induction /parents evenings	1	9	0	12	2	2
Number of referrals from School nurses	6	0	0	4	2	0
Number of monitoring contacts	64	69	38	187	16	66
Number of children seen at monitoring	2565	6919	2602	8248	3159	2856

National Smile Month 2019

National Smile Month is the UK's largest and longest-running Oral Health Campaign. It is organised by oral health charity, the British Dental Health Foundation and the campaign hopes to raise awareness of important health issues, and make a positive difference to the oral health of millions of people throughout the UK.

This year National Smile Month ran from the 13th May to the 13th June. To celebrate National Smile Month 2019 the Oral Health Improvement Team invited all schools across NHSGGC to participate in a sugar display competition.

The theme of this years' local campaign was to create a visual display highlighting the sugar contents of common foods and drinks. The children were asked to produce a sugar display for their school or local community area. Certificates were awarded for the winning displays in each HSCP with an overall winner picked from the shortlisted finalists. The winning school received the 'Sparkling Smile Trophy'. Thirty-one schools across NHSGGC participated in the National Smile Month poster campaign. The winning school St Ninian's Primary School (Inverclyde) received the 'Sparkling Star Trophy'. Edinbarnet (West Dunbartonshire) achieved 2nd place, the school received a silver medal certificate and £40 Build a Bear voucher (for the class) and an engraved Sparkling Star Trophy. St Cuthbert's (North West Glasgow) achieved 3rd place, the school received a Bronze Medal certificate, and also a £40 Build a Bear voucher (for the class) and an engraved Sparkling Star Trophy.

Caring for Smiles

Caring for Smiles (CfS) is Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes. The Caring for Smiles Programme contains information, which is adaptable to all adults, particularly those who are dependent or vulnerable.

Summary of Caring for Smiles Training

CARING FOR SMILES IN CARE HOMES			
No of care homes for older people in board area:	148	No. of care staff in board area:	7402
SCQF-ACCREDITED TRAINING NUMBERS			
			2018-19*
Total number of care homes participating (minimum of one staff member passing)			3 passed (6 CH's participated with training 2018/19 but not passed yet)
Total number of care staff with pass at Foundation level			4
Total number of care staff with pass at Intermediate level			2
NON-ACCREDITED TRAINING ATTENDANCE NUMBERS			
			2018-19*
Total number of care homes participating (minimum of one staff member trained)			46
Total number of care staff attending training			246

The table below provides data on the number of Care Homes involved in the programme within GG&C during 2018/19. All participating establishments are visited by an OHE on a monthly basis to carry out a baseline audit and update the dental registration figures which are reported back to the Oral Health Directorate.

	West Dunbartonshire	Renfrewshire	Inverclyde	Glasgow City	East Renfrewshire	East Dunbartonshire	Total
Number of Care Homes in total	10	22	17	71	15	13	148
Number of Care Homes participating in CFS Training	10	22	17	71	14	13	147
Number of Care Homes participating in CFS Monitoring	10	21	17	71	13	13	145
Total number of Residents	517	1221	659	3361	566	724	7048
Number of residents registered & seen by a dentist within last 12 months	356	897	544	2522	422	578	5319
% of residents seen & registered with a dentist within last 12 months	69%	73%	83%	75%	76%	80%	75%

The Oral Health Directorates Health Improvement Team react positively to any opportunity to influence the oral health of the population of GG&C, the list below is opportunistic training that have been delivered over the last year in addition to the routine activity.

- NHS - HCSW all new staff receive training at induction (acute setting) 390 staff trained this report period 2018 /2019
- Care at Home i.e. Share Scotland
- Adult care homes for residents who are have learning and disability
- Respite Care Homes for L&D and Elderly care
- Mental Health Teams
- Various Colleges
- Relatives and residents in Care Homes
- Adult day care centres
- NHS - Care Home Liaison Teams
- NES - Care Home Education Facilitators
- Care Home nutrition group
- NHS - SALT Teams on request
- NHS - Learning and Disability teams
- NES CPD Connect team (GP's, Pharmacists, Practice Nurses & paramedics)
- NES VT1 Students
- Caledonia University (GDH) – Dental hygiene/therapy students (all year groups)
- Groups of General Dental Practitioners

Staff will continue to seek every opportunity to support and improve the oral health of the community and citizens of GG&C.

Recommendations and Progress from Previous Report

In the last report, a number of recommendations were made. The Oral Health Directorate has worked to deliver against these recommendations.

1. **The Oral Health Improvement Team will aim to continue to improve links with NHS dental practices and provide support & training for Childsmile, particularly fluoride varnish application in areas where there is high need and difficulty in sustaining tooth brushing programmes in schools. A Board wide Quality Improvement programme with GDPs will aim to improve reporting of Childsmile Practice.**

    - The OHD continue to visit GDP's on annual basis to encourage the registration of children as early as possible and to support practices to deliver the full range of Childsmile interventions especially Fluoride Varnish.
    - A pilot quality improvement project is underway across GG&C. Practices are exploring how to improve Childsmile Practice delivery. The learning from the pilot will be shared across all HSCPs.
    - We have also worked with HSCP colleagues who liaise with families to encourage the registration of children. In addition we meet regularly with HSCP colleagues to raise awareness of registration rates.
    - Additional funding for Childsmile Fluoride Varnish has increased the number of targeted establishments and children receiving Fluoride Varnish in the community.

2. **The Oral Health Improvement Team will continue to work with colleagues in HSCPs to influence partners in education to improve the uptake and delivery of the Childsmile programme particularly in challenging areas where there is low uptake or sustainability of school toothbrushing.**

    - The OHD continue to work with partners in education to encourage all schools to participate in the Toothbrushing programme. Last year non-brushing schools created sugar displays and allocated time for children to have oral health education lessons and oral health input at parent inductions.

    - There remain a high number of schools unable to participate owing to staff shortages and financial pressures. Work has commenced in partnership with the HSCPs and colleagues in Education, to seek effective and innovative ways to support sustained Childsmile Core activities, especially in areas with vulnerable families.

    - OHD staff will continue to work with volunteer services and explore the use of further volunteers to sustain and improve the number of establishments participating in the toothbrushing programme.

3. **The Oral Health team will work with the Children and Family's team in HSCPs to ensure our continued focus is on improving registration and outcomes evidenced by the National Dental Inspection Programme(NDIP), with a focus on very young children and maximising the impact of family contacts with Dental Health Support Workers.**

   - A development session was held in January for staff members linked to children and families working. This event was attended largely by DHSWs. It is our intention to host and support similar sessions next year.

4. **The Oral Health Team will continue work with HSCPs to look for innovative ways to improve the oral health of their population and use HSCP intelligence to drive new methods of working.**

   - The OHD now have access to EMIS for staff, this will allow appropriate sharing of information with partners on our interventions to ensure Health Visiting and School Nursing colleagues are fully informed. This will facilitate partnership working in a timely secure manner: supporting families in contact with NHS 24 services, receiving a Category "A" NDIP letter or following up failure to attend GA appointments.

   - The OHD have been working with education partners to develop oral health topic boxes. The boxes contain oral health activities with resources to be booked out and used by schools independently to promote good oral health. These will be evaluated during the next academic year.

5. **The Oral Health Team will work with HSCPs and partners to implement the recommendations of the Scottish Oral Health Improvement Plan. In 2019 the early focus will be domiciliary care delivered by enhanced skills GDPs.**

   - The Oral Health Team have established good relationships with GDP's who continue to provide domiciliary visits to care homes and the first cohort of enhanced skills GDPs have completed training.

   - The team continue to target vulnerable groups including Homeless Service Users, Prisoners and Prison Staff, LACC, ASN children and adults, to deliver key oral health advice and tackle some of the issues such as alcohol consumption and smoking that are discussed in the Oral Health Improvement Plan.

6. **The Oral Health Team will work the Care Home Liaison teams to increase dental registration amongst the residents of care homes to ensure appropriate dental intervention when required and participation in the Caring for Smiles programme.**

   - The Caring for Smiles programme is now embedded in almost every care home across NHSGGC. However some establishments struggle to support staff undertaking and/or completing Caring for Smiles training, especially the Accredited Caring for Smiles training.

- Working with the Care Home Liaison team remains a priority to help sustain and improve oral health services across NHSGCC. We are aware of the benefits to services delivery of developing a working relationship with the Care Home Liaison team and to share good practice. We have worked with the Care Home liaison teams in areas such as East Dunbartonshire and Glasgow City. We will continue to engage with the Care Home liaison teams and continue attempts to engage with Care Home Liaison staff in all HSCP's in the coming year.

Key Findings and Recommendations

There needs to be continued efforts to address issues of sustained delivery of Childsmile Core programmes in NHSGGC to areas with vulnerable families. There is a continued risk past improvements in oral health will be lost without continued support from HSCP partners. The Oral Health Directorate would be keen to work in partnership with our colleagues in HSCP's to improve the oral health outcomes for their population, with a focus in the following areas.

- Provide continued support to NHS dental practices to encourage Childsmile activity, particularly fluoride varnish application in areas where fluoride varnish programmes are not a focus to the board.

- Utilise the findings from a Board wide Quality Improvement Programme with GDPs to inform how we can improve participation and recording of Childsmile Practice.

- Influencing partners in education to improve the uptake and sustained delivery of the Childsmile Core programme particularly in challenging areas.

- Ensuring our continued focus is on improving registration to support better outcomes from the NDIP national inspection.

- Identifying innovative ways to improve the oral health of the population and use HSCP intelligence to drive new methods of working.

- Implementing the recommendations of the Scottish Oral Health Improvement Plan. This will include the accreditation of enhanced skills GDPs delivering domiciliary care in care homes.

- Working with the Care Home Liaison teams to increase participation and monitoring of the CfS programme and to continue to increase dental registration amongst the residents to ensure appropriate dental intervention when required. Engagement may be required from HSCP partners to seek ways of supporting care homes struggling to meet the Caring for Smiles training target. Continue the recruitment of additional nurseries and schools during the following education year.

- If the evaluation of the oral health topic boxes developed in West Dunbartonshire is positive then encourage other areas to replicate this approach to embedding Oral Health information in education resources.

Specific Actions for coming year

- Continue to focus on early years work to increase registration of 0-2 age group.
- Dedicated work in schools with higher levels of category A and B NDIP letters.
- Work with education/health improvement/children and family teams to support OHI.
- Establish a short life working group to publicise use of dental services and regular attendance to prevent attendances at out of hours/emergency services.
- Engagement with Care Homes, HSCPS and GDPS to implement the Oral Health Improvement Plan priority for enhanced skills GDPS to deliver domiciliary care.

Appendix 1: Key Contacts

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Appendix 2: PDS Sites NHSGGC

Locations/Services	Paediatric Dentistry	Paediatric Inhalation Sedation	Special Care Dentistry	Adult Special Care – General Anaesthetic Assessment	Adult Special Care – General Anaesthetic	Adult Special Care – Sedation Services	General Dental Services	Oral Hygiene Services	Domiciliary Care
East Dunbartonshire HSCP									
Kirkintilloch Health Centre	√								
Low Moss Prison							√	√	
Inverclyde HSCP									
Greenock Health Centre	√	√	√				√	√	√
Inverclyde Royal Hospital	√**								
Greenock Prison							√	√	
Renfrewshire HSCP									
Royal Alexandra Hospital*	√	√	√	√	√	√	√	√	√
West Dunbartonshire HSCP									
Vale Centre for Health & Care*	√	√	√					√	√
Golden Jubilee National Hospital			√				√	√	

*Including paediatric and adult outreach
** GA Extraction Service

Locations/Services	Paediatric Dentistry	Paediatric Inhalation Sedation	Special Care Dentistry	Adult Special Care – General Anaesthetic Assessment	Adult Special Care – General Anaesthetic	Adult Special Care – Sedation Services	General Dental Services	Oral Hygiene Services	Domiciliary Care
<u>Glasgow City HSCP</u>									
Stobhill ACH			√	√	√	√			
Springburn Health Centre*	√	√						√	
Maryhill Health Centre	√	√	√					√	√
Drumchapel Health Centre	√	√						√	
Possilpark Health Centre	√	√						√	
Gartnavel General Hospital			√					√	
Easterhouse Health Centre			√					√	√
Townhead Health Centre	√		√				√	√	
Bridgeton Health Centre*	√								
Barlinnie Prison							√		
New Gorbals Health and Care Centre	√	√						√	
Pollock Health Centre*	√								
Govan Health Centre	√								
Victoria ACH			√					√	√
Castlemilk Health Centre	√	√						√	

Chief Officer
Susan Manion

Agenda Item Number: 16

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Oral Health Directorate Performance Report – East Dunbartonshire HSCP – June 2019
Report By	Lisa Johnston – Interim General Manager Oral Health
Contact Officer	Lisa Johnston – Interim General Manager Oral Health

Purpose of Report	To provide an overview of the activities carried out by the Oral Health Directorate within East Dunbartonshire HSCP.

Recommendations	To note the content.

Relevance to HSCP Board Strategic Plan	This report supports the strategic aims of the HSCP Board in relation to health improvement, the provision of general dental services and the priority group work carried out for oral health in the HSCP.

Implications for Health & Social Care Partnership

Human Resources	None.

Equalities:	None.

Financial:	None.

Legal:	None.

Economic Impact:	None.

Sustainability:	None.

Risk Implications:	None.

Implications for East Dunbartonshire Council:	None.

Implications for NHS Greater Glasgow & Clyde:	Review and agree direction of oral health services for HSCP area.

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1. No Direction Required	√
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0	MAIN REPORT
1.1	**This report provides an overview of the oral health services provided throughout East Dunbartonshire HSCP.**
1.2	**This report provides performance data in relation to oral health programmes and monitoring of oral health activities in East Dunbartonshire.**

NHSGGC

Oral Health Directorate

Performance Report

June 2019

EAST DUNBARTONSHIRE HSCP

"Working with our partners to deliver the best possible oral health service"

FOREWORD

This report outlines the activities carried out by the Oral Health Directorate within East Dunbartonshire.

We have looked to highlight where progress is being made and where the challenges remain to improve oral health and reduce inequalities for the population of East Dunbartonshire.

There have been a number of significant changes within the Directorate since the past report. Our General Manager (Frances McLinden) has taken up post as the Interim Director of Regional Services within NHSGGC. We wish her the best in her new role. I have been appointed Interim General Manager for the Oral Health Directorate, with Susan Frew acting as Clinical Services Manager for Primary Dental Care Services.

Scottish Government continues to move forward with actions from the Oral Health Improvement Plan. This has included the appointment of a Chief Dentistry in NHSGGC - Lee Savarrio, the Clinical Director of Acute Dental Services, to act as a strategic lead and point of contact in the Board to deliver the actions of the OHIP. This includes the implementation of accredited, enhanced skills general dental practitioners delivering dental care in care homes.

The training for the enhanced skills general dental practitioners has commenced. This process will take some time to complete across GG&C. There will be a need to maintain good engagement across services in East Dunbartonshire throughout this process, to ensure the allocation of care homes to the enhanced skills GDPs while maintaining stability in service provision.

The review of Public Dental Services in GG&C continues, with feedback sought from stakeholder groups. This work will continue in to the next year.

Oral Health in East Dunbartonshire remains good overall, but there are still improvements to be made and challenges to face. There have been slight improvements in overall registrations with dentists, but registration of very young children continues to be a significant issue in East Dunbartonshire and not all schools sustain supervised toothbrushing as part of Childsmile. Addressing these issues will be at the forefront of preventing a decline in the oral health of young children in East Dunbartonshire.

We will strive to work collaboratively, innovatively and effectively with you to improve the health of the population in East Dunbartonshire. We will continue to deliver a safe, person-centred, effective and efficient oral health service across East Dunbartonshire.

Lisa Johnston

Interim General Manager Oral Health Directorate NHSGGC

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GENERAL DENTAL SERVICES

The Oral Health Directorate performs an administrative function in relation to clinical and financial governance in all NHS dental practices. This is to ensure that General Dental Services (GDS) are delivered to an expected professional standard and includes carrying out Combined Practice Inspections and Sedation Practice Inspections on a minimum three yearly basis in line with General Dental Service Regulations.

We also work with Practitioner Services Division (PSD) and National Services Scotland (NSS) in relation to financial oversight/activity and regulatory functions in relation to Primary Care Dental Services.

Within East Dunbartonshire there are 26 independent general dental practices providing NHS dentistry (Appendix 2). These include 2 practices who provide sedation services and an additional 2 practices providing only orthodontic services meaning no patients are registered with them for routine NHS dental care and patients are treated on a referral basis.

Overall, within NHSGGC there are 270 independent general dental practices providing NHS dentistry. These include 68 practices who provide sedation services and 11 practices where only orthodontic services are provided. A breakdown of each HSCP is detailed in the table below.

HSCP	No. Practices	No. Practices Providing Sedation	No. Ortho Practices
West Dunbartonshire	16	3	0
Renfrewshire	35	13	1
Inverclyde	12	3	1
Glasgow North West	64	17	3
Glasgow North East	39	12	1
Glasgow South	57	17	1
East Renfrewshire	21	1	2
East Dunbartonshire	**26**	**2**	**2**
TOTAL	270	68	11

Emergency and Out of Hours Attendances

The Oral Health Directorate provides emergency daytime and Out of Hours (OOH) cover for the population of GG&C. The Emergency Dental Treatment Centre (EDTC) is located on Floor 1 of Glasgow Dental Hospital and is operated by the Public Dental Service during daytime and weekends. These services provide emergency cover for unregistered patients and patients from outwith the area who are unable to attend their own dentist. The evening and weekend Out of Hours service provides emergency cover for patients registered in GG&C on behalf of GDPs as well as unregistered patients. OOHs appointments are booked via NHS 24.

The following table details the number of patients residing in East Dunbartonshire who attended these services during the year 2018/19.

Age Group	**Daytime Service (pop^n rate/1000)**				**Out of Hours (pop^n rate/1000)**			
	East Dun		NHSGGC		**East Dun**		NHSGGC	
0 to 4	**0**	**0**	14	0.23	**3**	**0.53**	81	1.31
5 to 9	**2**	**0.32**	39	0.60	**29**	**4.62**	244	3.77
10 to 15	**4**	**0.55**	31	0.44	**18**	**2.45**	144	2.04
16 to 29	**63**	**3.89**	1701	7.20	**164**	**10.13**	2165	9.16
30 to 44	**75**	**4.41**	1346	5.69	**138**	**8.12**	1911	8.07
45 to 64	**59**	**1.85**	797	2.56	**134**	**4.21**	1324	4.25
65+	**16**	**0.66**	185	0.96	**44**	**1.83**	280	1.45
Total	**219**		**4,113**		**530**		**6,149**	

Table of East Dunbartonshire Residents Attending the Emergency Dental Treatment Centre during 2018/19

The data from the table suggests the age range of patients in relation to population size who most frequently attend the EDTC is 16 to 64. This age range is predominantly the working population and those in higher education. These age groups are also the least likely to maintain regular participation with their own dentist. It is possible a number of the attendances at the Out of Hours service are registered patients who for a variety of reasons are unable to arrange appointments at their own dentist during the daytime, examples of these could be work commitments, distance from place of work to dentist.

Children who make contact with the services in the EDTC (and through NHS 24) are followed up by oral health improvement staff to ensure successful participation with NHS dental services.

The patterns within the attendance data for 2018/19 are commensurate with historical data from 2016/17, suggesting there have been no significant changes in attendance habits of patients seen in the EDTC.

It is clear from the data available there are opportunities to explore how more people in the adult age ranges can be encouraged to attend their own dentist for routine care. There is a need to review educational campaigns and opportunities to encourage resolution of care with their own GDP. We will work with local General Dental Practitioner's and the Health Improvement teams in East Dunbartonshire to seek ways to widely advertise dental services and seek greater participation in routine care.

Registration with NHS Dental Services

Data available from Information Services Division (ISD) (September 2018) shows the proportion of patients registered in East Dunbartonshire are:

	Children	Adults
West Dunbartonshire	91.7%	95.5%
Renfrewshire	93.9%	97.4%
Inverclyde	93.7%	94.8%
Glasgow City	98.1%	98.7%
East Renfrewshire	94.6%	100%
East Dunbartonshire	**92.6%**	**95.4%**
GG&C	95.8%	98.0%
Scotland	94.1%	94.3%

The registration data for children in East Dunbartonshire are lower than the data for GG&C and for Scotland for children, but have improved on the same figures for the previous year (90.3%). The proportion of registered adult patients in East Dunbartonshire is also lower than the average for GG&C, but slightly higher than for Scotland. Encouragingly, the proportion of children and adults registered with an NHS dentist in East Dunbartonshire has continued to improve on the previous two years.

A number of patients (particularly adults) may be registered with non-NHS dentists, or may travel outside of East Dunbartonshire for dental treatment. As these statistics are not collected for non-NHS dental practices, it is not possible to determine numbers of patients seeking treatment outside of the NHS. This explanation will not hold as robustly for children, as dentists may hold list numbers with NHS GG&C to provide NHS dental registration and treatment for children, whilst providing non-NHS treatment for parents.

More detailed data on dental registrations from ISD[1] highlights a continuing issue relating to the registration of very young children (aged 0-2 years). In East Dunbartonshire the proportion of children aged 0-2 years who are registered with a dentist is 48.8%. This compares to 46.9% for Scotland and 51.7% for NHSGGC. This figure represents a fall from the previous year (50.0%). For children aged 0 to 11 months, the proportion of children registered is extremely low, with fewer than 15% registered with an NHS dentist in East Dunbartonshire. A pilot scheme engaging with the Registrars is underway in East Dunbartonshire to target very young children who are not yet registered with an NHS Dentist. The Oral Health Improvement team has prioritised visits to all local GDP's and Health Visitors are taking every opportunity to encourage dental registration at the earliest opportunity in the life course of children.

[1] **Dental Statistics - NHS Registration and Participation Statistics as at 30 September 2018**
http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/data-tables2017.asp?id=1843#1843

Registration data provides only details of patients registered with an NHS dentist. Data is available for participation, which is defined as contact with General Dental Services for patients who are registered with an NHS dentist for an examination or treatment in the previous two years. Unfortunately, detailed participation data at an HSCP level is not available.

It is probable the proportion of patients with routine or regular dental attendance is lower than the proportion of patients registered with a NHS dentist, as once registered this is life long.

PUBLIC DENTAL SERVICE

The Public Dental Service (PDS) provides comprehensive dental care and oral health education to priority group patients, including those with additional support needs, adult and paediatric learning disabilities, medically compromised and for child patients who are unable to be seen routinely by GDS (these will include higher levels of treatment complexity, behavioural factors and the medically compromised) . Treatment is provided in clinics, schools and nurseries, care homes, outpatient daycentres, hospital units, domiciliary visits, prisons and undergraduate outreach clinics.

In January 2018, Scottish Government launched the Oral Health Improvement Plan (OHIP) for Scotland. It sets out the Scottish Government's direction of travel for NHS dental services and oral health improvement in Scotland.

In the context set out in the OHIP, it was decided to undertake a review of the Public Dental Service. The purpose of this review is to begin the process of ensuring that the services currently provided by the Public Dental Service in NHSGGC are fit for purpose and that our infrastructure is appropriate to support these services. The review sets out to identify the drivers for change, the challenges, risks and opportunities for the PDS in the future and to provide recommendations to be tested as part of the next steps.

The dental suite at KHCC provides Paediatric Dentistry and is a base for Domiciliary Care however is not fully utilised and there is not an unmet need to support a PDS surgery in this area.

A list of all current sites used for clinical work by the PDS is attached in Appendix 3.

PRISON DENTAL SERVICE

The responsibility of the provision of Healthcare Services to prisoners transferred from the Scottish Prison Service (SPS) to NHS in November 2011. This transfer of responsibility was to ensure equity of care: prisoners now receive their healthcare from NHS in line with wider society.

Current Clinical Service Provision

The PDS provide dental care for prisoners convicted or on remand. Currently 10 dentist sessions per week are provided across the three prisons in Glasgow. 5 dental sessions per week are provided in HMP Barlinnie, 4 dentist sessions per week and 1 hygienist session per month are provided in HMP Lowmoss, 1 dentist session and 1 hygienist session per week are provided in HMP Greenock.

Current Health Improvement Provision

Health Improvement in prisons is delivered by the Prison Health Care Team which includes a dedicated Dental Health Support Worker (DHSW). The DHSW works closely with the Stop Smoking service in prisons and provides one to one and group supports to prisoners to improve their oral health. The DHSW also facilitates involvement with community services to encourage prisoners to access care on liberation from prison. The children of prisoners with additional visiting privileges participate in the toothbrushing programme when they attend the visitors centre, this initiative has been developed joint with by Oral Health Improvement and Early Years staff. The early year's worker also offers additional oral health advice and support to prisoner's families, if appropriate.

Developments

Prison Healthcare staff and Oral Health Directorate staff continue to work in partnership to implement the actions and recommendations within the Oral Health Improvement Plan and Dental Services in Scottish Prisons Guidance for NHS Boards. This includes plans to deliver peer mentor training in HMP Lowmoss and tooth brushing schemes in Greenock and Barlinnie.

DENTAL PUBLIC HEALTH

The oral health of children in GG&C has improved significantly over the last 20 years. A major contributing factor in this has been the implementation of the Childsmile Programme. Children in GG&C are now demonstrating child oral health levels comparable to the average for Scotland, supported by data from the National Dental Inspection Programme (NDIP). However, there remain wide variations within GG&C. The NDIP report is published in autumn each year and the updated data will be provided in the next performance report.

Dental Extraction Under GA

The extraction of teeth is an end-point for dental decay experience. For young children this procedure is usually performed under general anaesthetic – a traumatic experience presenting a risk to children, loss of school time (work time for parents) and resource intensive for NHSGGC. Data are available for the numbers of episodes for children for extraction of teeth under general anaesthetic and can assist in building a more comprehensive knowledge of population oral health. The numbers of episodes for children for dental extractions under general anaesthetic is shown below.

Postcode	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**Total**	**Pop^n Rate (per 1000) in 2017**
G61 1	2	7	4	3	4	7	20	
G61 2	3	2	5	4	3	7	24	
G61 3	3	1	3	5	3	2	17	
G61 4	10	3	5	5	3	3	31	
G62 7	5	4	7	4	12	6	38	
G64 1	**9**	**17**	**15**	**13**	**25**	**22**	**101**	
G64 2	3	2	9	1	5	3	23	
G64 3	6	3	0	3	4	7	23	
G64 4	1	1	5	3	3	4	17	
G65 9	4	11	3	5	3	10	36	
G66 1	9	1	4	3	3	1	21	
G66 2	**13**	**13**	**20**	**22**	**23**	**23**	**114**	

G66 3	5	7	10	10	9	12	53	
G66 4	1	7	5	2	6	8	29	
G66 7	5	9	12	10	10	9	55	
G66 8	2	6	7	6	4	2	27	
Total East Dun	**81**	**94**	**114**	**99**	**120**	**126**	**629**	**7**
Total GG&C	**2016**	**2037**	**2099**	**1728**	**1706**	**2049**	**11,635**	**12**

Referrals for dental extractions under general anaesthetic for children in East Dunbartonshire (rates calculated from mid 2017 population estimates ages 3-16)

As with data for dental caries, the numbers of episodes for extractions under general anaesthetic are lower in East Dunbartonshire than for other localities in GG&C. It should be noted the data rows in the table above are raw data and not weighted by population and data cannot be shown for cases where the postcode has not been accurately identified. A slight reduction in the number of GA episodes in East Dunbartonshire between 2015 and 2016 has been followed by increases in 2017 and 2018.

The explanation for the increased number of cases is likely to be multi-factorial, but will include the impact of several years of financial austerity and the benefits of our services reaching more children for dental care and thereafter those hardest to reach groups. The numbers of episodes remain higher in certain localities, highlighted in bold text above. The population rate in 2017 for East Dunbartonshire for episodes for extraction under general anaesthetic is 7/1000, compared to 12/1000 for GG&C. This demonstrates better oral health of children in East Dunbartonshire compared with GG&C as a whole, but this should be closely monitored.

The localities with higher numbers of episodes for general anaesthetic extractions demonstrate a correlation with schools and localities where NDIP outcomes are poorer.

ORAL HEALTH IMPROVEMENT

Childsmile

Childsmile is the National Dental Programme to improve the oral health of Scottish children. The programme has three main components; Childsmile Practice, Childsmile Core Toothbrushing Programme and Childsmile Fluoride Varnish Programme.

Childsmile Practice

The Childsmile Practice programme is designed to improve the oral health of children in Scotland from birth by working closely with dental practices. It was developed to provide a universally accessible child-centred NHS dental service. An important link is established between Health Visitors and Dental Health Support Workers (DHSW) and dental practices. Assistance is provided in locating and facilitating attendance at a dentist for new parents. The table below outlines the patient contacts for Childsmile Practice staff providing home visit support.

SIMD	Children with (at least one) kept DHSW appointment	Children whose families refused Childsmile	'Family could not be contacted'	Families with outcome 'FTA / Not at home' (Further contact required)
1	2	0	0	0
2	6	0	0	1
3	2	0	0	0
4	7	0	0	1
5	24	1	1	3
Total	41	1	1	5

Children Successfully Contacted and Not Contacted by DHSW, and Families Who Refused Childsmile in East Dunbartonshire 2018/2019

Owing to recruitment and staff retention issues in East Dunbartonshire the DHSWs involved in home visits now have an increased commitment to supporting the delivery of the toothbrushing programmes. This has resulted in a reduced capacity for home visits. Dialogue between partners in the Oral Health Directorate and East Dunbartonshire has resulted in the successful recruitment of staff and East Dunbartonshire now have an action plan in place to provide support for both home visiting and toothbrushing for the coming year. This is of importance notably because despite being an affluent area, there still remain vulnerable families within East Dunbartonshire.

To support delivery of the core programme in nurseries the OHE has provided training to all DHSWs in East Dunbartonshire and continues to provide support. Quality assurance of the delivery of the programme was monitored via direct observation.

Childsmile Core August 2018 - June 2019

Childsmile Core Toothbrushing Programme was established within the East Dunbartonshire area in 2006. All nurseries and 34 out of 36 mainstream schools, including Additional Support Needs Schools, taking part in the programme. Oral Health Educator's (OHE's) have established effective partnership working with HSCP colleagues to support the delivery of the toothbrushing programme.

The 2 non-participating schools, St Helen's and Westerton Primary have both been contacted on a regular basis to review interest in participation and offered support to implement Childsmile. St Helen's had a high number of category A letters for P1 in the latest NDIP results, therefore there is a clear need to influence change in order maximise the opportunities for children to benefit from Childsmile.

We continue to work with education colleagues to support the implementation of oral health activities in both schools above. The partnership may wish continue to raise non-participation with educational colleagues to encourage sustained participation and work collaboratively to support programmes with these schools.

SIMD	Nurseries	PRIMARY SCHOOLS (INCLUDING ADDITIONAL SUPPORT NEEDS)	Total (N+P+S)
1	1	0	1
2	3	5	8
3	8	7	15
4	12	4	16
5	22	18	40
Total	**46**	**34**	**80**

East Dunbartonshire Establishments Participating in Toothbrushing August 2018- June 2019

Oral Health Educators Activity Session August 2018 - June 2019

The OHE linked to the East Dunbartonshire HSCP continues to attend health events in primary schools, delivers oral health advice on toothbrushing, diet and dental attendance. Oral health activity is linked to the Curriculum for Excellence Health and Wellbeing. The OHE works with school staff to provide support to families who have received a Category A NDIP letter. This letter states that "on account of severe decay or abscess, should arrange to see the dentist as soon as possible". The support offered includes 1-1 advice to parents to address their individual needs and encourage registration and attendance at a dentist. Support is also offered to children who have a fear of visiting the dentist by offering 'getting used to sessions' before their dental appointment.

Since November 2016 all OHEs have also followed up all families who contacted NHS 24 for out-of hour's dental care to ensure they are registered with a GDP and assist them in attending if required.

The OHE offers toothbrushing training to all educational establishments, this training re-enforces the national toothbrushing standards.

The OHE monitors all toothbrushing establishments twice yearly and records this data onto the HIC (Health Informatics Centre) system hosted by Dundee University.

The OHE attends parent's workshops and induction days, providing 1-1 oral health advice to both children and parents and providing dentist contact details to encourage dental registration.

The OHE continues to attend local Oral Health Steering Group meetings and supports HSCP colleagues by providing assistance at weaning fayres, support with monitoring nursery establishments, ordering supplies and supporting DHSW on request.

Summary of OHE Activity within East Dunbartonshire August 2018 – June 2019

Total Number of OHE talks within Schools	25
Number of Children at OHE talks	1002
Number of Head Teacher visits	0
Number of parents sessions attended i.e. Induction/parents evenings	2
Number of referrals from School nurses	0
Number of monitoring contacts	66
Number of children seen at monitoring	2856

National Smile Month 2019

National Smile Month is the UK's largest and longest-running Oral Health campaign. It is organised by oral health charity, the British Dental Health Foundation and the campaign hopes to raise awareness of important health issues, and make a positive difference to the oral health of millions of people throughout the UK.

This year National Smile Month ran from the 13th May to the 13th June. To celebrate National Smile Month 2019 the Oral Health Improvement Team invited all schools across NHSGGC to participate in a sugar display competition.

The theme of this years' local campaign was to create a visual display highlighting the sugar contents of common foods and drinks. The children were asked to produce a sugar display for their school or local community areal. Certificates were awarded for the winning displays in each HSCP with an overall winner picked from the shortlisted finalists.

The winning school received the 'Sparkling Smile Trophy'. Five schools in East Dunbartonshire participated in the National Smile Month poster campaign.

Craighead Primary, sugar display picture below achieved a highly commended certificate.

Caring for Smiles (March 2019)

Caring for Smiles (CfS) is Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes. The Caring for Smiles Programme contains information, which is adaptable to all adults, particularly those who are dependent or vulnerable.

The Caring for Smiles Programme has been active within East Dunbartonshire since 2013.

The table below provides data on the number of Care Homes involved in the Caring for Smiles programme in East Dunbartonshire within 2017/18 – 2018/19.

	2017/18	2018/19
Number of Care Homes	13	13
Number participating in CFS Training	12	13
Number participating in CFS Monitoring	12	13
Total number of Residents	686	724
Number registered & seen by a dentist within last 12 months	520	578
% of residents seen & registered with a dentist within last 12 months	76%	80%

There has been an increase of 4% of residents registered and seen by a dentist in the last 12 months.

Since the last report one additional care home is now fully engaged with the Caring for Smiles programme and is receiving monthly monitoring visits. This means all Care Homes in East Dunbartonshire are engaged in the programme. Two care homes, however remain under the local 30% training target. All Care Homes are currently encouraged to meet the local target of having at least 30% of their staff trained. Centralised training is offered to staff available at Kirkintilloch Health and Care Centre (KHCC), and other sites across NHSGGC. This training is offered to all care homes on a quarterly basis in order to maintain the minimum 30% WTE staff trained in each establishment. Senior care home staff are encouraged to promote this and support all staff to attend, and training flyer is distributed to all care homes via e-mail.

The number of care home staff trained to SCQF Foundation level remains at 6, however 2 other staff within the area are currently participating in this training. Four staff have successfully completed SCQF Intermediate Level in 2018. The low number of staff undertaking the SCQF training and the high number of staff failing to complete the training is often due to pressure of studying alongside other work and personal commitments. We continue to look for ways to better support participants. However, the Oral Health Directorate has raised concerns around low uptake and completion of SCQF Caring for Smiles training at local and national forums i.e. East Dunbartonshire's Care Home Support meetings led by CHLN and NES national CFS training group.

	Currently participating SCQF	Completed SCQF	Dropped Out SCQF
Foundation	2	6	4

Intermediate	0	4	0
Total	2	10	4

Caring for Smiles Participating Care Homes

Care Home	Total Number of staff	Number of WTE	Number of WTE trained	% of WTE trained	Cumulative Number of staff trained
Abbotsford House	20	15	8.3	55.40%	9
Antonine Care Home	70	65	36.7	56.40%	44
Buchanan House	80	70	10.4	14.80%	12
Buchanan Lodge	30	26.6	12.5	47.00%	18
Campsie View	125	90	34.3	38.10%	47
Canniesburn Care Home	101	69	26.9	38.90%	30
Lillyburn	80	42.3	25.7	60.70%	32
Mavis Bank	45	35.2	19.7	55.90%	24
Mugdock House	54	44	7.7	17.50%	8
Westerton Care Home	77	66	29.9	45.40%	34
Whitefield Lodge	41	36	18.7	52.00%	21
Clachan of Camspie (Springvale Care Home)	38	36	17.3	48.10%	22
Abbotsford House Exec	45	40	13.3	33.30%	17
Total	**806**	**635.1**	**261.4**	**33.50%**	**318**

To date, 443 members of care home staff have been trained within East Dunbartonshire care homes. From the previous year's figure staff numbers appear to have fallen; this is due to decrease of staff numbers within Clachan of Campsie Care Home.

No new care homes have opened or closed. One care home has since changed name from Clachan of Campsie to Springvale Care Home, the last report highlighted they did not participate in Caring for Smiles. This care home now has 22 out of 36 members of staff attended CFS training in recent months; therefore this home is now fulfilling the minimum requirement of staff training. Two of the staff members have gone on to attend SCQF

Foundation level training and are responding well, reporting a significant improvement for this care home.

Oral Health Training Officers' have contacted care homes below 30% to advise of their status and encourage attendance. Following contact with Buchanan House they reserved 12 places over two dates for CFS training but only sent one staff member. Training officers have also contacted Mugdock House but no response received, however the care home is still actively participating with monthly visits and facilitating dental attendance. Visits are going well with 97% of residents seen by a dentist within the last year.

There are common barriers and issues that make it difficult for Care Homes and individual staff to attend training. These include the ability for Care Homes to release staff, the time capacity of staff to undertake additional learning, IT access, competing demands on time both at work and at home, lack of protected learning time. OHD staff are aware of these and other valid reasons and will work with Care Homes to help identify possible solutions. Training Officers will continue to encourage all Care Homes to train a minimum of 30% of Care Home staff in Caring for Smiles; however support from HSCP colleagues to achieve and sustain this target would be welcomed.

RECOMMENDATIONS AND PROGRESS FROM PREVIOUS REPORT

In the last report, a number of recommendations were made. The Oral Health Directorate has worked to deliver against these recommendations.

1. The Oral Health Improvement team will aim to continue to improve links with NHS dental practice and provide support & training for Childsmile, particularly fluoride varnish application in areas where fluoride varnish programmes are not a focus to the board. A Board wide Quality Improvement programme with GDPs will aim to improve participation and recording of Childsmile Practice.

- The OHD continue to visit GDP's to encourage the registration of children as early as possible and to support practices to deliver the full range of Childsmile interventions especially Fluoride Varnish. The absence of Board funded fluoride varnish programmes in East Dunbartonshire increases the importance of Childsmile Practice delivery.
- We continue to work with HSCP colleagues who liaise with families and encourage the registration of children. In addition we meet regularly with HSCP colleagues to raise awareness of registration rates in East Dunbartonshire. There is a need to follow up with the pilot programme with the East Dunbartonshire Registrar.
- A pilot quality improvement project is underway across GG&C. Practices are exploring how to improve Childsmile Practice delivery. The learning from the pilot will be shared across all HSCPs.

2. The Oral Health Improvement team will continue to work with partners in the HSCP to influence partners in education to improve the uptake and delivery of Childsmile programme particularly in challenging areas where there is low uptake or sustainability of school toothbrushing.

- The OHD continue to work with our education colleagues to encourage all schools to participate in the Toothbrushing programme in particular those schools with a high number of A and B NDIP letters.
- Non- Brushing schools took part in OHE and created sugar display. However, there is a need for the HSCP and OHD to lobby colleagues in education to influence sustained toothbrushing in all schools, the non-toothbrushing schools in East Dunbartonshire would clearly benefit from sustained daily toothbrushing.

3. The Oral Health team will work with the Children and Family's team in the HSCP to ensure our continued focus is on improving registration to support better outcomes from the NDIP national inspection.

- The OHD now have access to EMIS for staff, this will allow appropriate sharing of information with partners on our interventions to ensure HV and School Nursing colleagues remain fully informed. This will facilitate partnership working in a timely

secure manner: supporting families in contact with NHS 24 services, receiving a Category “A” NDIP letter or following up failure to attend GA appointments.

- A development session was held in January for staff members linked to children and families working. This event was attended largely by DHSWs. This was a communication event to focused mainly on increasing 0-2 yrs registration, troubleshoot any practice issues and identify solutions, share good practice and showcase resources.

4. The Oral Health Team will continue to work with the HSCP to look for innovative ways to improve the oral health of their population and use HSCP intelligence to drive new methods of working.

- We are working with our HSCP colleagues to ensure plans are in place to improve home visit numbers and promote registration. We have assisted with nursery toothbrushing monitoring and promoted dental registration at weaning fayres.

5. The Oral Health Team will work with the HSCP and partners to implement the recommendations of the Scottish Oral Health Improvement Plan. In 2019 the first focus will be domiciliary care delivered by enhanced skills GDPs.

- The Oral Health Team have established good relationships with GDP's who continue to provide domiciliary visits to care homes and the first cohort of enhanced skills GDPs have completed training, there is 1 dentist from East Dunbartonshire in this cohort.
- The team continue to target vulnerable groups including Homeless Service Users, Prisoners and Prison Staff, LACC, ASN children and adults, to deliver key oral health advice and tackle some of the issues such as alcohol consumption and smoking that are discussed in the Oral Health Improvement Plan.

6. The Oral Health Team will work with the Care Home Liaison teams to increase participation and monitoring of the CfS programme and to continue to increase dental registration amongst the residents to ensure appropriate dental intervention when required.

- Caring for Smiles programme is now embedded in every care home in East Dunbartonshire. However some establishments struggle to support staff undertaking and/or completing CfS training.
- Our strong working relationship with the Care Home Liaison team continues to benefit and improve oral health services within East Dunbartonshire Care Homes by sharing good practices. The significant improvements in Springvale Care Home demonstrated positive change can occur.

7. The Oral Health Team will work with the HSCP to publicise the need for regular attendance at GDP’s and not emergency attendance for adults and children.

- The importance of early registration with GDP's has continued to be a topic emphasised to GDPs through representative groups.

KEY FINDINGS AND RECOMMENDATIONS

- There needs to be continued efforts to address issues of sustained delivery of Childsmile Core programmes in East Dunbartonshire to areas with vulnerable families.

The Oral Health Directorate would be keen to work in partnership with our colleagues in HSCP's to improve the oral health outcomes for their population, with a focus in the following areas:

- The Oral Health Improvement team will aim to continue to improve links with NHS dental practice and provide support & training for Childsmile, particularly fluoride varnish application in areas where fluoride varnish programmes are not a focus to the board. Findings from a Board wide Quality Improvement programme with GDPs will aim to inform how we can improve participation and recording of Childsmile Practice.

- The HSCP and OHD will need to influence partners in education to improve the uptake and sustained delivery of Childsmile programme particularly in challenging areas.

- The Oral Health team will work with the Children and Family's team in the HSCP to ensure our continued focus is on improving registration to support better outcomes from the NDIP national inspection.

- The Oral Health Team will continue work with the HSCP to look for innovative ways to improve the oral health of their population and use HSCP intelligence to drive new methods of working.

- The Oral Health Team will work with the HSCP and partners to implement the recommendations of the Scottish Oral Health Improvement Plan. This will include the accreditation of enhanced skills GDPs delivering domiciliary care in care homes.

- The Oral Health Team will work with the Care Home Liaison teams to increase participation and monitoring of the CfS programme and to continue to increase dental registration amongst the residents to ensure appropriate dental intervention when required. Engagement may be required from HSCP partners to seek ways of supporting care homes struggling to meet Caring for Smiles training.

Specific Actions for the coming year

- Continue to focus on early years work.
- Increase registration of 0-2 age group.
- Engagement with Care Homes, HSCPS and GDPS to maintain stability of services during the implementation of enhanced skills GDPs to deliver domiciliary care.
- Dedicated work in schools with higher levels of category A and B NDIP letters.
- Review more affluent areas to determine if there is a risk that children are being overlooked in oral health improvement programmes.
- Work with education/health improvement/children and family teams to support OHI for East Dunbartonshire.
- Establish a short life working group to publicise use of dental services and regular attendance to prevent attendances at out of hours/emergency services.

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Appendix 1: Key Contacts

Oral Health Directorate Offices
Stobhill Hospital
300 Balgrayhill Road
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0141 201 3764

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Julie Reilly

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Appendix 2: Details for NHS Dental Practices as at 31st March 2019

Practice Name	Address	Town	Postcode	Date of Combined Practice Inspection	Date of Sedation Practice Inspection	Orthodontic Practice	Sedation Practice	Childsmile Practice Activity	0 yr - 2 yrs, 11 mths	3 yrs - 5 yrs, 11 mths	6 yrs - 12 yrs, 11 mths	13 yrs - 17 yrs, 11 mths	18 yrs - 64 yrs, 11 mths	65 yrs and over	Grand Total
Kessington Dental Practice	53 Milngavie Road	Bearsden	G61 2DW	31/10/17					67	165	473	383	3,540	1,107	5,735
Allander Dental Care	7 Stewart Street	Milngavie	G62 6BW	14/12/17				Y	104	221	619	528	6,240	2,724	10,436
Bearsden Dental Care	8 - 12 Ledi Drive	Bearsden	G61 4JJ	15/09/17	14/09/17		Y	Y	135	286	685	510	4,402	1771	7,789
Bishopbriggs Dental Care	17 Arnold Avenue	Bishopbriggs	G64 1PE	28/09/18				Y	75	155	446	292	3,195	1,127	5,290
Boclair Dental Care	91 Milngavie Road	Bearsden	G61 2EN	08/02/18				Y	117	194	471	234	2,469	865	4,350
Campsie Dental Practice	127 Main Street	Lennoxtown	G66 7DB	31/08/16				Y	48	98	275	166	2,021	654	3262
Chartwell Dental Care	148-150 Drymen Road	Bearsden	G61 3RE	15/09/17				Y	25	70	255	236	910	45	1,541
Cowgate Dental Surgery	11 Cowgate	Kirkintilloch	G66 1HW	13/03/18				Y	72	147	381	227	3,048	890	4,765
Dental Care By Claire Tierney	Unit 1 122 Kirkintilloch Road	Bishopbriggs	G64 2AB	20/11/17				Y	47	85	234	164	1,413	380	2,323
Dental FX	84 Drymen Road	Bearsden	G61 2RH	14/12/16					13	40	133	102	1,028	228	1,544
Dental Professionals Bishopbriggs	171 Kirkintilloch Road	Bishopbriggs	G64 2LS	01/11/17				Y	84	130	360	277	3,922	1,277	6,050
F J Murphy	4 Morar Crescent	Bishopbriggs	G64 3DQ	16/08/17				Y	40	70	218	146	1,595	686	2,755
Hazel Hiram Dental Care	26 Townhead	Kirkintilloch	G66 1NL	19/05/17				Y	59	70	161	137	1,504	587	2,518
Jennings Dental Care	4 Station Road	Milngavie	G62 8AB	08/12/17				Y	66	143	365	267	2,847	1,506	5,194
Kirkintilloch Orthodontic Clinic	22 West High Street	Kirkintilloch	G66 1AA	23/10/17		Y			-	-	-	-	-	-	0
MacKenzie Dental	69 Townhead	Kirkintilloch	G66 1NN	20/09/17	12/03/18		Y	Y	52	107	368	303	3,684	1,217	5,731

Marina Dental Care	Southbank Marina, 8 Strathkelvin Place	Kirkintilloch	G66 1XQ	08/10/18				Y	128	328	768	471	5,656	1,987	9,338
Millersneuk Dental Practice	112 Kirkintilloch Road	Lenzie	G66 4LQ	18/07/17				Y	117	177	503	308	1,467	222	2,794
Milngavie Dental Care	Suite6 Douglas House 42 Main St	Milngavie	G62 6BW	08/09/17					5	18	69	62	287	179	620
Milngavie Orthodontics	Suite 1, 13 Main Street	Milngavie	G62 6BJ	20/03/19		Y			-	-	-	-	-	-	0
Oak Tree Dental Kirkintilloch	14-16 Townhead	Kirkintilloch	G66 1NL	29/01/19				Y	63	167	401	241	2,949	711	4,532
One Eighty Dental	180 Woodhill Road	Bishopbriggs	G64 1DH	17/08/18				Y	49	107	319	193	2,209	450	3,327
Park Cottage Dental Practice	8a Roman Road	Bearsden	G61 2SW	08/11/17				Y	62	131	386	281	1,781	413	3,054
Richard Skillen Dental Care	95 Hillhead Road	Kirkintilloch	G66 2JD	07/11/17				Y	13	40	114	133	951	405	1,656
Torrance Dental Practice	22-24a Main Street	Torrance	G64 4EL	13/09/17				Y	24	53	154	113	1,158	342	1,844
Woodhill Dental Care	176 Woodhill Road	Bishopbriggs	G64 1DH	21/08/17				Y	70	113	320	273	1,514	243	2,533
TOTAL									**1535**	**3115**	**8478**	**6047**	**59790**	**20016**	**98981**

Locations/Services	Paediatric Dentistry	Paediatric Inhalation Sedation	Special Care Dentistry	Adult Special Care – General Anaesthetic Assessment	Adult Special Care – General Anaesthetic	Adult Special Care – Sedation Services	General Dental Services	Oral Hygiene Services	Domiciliary Care
East Dunbartonshire HSCP									
Kirkintilloch Health Centre	√								

Appendix 3: PDS Sites NHSGGC

Low Moss Prison							√	√	
Inverclyde HSCP									
Greenock Health Centre	√	√	√				√	√	√
Inverclyde Royal Hospital	√**								
Greenock Prison							√	√	
Renfrewshire HSCP									
Royal Alexandra Hospital*	√	√	√	√	√	√	√	√	√
West Dunbartonshire HSCP									
Vale Centre for Health & Care*	√	√	√					√	√
Golden Jubilee National Hospital			√				√	√	

* including paediatric and adult outreach
** GA Extraction Service

Locations/Services	Paediatric Dentistry	Paediatric Inhalation Sedation	Special Care Dentistry	Adult Special Care – General Anaesthetic Assessment	Adult Special Care – General Anaesthetic	Adult Special Care – Sedation Services	General Dental Services	Oral Hygiene Services	Domiciliary Care
Glasgow City HSCP									
Stobhill ACH			√	√	√	√			

Springburn Health Centre*	√	√						√	
Maryhill Health Centre	√	√	√					√	√
Drumchapel Health Centre	√	√						√	
Possilpark Health Centre	√	√						√	
Gartnavel General Hospital			√					√	
Easterhouse Health Centre			√					√	√
Townhead Health Centre	√		√				√	√	
Bridgeton Health Centre*	√								
Barlinnie Prison							√		
New Gorbals Health and Care Centre	√	√						√	
Pollock Health Centre*	√								
Govan Health Centre	√								
Victoria ACH			√					√	√
Castlemilk Health Centre	√	√						√	

Chief Officer
Susan Manion

Agenda Item Number: 17

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Quarters 3 and 4 Performance Report 2018-19
Report By	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions and Health Improvement Services, Interim Chief Social Work Officer
Contact Officer	Alan Cairns, Planning, Performance & Quality Manager Alan.cairns2@ggc.scot.nhs.uk

Purpose of Report	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 2018 to March 2019 (Quarters 3 and 4 of 2018 - 2019).

Recommendations	It is recommended that the Health and Social Care Partnership Board: • Note the content of the Quarters 3 and 4 Performance Report 2018-19 at **Appendix 1;** • Agree to the proposed future performance reporting schedule and approach as set out at 1.2 and 1.3 of this report.

Relevance to HSCP Board Strategic Plan	Quarterly performance reports contribute to HSCP Board scrutiny of performance and progress against the Strategic Plan priorities.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	The report includes indicators and measures of quality and performance relating to services provided by the Council, under Direction of the HSCP Board. Should the HSCP Board approve the recommendation to revise the future performance reporting schedule and approach as set out at 1.2 and 1.3 of this report, the it is anticipated that performance reporting will migrate from the current manual process, to use of the Pentana performance and risk management software hosted by East Dunbartonshire Council.

Implications for NHS Greater Glasgow & Clyde:	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	☐
	2. East Dunbartonshire Council	☒
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0	MAIN REPORT
1.1	The HSCP Performance report at Appendix 1 covers the two quarters for the periods October 2018 to 19 March 2019. Normally our performance reports are reported for each quarter separately, but this exceptional approach has been due to: • The requirement to present and approve the Annual HSCP Performance Report 2018 - 2019 at the last HSCP Board in June 2019; • The impact of the HSCP Board summer recess on scheduled performance reporting;
1.2	It is proposed that action is taken in two areas to improve the d phasing of performance reporting to prevent the future conflation of in-year quarterly reports as follows: • To report separately on quarters 1-3, but to combine the quarter 4 report (which is essentially a full-year report) with the HSCP Annual Report; • To migrate HSCP Board performance reporting from the current manual process, to the Pentana performance and risk management software hosted by East Dunbartonshire Council.
1.3	It is further proposed that the performance reporting schedule will therefore follow with a new format 2018 - 2019 Quarter 1 report presented at the November HSCP Board and the Quarter 2 report presented at the following meeting.

PERFORMANCE REPORT 2018-19
QUARTERS 3 & 4

SECTION 1
Introduction

1.1 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 care targets contribute to improved performance in the health and social care targets.

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

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

Section 2 Performance summary
This section provides a summary of status of all the performance indicators provided in this report by indicating which indicators have improved and which have declined.

Section 3 Health & Social Care Delivery Plan
The data for unscheduled acute care reported in this document is provided by National Services Scotland for the Ministerial Steering Group for Health & Social Care (MSG). This section provides the latest available data for those indicators identified as a priority by the MSG.

Section 4 Social Care Core Indicators
This is the updated report of the Social Care core dataset, provided by EDC Corporate Performance & Research team.

Section 5 NHS Local Delivery Plan (LDP) Indicators
LDP Standards refer to a suit of targets set annually by the Scottish Government, and which define performance levels that all Health Boards are expected to either sustain or improve.

Section 6 Children's Services Performance
This is the updated report of Children's Services performance, provided by EDC Corporate Performance & Research team.

Section 7 Criminal Justice Performance
This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8 Corporate Performance
Workforce sickness / absence, Personal Development Plans (PDP) & Personal Development Reviews (PDR) are monitored, and reported in this section

SECTION 2
Performance Summary at Q4

- Positive Performance (on target) improving (8 measures)
- Positive Performance (on target) declining (2 measures)
- Negative Performance (below target) improving (4 measures)
- Negative Performance (below target) declining (10 measures)

Positive Performance (on target & maintaining/improving)

3.1	Number of unplanned acute emergency admissions
4.1	Number of homecare hours per 1,000 population 65+
4.2	% of People 65+ with intensive needs receiving care at home
5.4	Total number of alcohol brief interventions delivered (cumulative)
6.5	% of first Looked After and Acccommodated Children (LAAC) reviews taking place within 4 weeks of accommodation
6.6	% of children receiving 27-30 months assessment
7.2	% of Criminal Justice Social Work reports submitted to court on time
7.3	% of court report requests allocation to a social worker within 2 days

Positive Performance (on target but declining)

4.3	% of Service Users 65+ meeting community care assessment to service delivery waiting times target (6 weeks)
5.2	% of people waiting<18 weeks for psychological therapies

Negative Performance (below target but maintaining/improving)

3.4	Number of Accident and Emergency attendances (all ages)
4.5	% of Adult Protection cases where timescales are met
6.4	% of children being Looked After in the community
7.1	% of individuals beginning a work placement within 7 days of receiving a Community Payback Order

Negative Performance (below target and declining)

3.2	Number of unscheduled hospital bed days
3.3	Number of Delayed Discharge Bed Days
4.4a	No of people 65+ in permanent care homes
5.1	% of people waiting <3 weeks for drug and alcohol treatment
5.3	% of people newly diagnosed with dementia receiving post diagnostic support
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
5.6	Child and Adolescent Mental Health Services (CAMHS) waiting times
6.1	Child Care Integrated Assessments (ICAs) submission timescales to Reporters Administration
6.2	% of initial Child Protection case conferences taking place within 21 days from receipt of referral
6.3	% of first Child Protection review conferences taking place within 3 months of registration

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 Steering Group for Health & Community Care (MSG) to monitor the impact of integration.

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

Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Target (quarter)
2,605	2,630	2,636	2,703	2,689	2,823

*Data correct at time of reporting, may be subject to change

Figure 3.1a Rolling Year Number of Unplanned Emergency Admissions

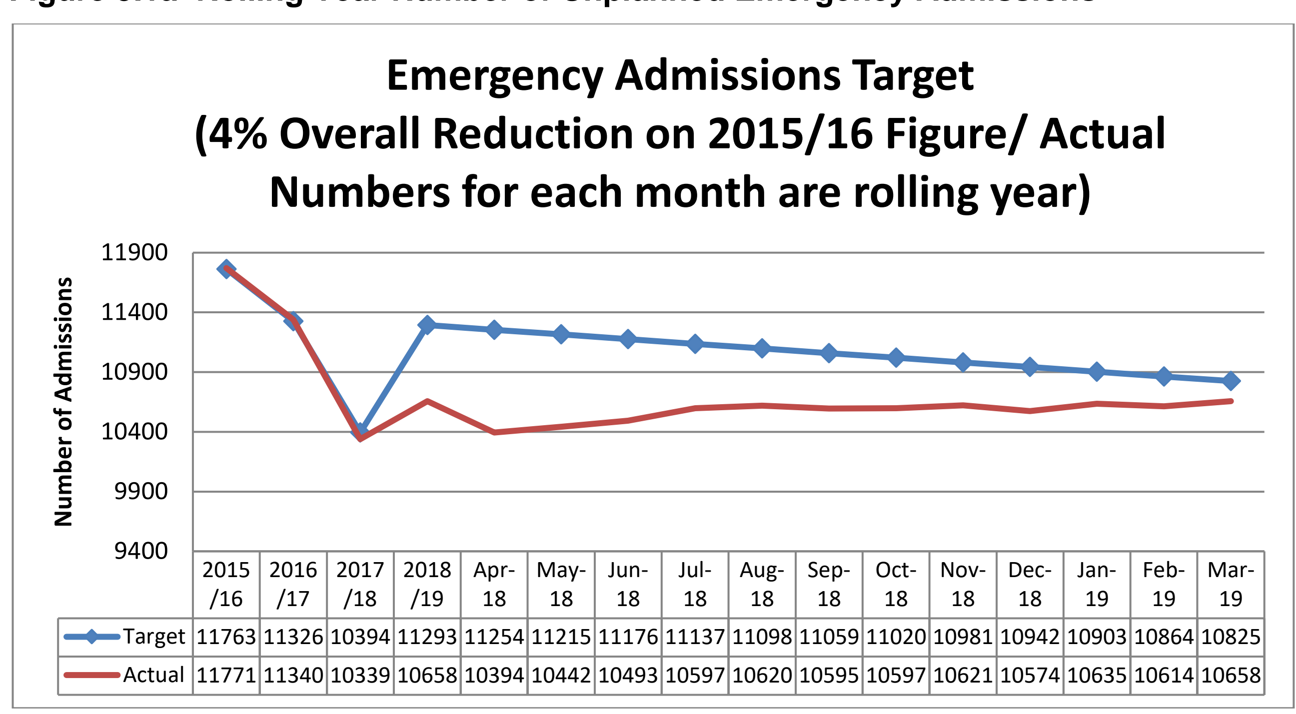
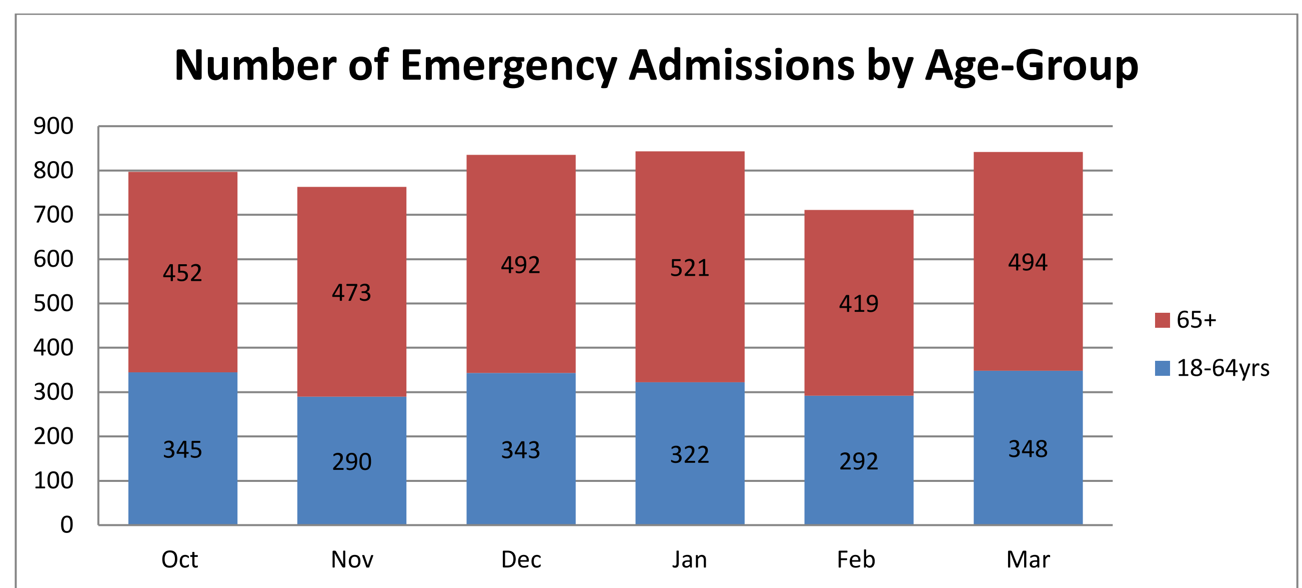


Figure 3.1b Unplanned Emergency Admissions by Age Group



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. As previously advised however, 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 as clinically appropriate. There has been a decrease in the number of people admitted as an emergency in this quarter, but levels have been within a 1.5% variance all year. Performance remains on target, but is closer to the overall target trajectory.

Improvement Actions:
The Partnership will continue to work with NHSGGC colleagues to impact positively on admissions levels. Improvement activity has included the further development of community based rehabilitation, providing rapid assessment to assist in the prevention of admission.

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

Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Target (quarter)
21,227	20,100	20,231	20,543	20,665	19,951

*Data correct at time of reporting, may be subject to change

Figure 3.2a Rolling year number of Unscheduled Hospital Bed Days

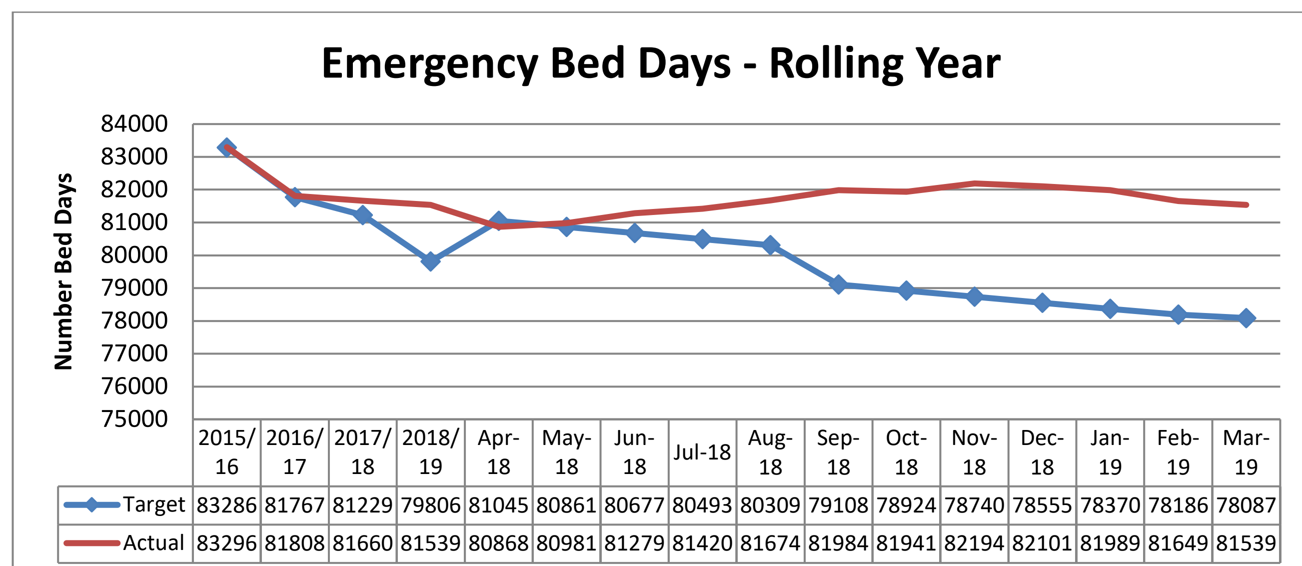
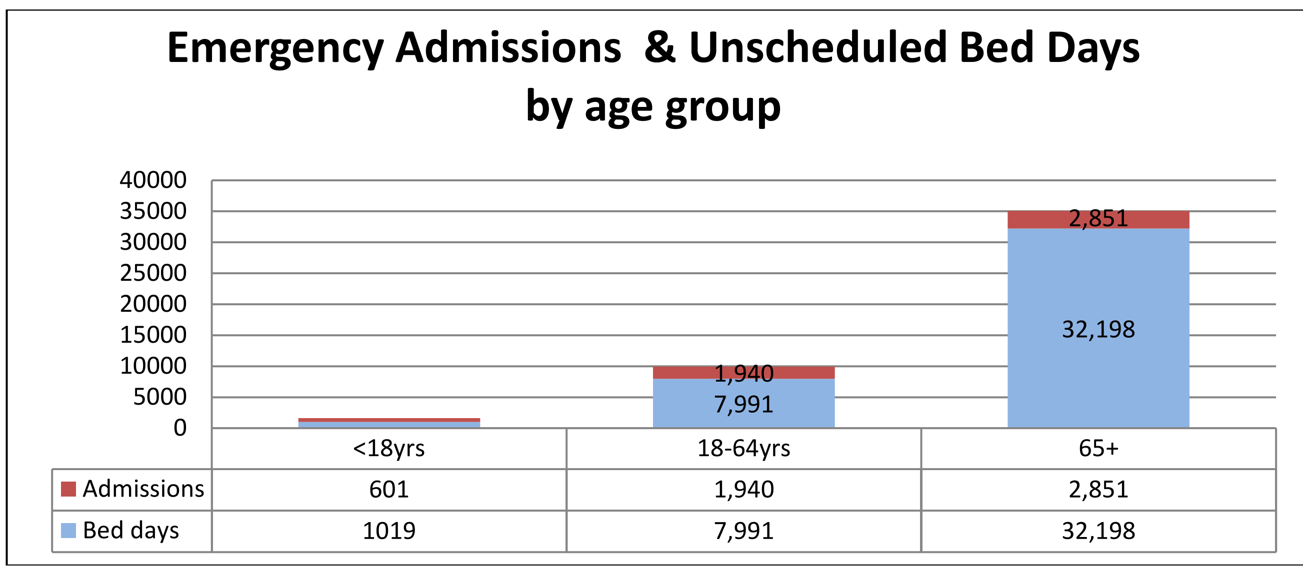


Figure 3.2b Number of Unscheduled Admissions/Hospital Bed Days by Age Group (Oct 18- Mar 19)



Situational Analysis:
This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. There has been a gradual but very modest increase in the number of bed days occupied by residents over the year and is above target. Fig 3.2a shows that our rolling year performance has improved compared to previous years, but meeting the target trajectory continues to be challenging.

Improvement Actions:
Our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days is avoided. Improvement activity has included daily scrutiny of emergency admissions and proactive work with identified wards to facilitate discharge. Contextually, the improved rolling year performance is against a backdrop of increasing attendances at Emergency departments, which demonstrates more efficient joint working.

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

	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Target (quarter)
No. Bed Days	1,175	1,291	1,553	965	1,222	873

Figure 3.3a Rolling year number of Delayed Discharge Bed Days

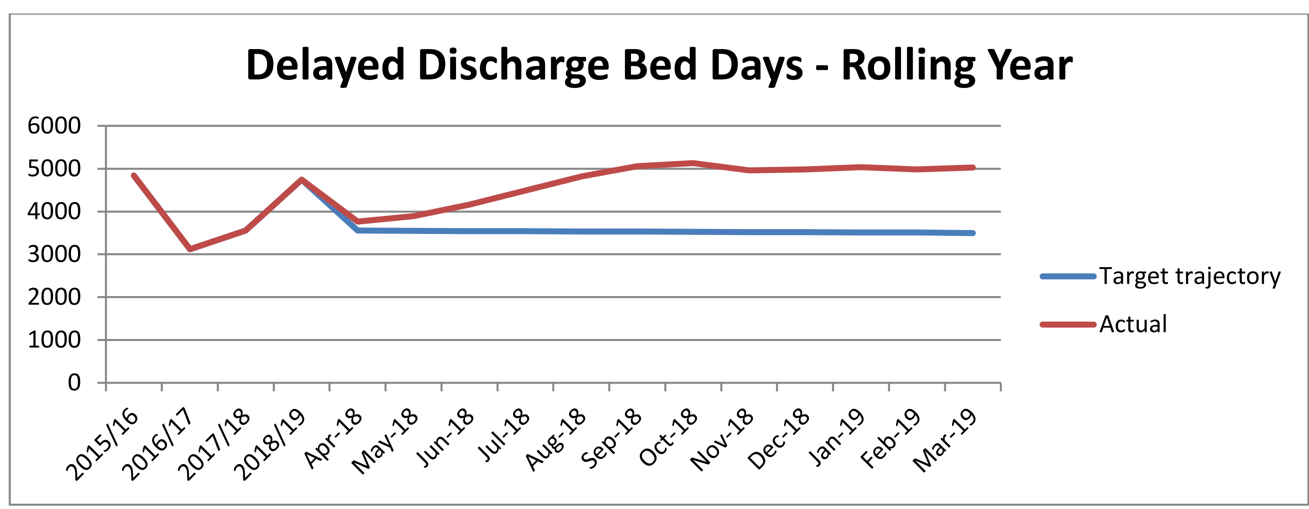
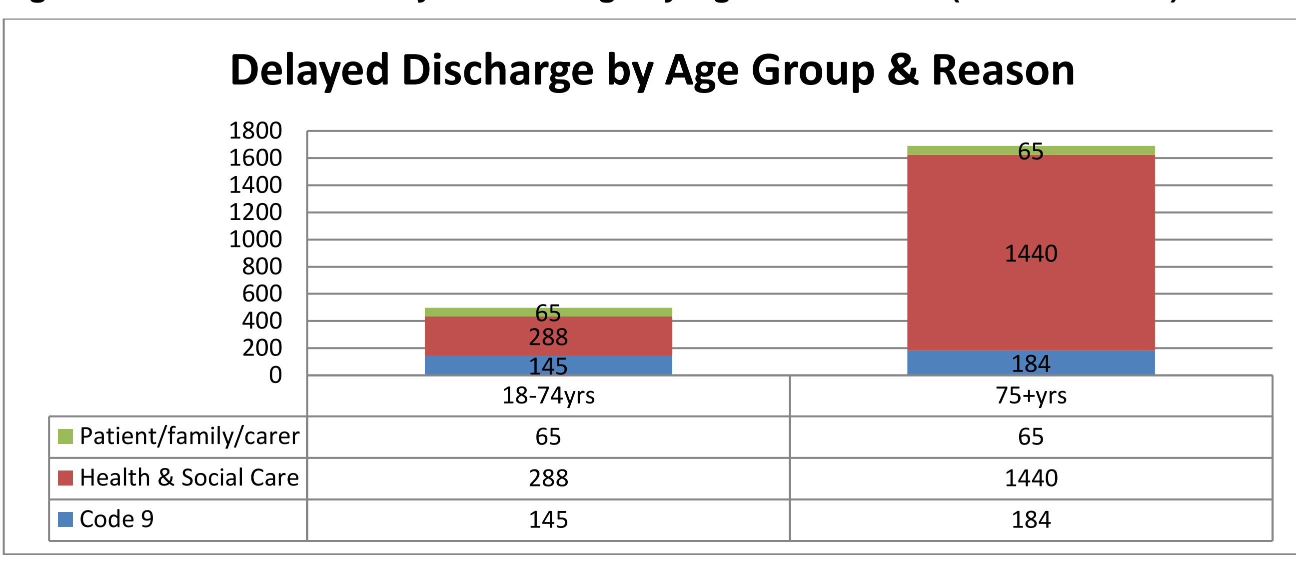


Figure 3.3b Number of Delayed Discharge by Age and Reason (Oct 18- Mar19)



Situational Analysis:
We did not meet our target performance this quarter in relation to avoiding delayed discharges, although our rolling year performance at fig 3.3a demonstrates a more stable pattern in Q3 and Q4.

Improvement Actions:
New electronic operational activity “dashboards” now 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. We will continue to work creatively within the legal framework and support patients and their families to make choices timeously for ongoing care. Introduction of the Home for Me Service in January 2019 is better coordinating our admission avoidance and discharge facilitation work across a range of services.

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.

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

Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Target (quarter)
6,627	7,314	7,200	6,978	6,830	6,509

Figure 3.4a Rolling year number of A&E Attendances

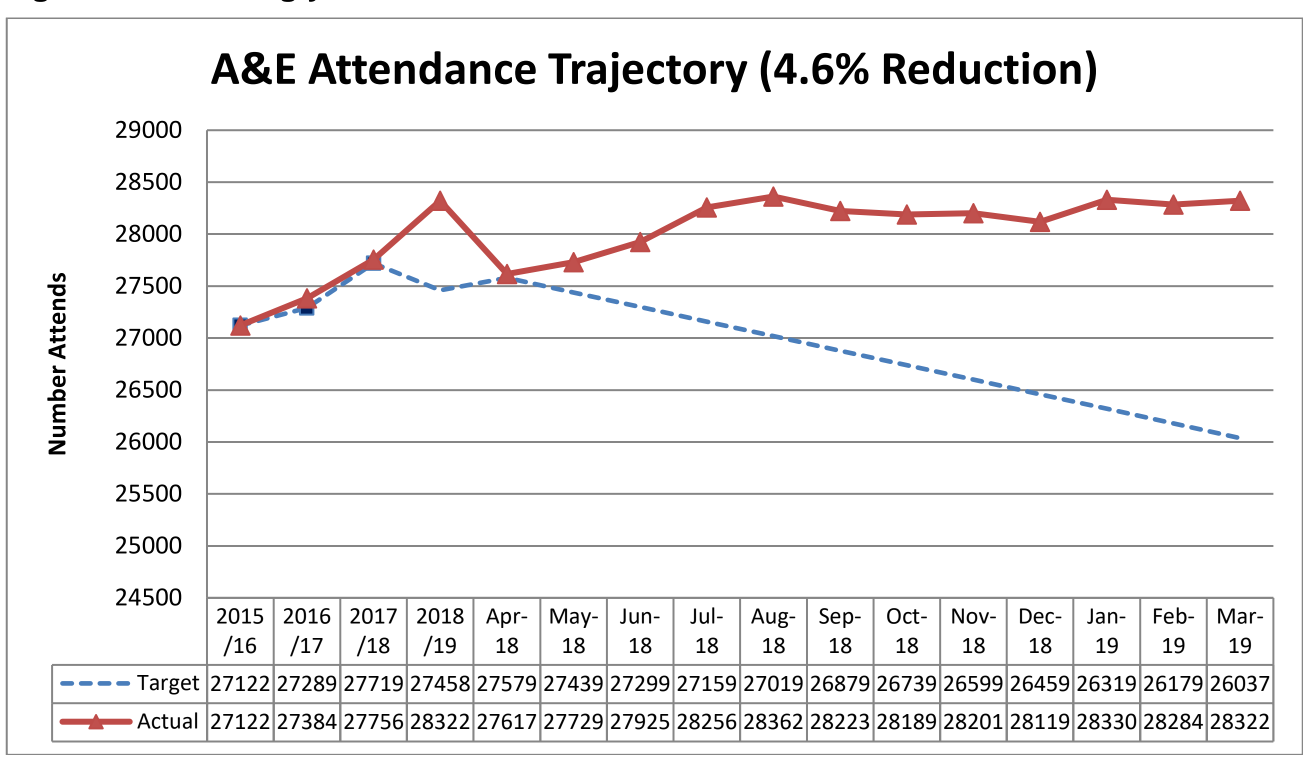
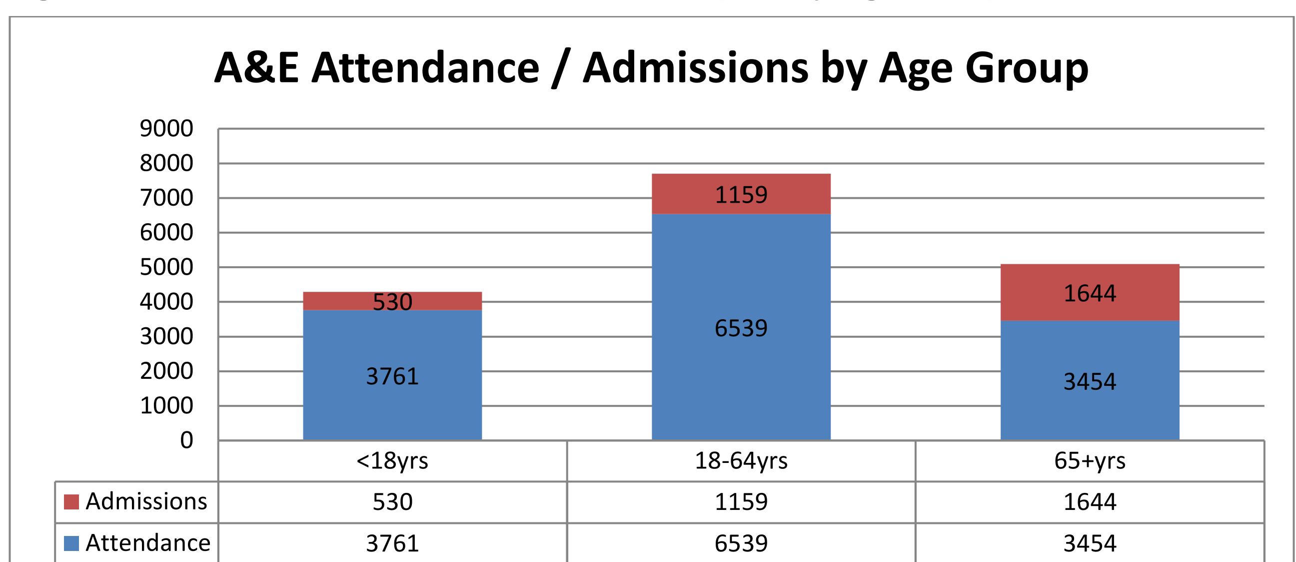


Figure 3.4b A&E Attendances Admitted to Hospital by Age Group



	<18yrs	18-64yrs	65+yrs
Admissions	530	1159	1644
Attendance	3761	6539	3454

Situational Analysis:
The number of people from East Dunbartonshire who attended A&E in Quarters 3 and 4 exceeded our target level, although demonstrate a levelling-off when viewed from a rolling year perspective (fig 3.4a). This is reflective of the trend across NHSGG&C. The data in figure 3.4b show the proportion of those who attended A&E who were subsequently discharged, suggesting the majority of those attending A&E could have had their needs met in the community or via self care. This is a challenge across Scotland which is being considered by Scottish Government and all public sector partners.

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. 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 of self care timeously. We are also engaged in national conversations about programmes of public education regarding who service users should turn to for support when they are sick, injured, or in distress. Again, winter planning provided an opportunity to sharpen up our focus on all these areas in order to help mitigate against seasonal pressures we routinely see in all services.

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 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+

	Q1	Q2	Q3	Q4
Actual	501.84	507.69	510.17	528.74
Target	389	389	389	389

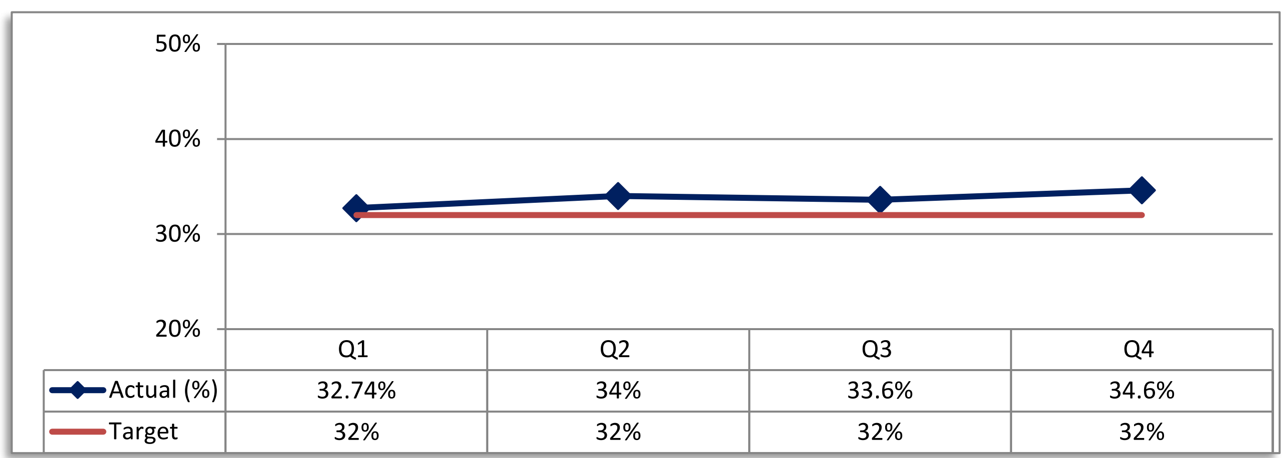
Situational Analysis:
The number of homecare hours per 1000 population over 65 increased slightly in Quarter 2, and we are still well above target. The hours are inclusive of those delivered by in-house homecare services and those commissioned from the third and independent sector market. Also included are hours delivered through supported living services, but not those delivered via SDS Option 1 following guidance from the Scottish Government.

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 now implementing our homecare review which will establish 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.

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



	Q1	Q2	Q3	Q4
Actual (%)	32.74%	34%	33.6%	34.6%
Target	32%	32%	32%	32%

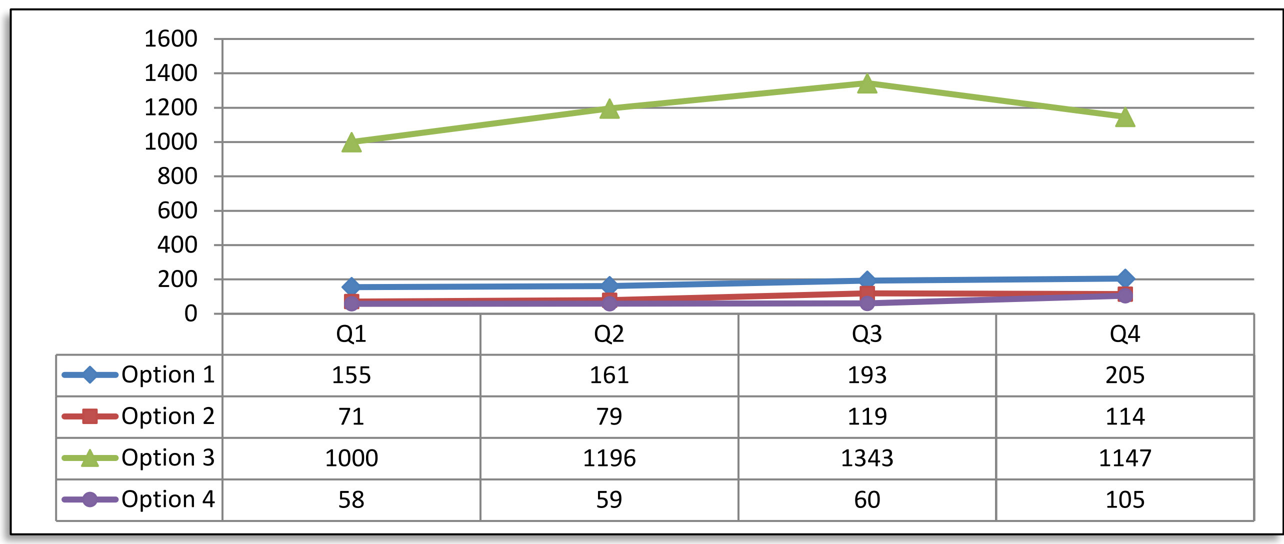
Situational Analysis:
This indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible, traditionally the aim has been to maximise 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 above target for this indicator during 2018-19.

Improvement Action:
Our intention is to maintain good 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

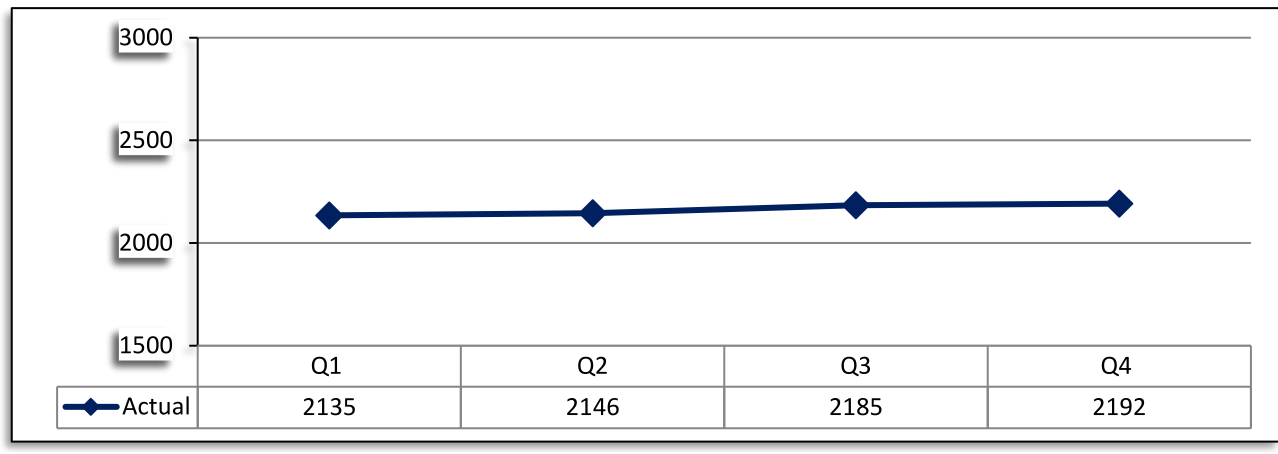


	Q1	Q2	Q3	Q4
Option 1	155	161	193	205
Option 2	71	79	119	114
Option 3	1000	1196	1343	1147
Option 4	58	59	60	105

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.

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



	Q1	Q2	Q3	Q4
Actual	2135	2146	2185	2192

Situational Analysis:
There has been a consistent increase in the number of people aged 75 and over with a telecare package in this quarter. 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 our Assistive Technology Strategy, seeking to link traditional telecare with telehealth monitoring and technology enabled care. A communication plan has been developed for this strategy to support increased workforce awareness of the opportunities technology can bring.

4.3 Community care assessment to service delivery timescale

Rationale Local authorities have a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. Operating within a six week target from assessment to service delivery encourages efficiency and minimises delays for service-users. Aim = to maximise.

Figure 4.3 Percentage of service users (65+yrs) meeting 6wk target

	Q1	Q2	Q3	Q4
Actual (%)	99.3%	97.2%	100%	99%
Target	95%	95%	95%	95%

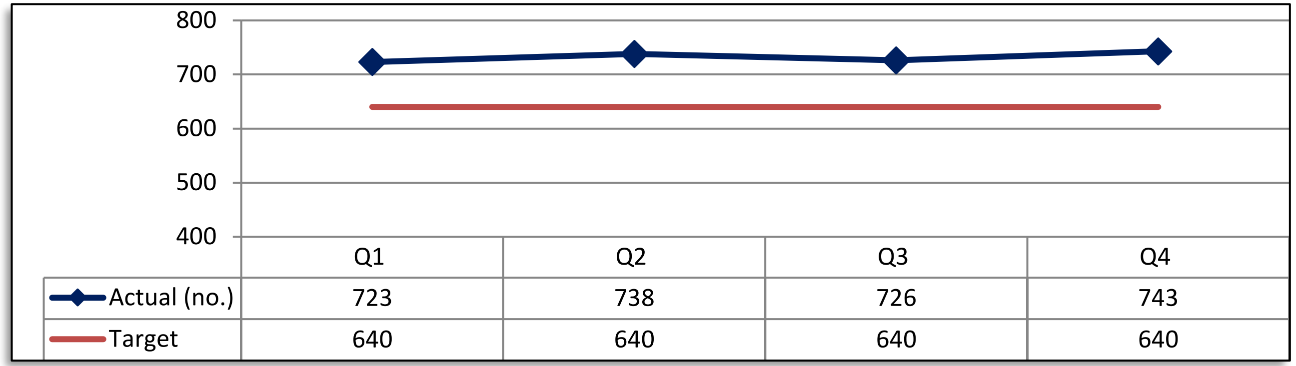
Situational Analysis:
While very many people receive services well within the 6 week target from the completion of their community care assessment, this measure ensures that we can track compliance with this national target timescale. We consistent score very highly with compliance levels of around 100%

Improvement Action:
We will continue to monitor performance in the area, to sustain good performance.

4.4 Care Home Placements

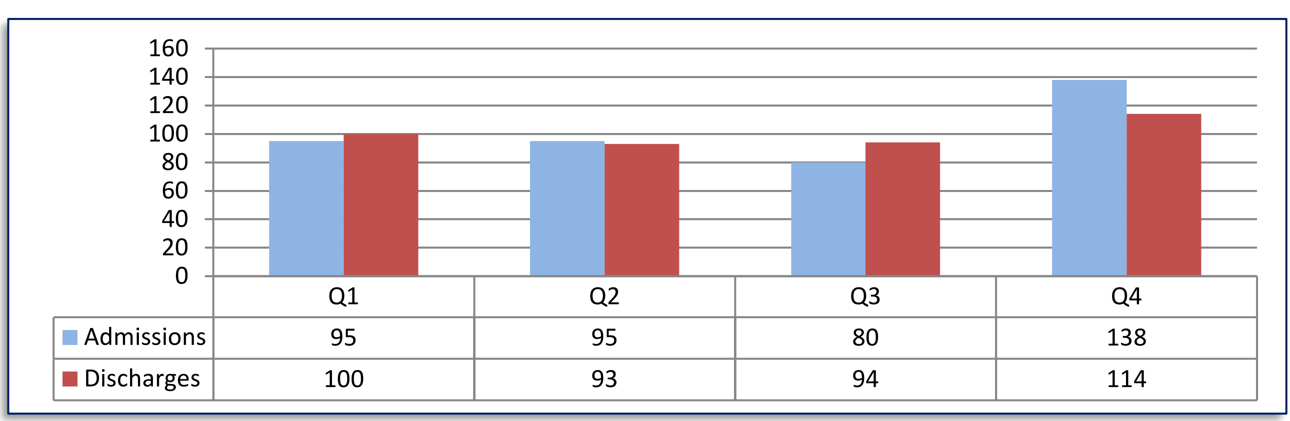
Rationale: Avoiding new permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Aim = to minimise.

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



	Q1	Q2	Q3	Q4
Actual (no.)	723	738	726	743
Target	640	640	640	640

Figure 4.4b Number of Care Home Admissions and Discharges (including deaths) by funding source (cumulative)



	Q1	Q2	Q3	Q4
Admissions	95	95	80	138
Discharges	100	93	94	114

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. Although there has been fluctuation with care home admissions over the course of 2018-19, the number of admissions over the year was 408 against a discharge level of 401: this indicates a well-managed balance of admissions, particularly in the context of an increasing older people population. Our overall care home population has been consistently higher than the target, but has been broadly level over the year.

Improvement Action:
The data above would indicate a well balanced approach to care home usage. Evaluation of our current care home population target will be undertaken to determine whether this should be amended to take account of what appears to be a balanced equilibrium at present.

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 and monitors 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

	Q1	Q2	Q3	Q4
Actual (%)	83.7%	81.7%	85.6%	92.0%
Target	95%	95%	95%	95%

Situational Analysis:
Early in the year, we experienced lower performance than desired due to technical issues affecting receipt of Police concern forms during a period of industrial action. Since then, performance has recovered to end the year at levels much closer to the target.

Improvement Action:
Improvement action will continue the trend towards achievement of compliance with target timescales.

SECTION 5
Local Delivery Plan (Health) Standards

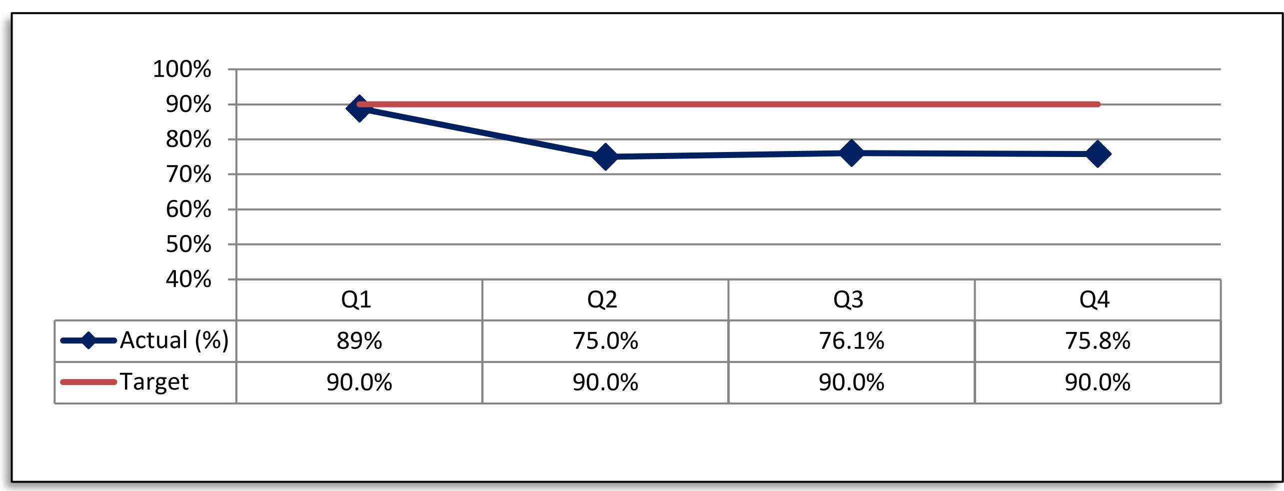
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

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



Situational Analysis:
The drug and alcohol team have been significantly impacted by staffing shortages during the year due to long-term staff absence. This seriously affected the team's ability to respond to referrals, complete assessments and commence treatment within the three-week target. The remaining staff have been working extremely hard to maintain a service and there has been successful recruitment to the band 6 alcohol care and treatment nursing post which is crucial to the team's performance in this area.

Improvement Action:
The new alcohol care and treatment nurse has now commenced in post and staff numbers within the team initially improved. However, further vacancies then developed in the team and although recruitment has been undertaken it is likely that the timescales for commencing new staff in post will result in a further temporary challenge around meeting the waiting times targets, although every effort will be made to mitigate this as far as possible. Additional support has been provided to the team during this challenging period through a secondment from another service area.

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 Waiting <18wks for Psychological Therapies

	Q1	Q2	Q3	Q4
Actual (%)	95.7%	95.8%	97.8%	92.0%
Target	90%	90%	90%	90%

Situational Analysis:
Current performance in the percentage of people seen within 18 weeks from referral to psychological therapy has exceeded target all year. Compliance has declined in Q4, but still above target.

Improvement Action:
The downturn in performance is directly linked to vacancies within the team, particularly in psychology posts. This reflects a national challenge around recruitment and retention of psychologists. The team will be taking forward a test of change re-profiling the skill mix of the team to include a dedicated Cognitive Behavioural Therapy practitioner post to enable a more distributed and tiered approach to allocation of work within the team. This should improve performance against the target.

5.3 Dementia Post Diagnostic Support (PDS)

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

	Q1	Q2	Q3	Q4
Actual (%)	64.2%	5%	54%	0
Target	100%	100%	100%	100%

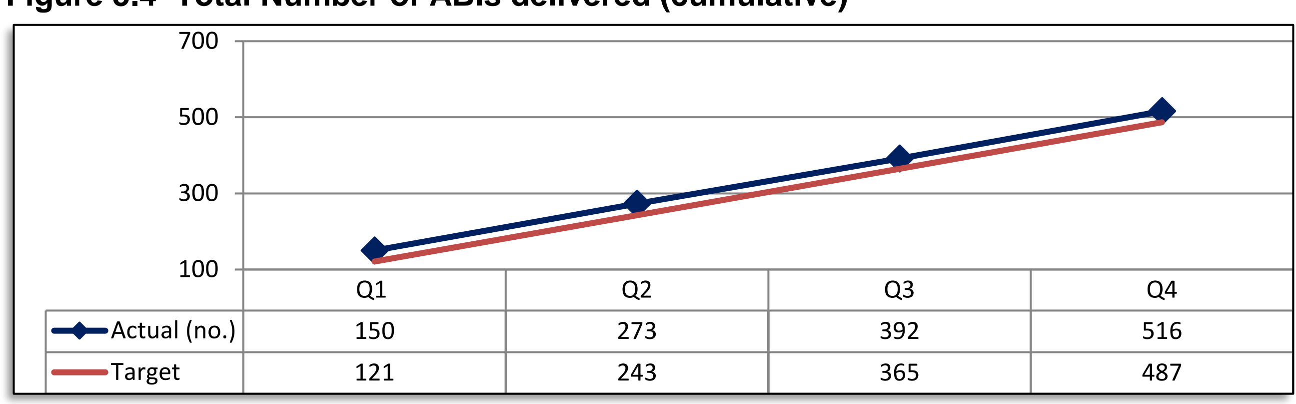
Situational Analysis:
This indicator examines how many patients are accessing PDS within the month they are referred. Performance has been very volatile over the course of 2018-19 as a result of service gaps created by vacancy. At these times the existing caseloads are redistributed and waits arise. This unfortunately happened again at the turn of the year and had impact on Q4 data. We had 2 vacancies throughout this time which, required the active case load to be redistributed between the existing staff. No referrals were therefore allocated throughout this time until towards the end of Q4 with existing patients being discharged and two new AS link workers joining the team. To manage the list we wrote to patients advising there may be a longer than usual wait. No patient waited more than the maximum 18 weeks.

Improvement Action:
Recruitment has been undertaken to address the staff shortages, which should make a positive impact in 2019-20 Q1.

5.4 Alcohol Brief Interventions (ABIs)

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

Figure 5.4 Total Number of ABIs delivered (cumulative)



	Q1	Q2	Q3	Q4
Actual (no.)	150	273	392	516
Target	121	243	365	487

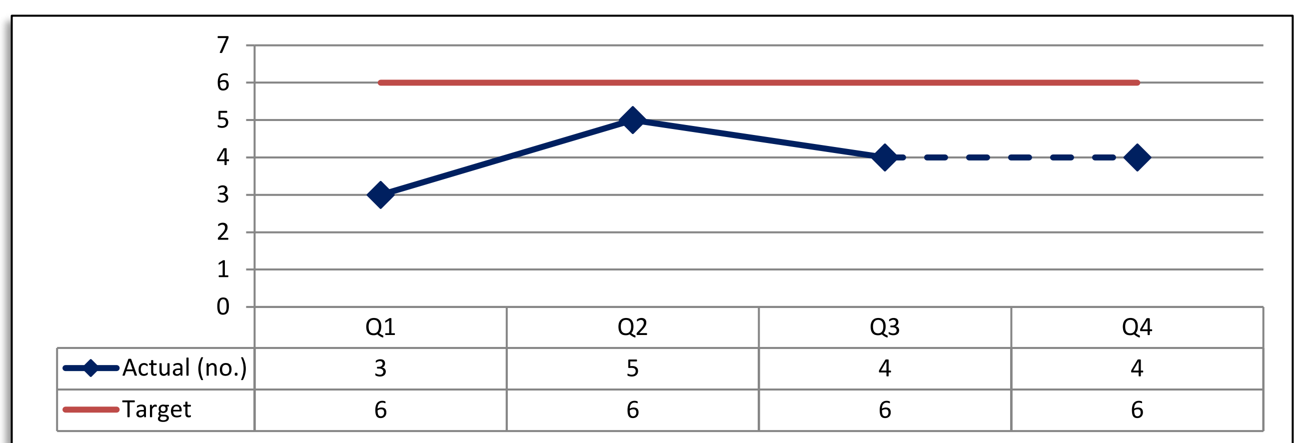
Situational Analysis:
The target of 487 Alcohol Brief Interventions was achieved and marginally exceeded across each quarter of 2018-19.

Improvement Action:
The HSCP aspires to a higher number of Alcohol Brief Interventions being achieved, but uptake within General Practice remains a challenge. This is not an uncommon situation within health and social care partnerships and it continues to be the subject of debate and action planning through the direction of the strategic Alcohol and Drugs Partnership. Consideration is also being given to how best to make Alcohol Brief Interventions available to older people; recognising alcohol misuse in older people has been identified as a factor in a significant proportion of adult support and protection referrals in the past year.

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



	Q1	Q2	Q3	Q4
Actual (no.)	3	5	4	4
Target	6	6	6	6

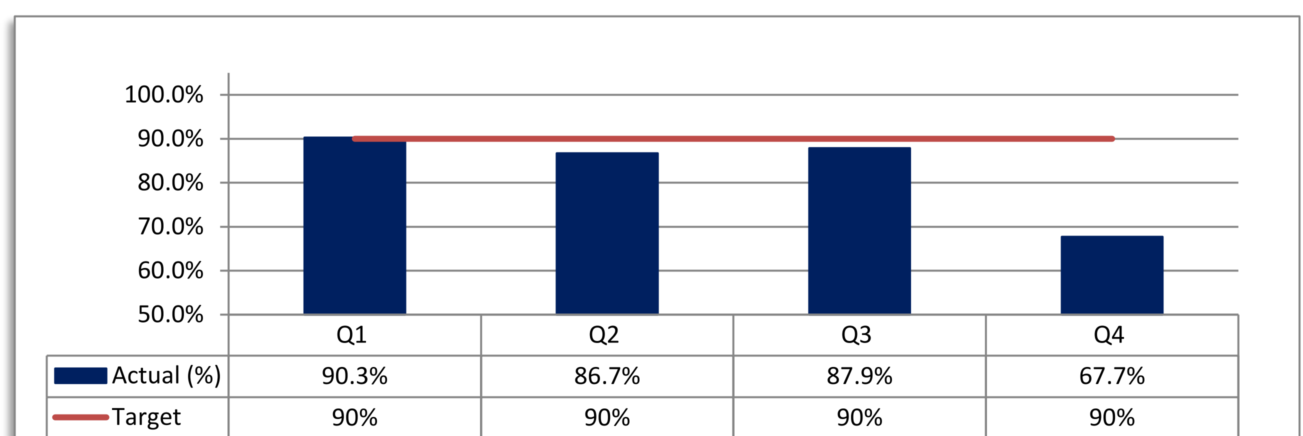
Situational Analysis:
Performance has been below target across the first three quarters of 2018-19. Data only becomes available 12 weeks after the end of each reporting period, so Q4 is indicative based upon Q3 results.

Improvement Action:
As of the 19th of February 2019, a full time HI Practitioner (Smoking Cessation) was recruited on a fixed-term contract (until March 2020) who will work primarily within East Dunbartonshire as part of the QYW Community services. They will have a focus on raising awareness of the stop smoking services in East Dunbartonshire, delivering service and exploring service development opportunities. One of the objectives of this post will be to improve performance against this target.

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

Rationale: 90 per cent 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



	Q1	Q2	Q3	Q4
Actual (%)	90.3%	86.7%	87.9%	67.7%
Target	90%	90%	90%	90%

Situational Analysis:
Performance has shown a declining trend against target over the course of 2018-19, with Q4 showing the sharpest decline. A number of approaches have been undertaken to address this, including temporarily extending our core hours of business to include early evenings and weekend work and the introduction of a Quality Improvement Programme. The Quality Improvement Programme is focusing on four distinct work streams: 1. Review of overall service provision, leadership and culture, 2. Service Improvements, 3. Training and support, 4. Supervision and Leadership, and is being led by the CAMHS SMT members.

Further work is ongoing to help identify issues and improve the patient journey flow. We are about to launch a qualitative audit of children and young people's case notes to identify whether their patient journey through CAMHS was appropriate and efficient. We will assess the referral reasons and additional clinical data within the notes to assess the validity of conversion from assessment to treatment, or whether an alternative care plan would have been more suitable. This audit could have an impact in decisions relating to demand and capacity balance.

Other work is ongoing to help identify suitable alternatives to CAMHS, particularly around Tier 2 resources. A large project is currently underway in East Renfrewshire where a child or young person will have a community based alternative to CAMHS, within the GP setting, where their condition and needs permit. This will likely have a positive impact on CAMHS capacity, though is in its early stages.

Improvement Action:
CAMHS aim to be within the 90% HEAT RTT Target threshold by the mid-2020 and are working to achieve this with clinicians, managers and developments in the Quality Improvement Programme. We aim to rectify this on the trajectory shown below. This is based on various aspects of the quality improvement plan, along with the recruitment of 12wte additional clinical staff from resources supplied via the Scottish Government's Children and Young People's Mental Health Taskforce.

Please note, that this trajectory is for GGC CAMHS and not specific to East Dunbartonshire.

Quarter ending	**Sep 2019**	**Dec 2019**	**Mar 2020**	**Jun 2020**	**Sep 2020**	**Dec 2020**
Predicted RTT Performance	80%	83%	86%	90%	90%	90%

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.

SECTION 6
Children's Service Performance

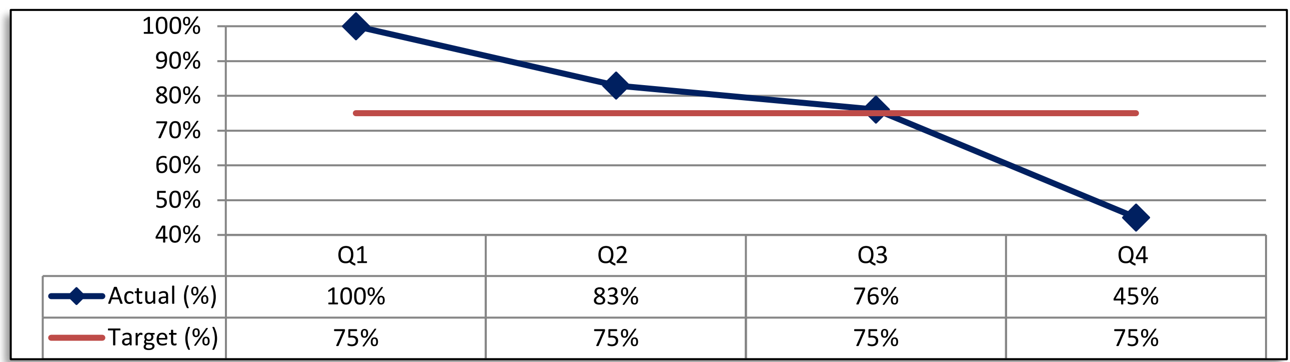
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

- **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



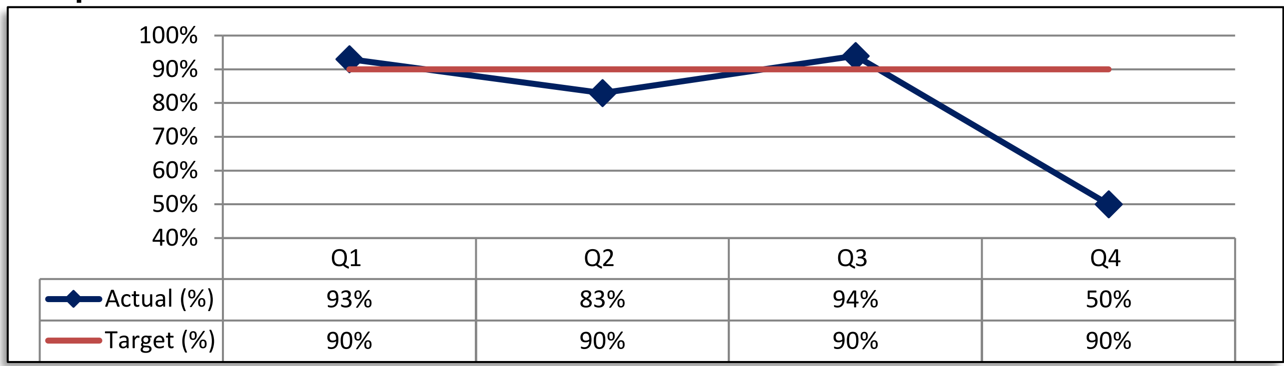
Situational Analysis:
SCRA had over a 300% increase in police referrals in both November and December in East Dunbartonshire. This resulted in a significant increase in requests for reports from social work at a time when staffing was reduced due to Christmas holidays. This impacted on reports being completed on time throughout the following quarter.

Improvement Action:
Team Manager on duty to be responsible for managing new referrals from SCRA to ensure equity in allocation across teams.

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 Case Conferences taking place within 21 days from receipt of referral



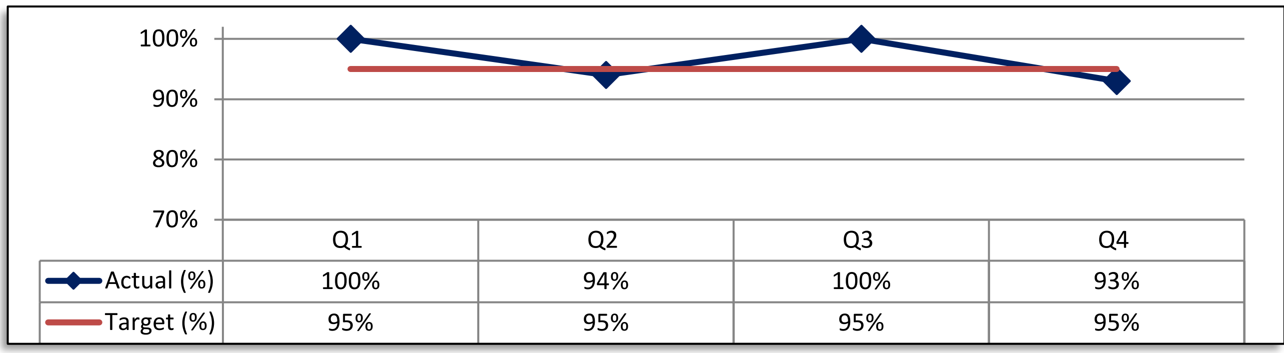
Situational Analysis:
Performance in Quarter 4 declined from the previous quarter and is below target. Four Initial Child Protection Case Conferences were held during Quarter 4, of which two were within timescale.

Improvement Action:
Shared services to set the date for Initial Child Protection Case Conferences at the point of a CP investigation starting, to ensure better timescales are achieved.

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



Situational Analysis:
Performance in Q4 has declined marginally after a year in which compliance with timescales has been generally positive. Small numbers of cases can mean that isolated instances of non-compliance can have disproportionate impact on compliance levels overall.

Improvement Action:
Team Managers will continue to ensure that Review Case Conferences take place on time.

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

	Q1	Q2	Q3	Q4
Actual (%)	83%	84%	85%	85%
Target	89%	89%	89%	89%

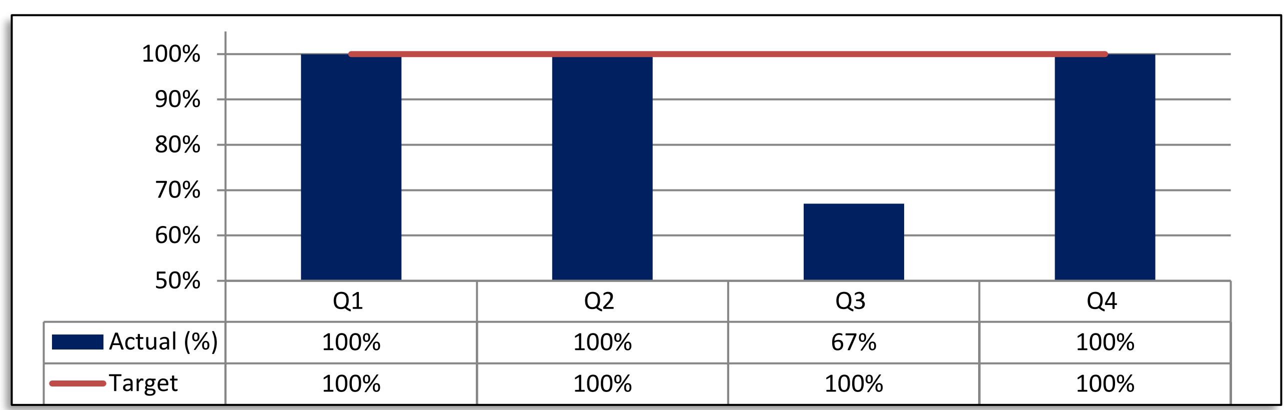
Situational Analysis:
Target levels have marginally and progressively improved over the course of the year, but still remain below target.

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

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

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

Figure 6.5 Percentage of first LAAC reviews taking place within 4 weeks of accommodation



Situational Analysis:
Performance in Quarter 3 is below target. There were 3 first LAAC Reviews held during Q3, 2 took place within the target timescale. I 1st Review was outwith the target timescale although a TAC meeting did take place and plans for the initial LAAC Review were subject to the availability of a minute taker.

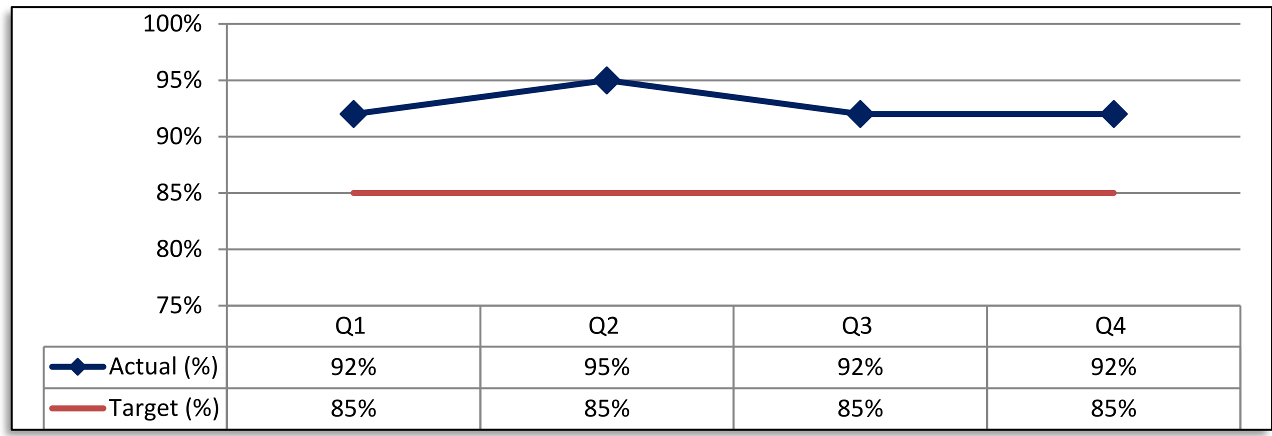
Improvement Action:
Managers scheduled to attend a business objectives meeting in order to review these figures and take action to ensure improved consistency.

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 that by 2020, 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



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 (92-95%) during 2018-19.

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

SECTION 7
Criminal Justice Performance

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

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

7.1 Percentage of Individuals Beginning a Work Placement Within 7 days of Receiving a Community Payback Order

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

Figure 7.1 Percentage of individuals beginning a work placement within 7 days

	Q1	Q2	Q3	Q4
Actual (%)	88%	83%	73%	79%
Target	80%	80%	80%	80%

Situational Analysis: There was an unexpected downward trend in quarter 3 which led to an unmet target at 73%.

A workforce briefing and refresher on the importance of ensuring service users must attend immediately after a community backpack order was imposed by the court, to enable full induction and commencement of unpaid work. Swift contingency strategies agreed were service users failed to keep this instruction.

This has seen improvement and the target of 80% almost achieved at 79%.

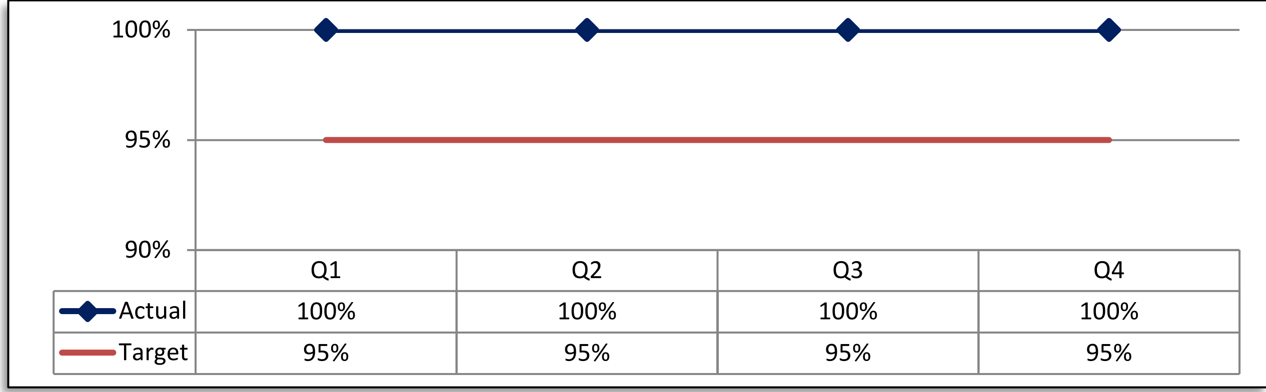
A challenge always remains with this performance metric when service users who attend immediately after court but are then unable to commence due to further conviction, ill health with GP line, employment contract clashing with immediate start or if subject to an existing order which means the new order cannot commence until the original one is completed. These factors are out with control of the service.

Improvement Action: Continue to monitor and ensure contingencies are enacted swiftly (home visit same day) should the service users fail to attend after court or on day unpaid work placement is due to begin.

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



	Q1	Q2	Q3	Q4
Actual	100%	100%	100%	100%
Target	95%	95%	95%	95%

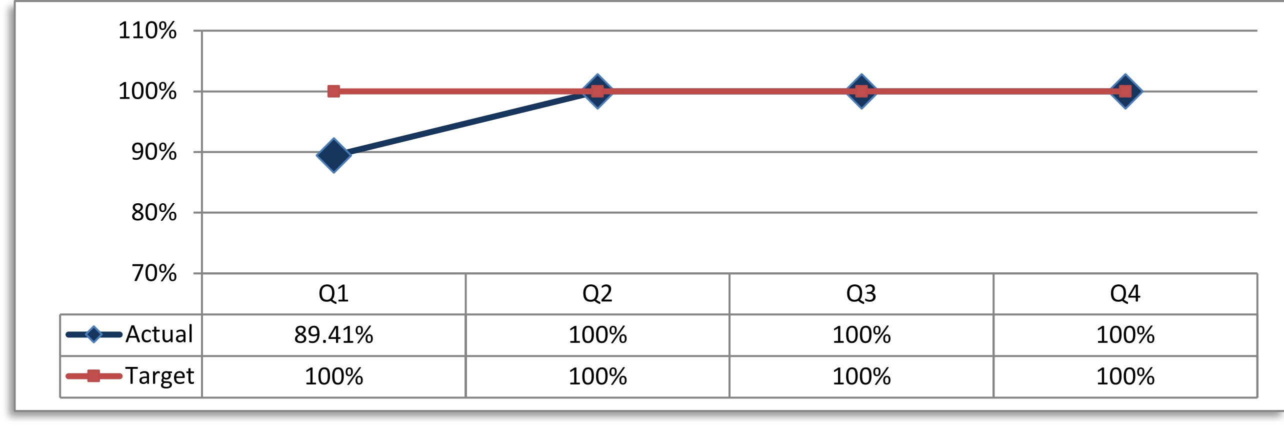
Situational Analysis: On target.

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



	Q1	Q2	Q3	Q4
Actual	89.41%	100%	100%	100%
Target	100%	100%	100%	100%

Situational Analysis: On target.

Improvement Action: Monitor and maintain.

SECTION 8
Corporate Performance

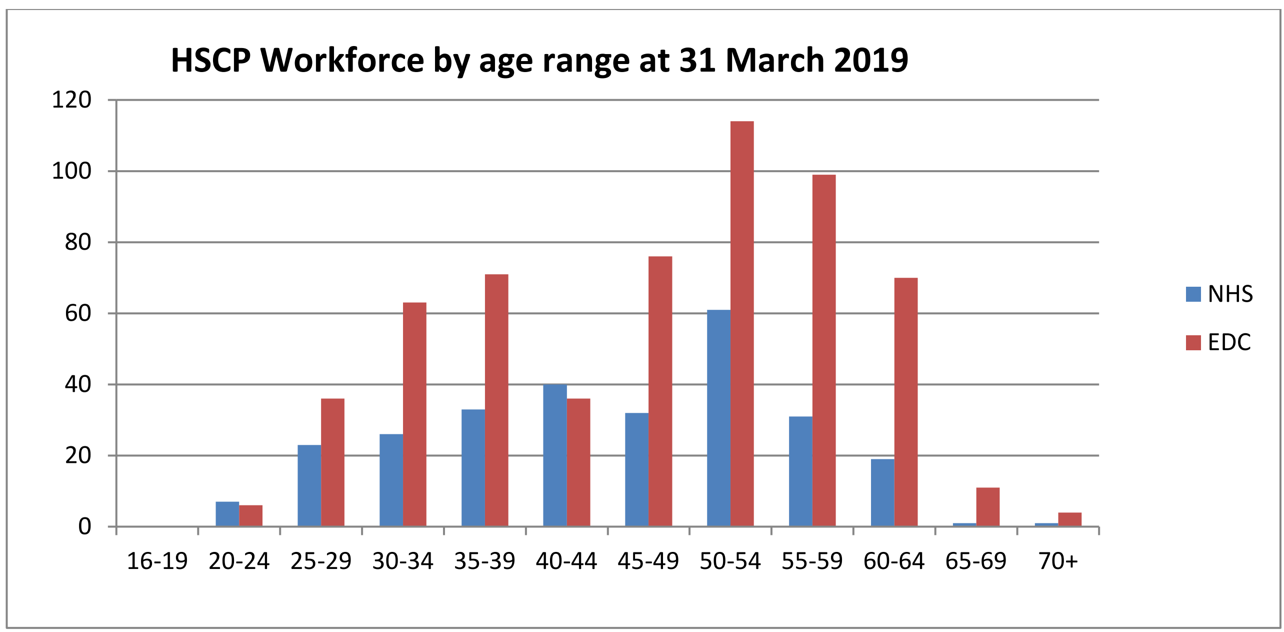
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount				WTE			
	Jun-18	Sep-18	Dec-18	Mar-19	Jun-18	Sep-18	Dec-18	Mar-19
NHSGGC	268	266	274	274	224.97	223.71	227.26	232,36
EDC	606	605	589	586	494.99	493.08	495.75	489.39
Total	874	871	863	860	719.96	716.79	723.01	732.75

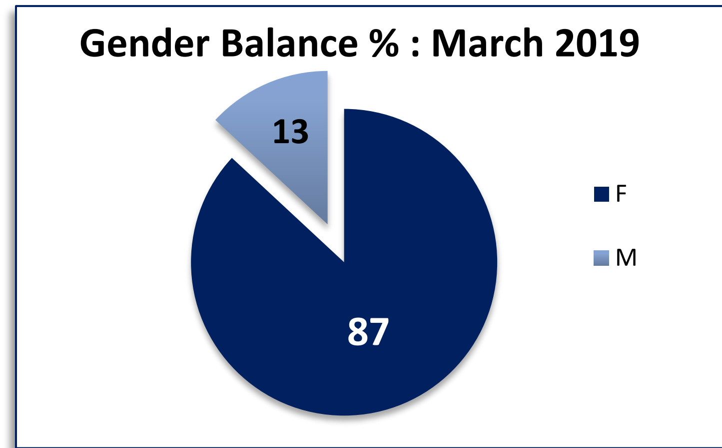
The picture on workforce shows a slight decrease overall since December 2018 of 3 but with an increase of 9.74wte staffing. This shows an increase in wte staff and or a reduction on part time working hrs.

8.2 HSCP Staff by Age profile



The age profile shows that the majority of staff remains aged over 45yrs and that we have a very low number of staff less than 25yrs of age. This age range is not unexpected within the services that the HSCP provides, although as identified above, this high percentage of older staff might impact on the number of requests for a more flexible employment option.

8.3 Gender Profile



The gender ratio of female to male employed staff has remained constant over the last 12mths, with 87% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Absence had decreased for both EDC and the NHS in the last quarter. Across the year we have had a number of variations in attendance patterns but the overall issues remain one of longer term absence. 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**
Apr-18	8.61	5.62
May-18	8.56	5.18
Jun-18	7.44	4.78
Jul-18	10.65	5.8
Aug-18	9.44	5.16
Sep-18	9.78	5.82
Oct-18	9.24	6.61
Nov-18	8.91	6.3
Dec-18	11.15	5.21
Jan-19	11.53	5.02
Feb-19	9.19	4.48
Mar -19	8.3	4.3
Average	**9.4**	**4.46**

8.5 KSF / PDP / PDR

	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
KSF %	40.3	40	36	33.5	30.5	30	30	35	41	51
Trajectory %	80	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. The new TURAS recording platform has provided a number of challenges but this is now gradually reducing and a marked increase in activity is being seen.

8.6 Performance Development Review (PDR)

PDR	
Quarter	% Complete on system
Q1	39.31%
Q2	79.1%
Q3	79.3%
Q4	84.63%

PDR (Performance, Development Review) is the Council process for reviewing staff performance and aligning their learning and development to service objectives and deliver requirements. We have achieved a recording rate of 84.63% in this quarter.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Public, Service User & Carer (PSUC) Representative Support Group
Report By	Martin Brickley (Service User Representative) / Jenny Proctor (Carers Representative)
Contact Officer	David Radford Health Improvement & Inequalities Manager David.radford@ggc.scot.nhs.uk 0141 355 2391

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

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

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

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0 Main Report
1.1 The attached report details the actions and progress of the PSUCRSG, highlighting

their progress as detailed in **Appendices 1 and 2**.

2.0 SUMMARY

2.1 The PSUC have held four meetings in 2019, the most recent one being on the 1 July 2019.

2.2 The PSUC members have recently created the 1st edition of their new quarterly newsletter; this is called 'Your News' (**See Appendix 1**). The newsletter has been widely distributed in both a paper and electronic format across East Dunbartonshire.

2.3 The group have also recently created and a poster (**See Appendix 2**), promoting the PSUC; this will also be widely distributed across all GP practices, Health Centres, Community Hubs, Churches, Community Centres, Churches etc.

2.4 Both of these promotional items have been completed in the HSCP corporate branding.

2.5 The members agreed in January to amend the structure of their meetings, with alternating business and development meetings. The next PSUC meeting on the 7 October 2019.

2.6 The members also recently attended a development session; this was Chaired by the HSCP Chief Officer (Susan Manion), aiming to scope and develop a framework for wider public participation, engagement and involvement across East Dunbartonshire.

2.7 Members agreed to keep the HSCP budget as a key agenda item.

3.1 It is recommended that the HSCP Board:

- Note the progress of the Public, Service User & Carer Representatives Support Group.

Appendix 1 – Your News

Appendix 2 – GP Poster

Appendix 3 – Action Note 1st July 2019

East Dunbartonshire Health & Social Care Partnership

Summer 2019

Issue 1

Your News

IN THIS ISSUE

WHO WE ARE

AWARD CEREMONY

MEET THE PSUC CHAIR

PSUC GROUP INFO

Did You Know?

***Half of all residents from East Dunbartonshire report eating 5+ fruit and veg portions per day.**

*East Dunbartonshire Health and Well-being Survey 2018

The HSCP and PSUC group

We are delighted to welcome you to the first issue of the East Dunbartonshire Public, Service User and Carer (PSUC) representatives group newsletter.

We plan to produce a newsletter on a quarterly basis (4 times a year), highlighting local and regional health and social care developments. In this issue we will describe who we are, who the East Dunbartonshire Health and Social Care Partnership (HSCP) is, and introduce a member of the PSUC group.

HSCP's are the organisations formed in 2014 as part of the integration of services provided by Health Boards and Councils in Scotland. The East Dunbartonshire HSCP is jointly run by NHS Greater Glasgow and Clyde and East Dunbartonshire Council and manages all community health, social care and home care services for children and adults.

The PSUC representatives group work alongside our health and social care professionals and provide the people of East Dunbartonshire with a voice in the planning, development and review of health and social care services.

If you require further info on the PSUC group, please email:

- EDPSUC@ggc.scot.nhs.uk

HSCP Chief Officer thanks the PSUC members

Susan Manion, HSCP Chief Officer

Susan Manion, Chief Officer of East Dunbartonshire Health and Social Care Partnership (HSCP) attended the recent PSUC group meeting to present volunteering awards. Susan also extended her personal thanks to all of the members who have helped shape local health and social care services. Speaking on behalf of the HSCP senior management team Susan stated: "*the whole team are truly appreciative of the volunteers of the PSUC group who dedicate their time to helping plan, shape and review the services provided by the partnership*".

Susan added, that "*at times, as a volunteer, you may question the extent of the impact that your time and efforts have had, however, the results of your efforts, especially in projects such as the hospital discharge report and the creation of the discharge leaflet, show that your labours are often far-reaching and cross-generational even if they never appear evident to you personally*".

Spotlight on the PSUC Group: Gordon Cox (Chair)

As a service user I have found the PSUC group provides a real insight into the workings of the Health and Social Care Partnership (HSCP). I feel I can bring a real life perspective to the various discussions and be a critical friend to the professionals in their work. My family have been well served by the NHS in both good and bad times and so I'm glad to be able to play a part in shaping the future of the new integrated service.

HSCP participation and involvement

Involving carers, service users, the public and local communities is an an important part of improving the quality of services provided by the HSCP. Effective participation and involvement can:

- help the HSCP to improve local services and ensure they are person centred and strengthen local knowledge and confidence of carer and service user experiences with the HSCP, and;
- help the HSCP to shape or redesign local health and social care services

If you want to join the PSUC group or just require more information, the please email:

- **EDPSUC@ggc.scot.nhs.uk**

Did you know?

East Dunbartonshire has the highest life expectancy in Scotland at **83.5yrs** for females and **80.5yrs** for males.* However life expectancy is lower if you live in a deprived area, with life expectancy for woman at **78.6yrs** and **74.6yrs** for men.

*East Dunbartonshire health and well-being survey 2018

Useful Information - Out of Hours Service

- Call **NHS 24** on **111** to access NHS Greater Glasgow and Clyde **out-of-hours (OOH)** service. **NHS 24** provides GP services to all practices in East Dunbartonshire (when your doctor's surgery is closed). Call **NHS 24** on **111** if you are unwell and need to talk to someone before your GP or dental practices reopens.

If you require this newsletter in an accessible format, such as large print or braille or in a community language, please email:

- **EDPSUC@ggc.scot.nhs.uk**

BE BOLD.
BE HEARD.

JOIN US AND HELP TO PLAN, DEVELOP AND REVIEW YOUR LOCAL HEALTH AND SOCIAL CARE SERVICES.

For more information, please email:
ED.PSUC@ggc.scot.nhs.uk

Appendix 3

Public Service User and Carer Support Group – 01 July 2019 – The KHCC, Saramago Street, Kirkintilloch, G66 3BF.

Attending; Martin Brickley, Gordon Cox, Avril Jamieson, Linda Jolly, Mary Kennedy, Fiona McManus and Jenny Proctor,

Apologies; Karen Albrow, David Bain, Suzanne McGlennan Briggs, Sandra Docherty, Indira Pole, Michael Rankin, Frances Slorance, Susan Manion and Anthony Craig

HSCP Staff in attendance; David Radford

Action points agreed at meeting:

Action	By who	When	G	A	R
Wellbeing project evaluation paper and procurement process to be forwarded to members	AC	By next meeting (07/10/19)			
HSCP officer to invite Childrens Services manager to a future meeting/development session	AC	By next meeting (07/10/19)			
(linked from previous) HSCP officer to source the planning arrangements that are in place for children's services and how they gain service user and carers views	AC	By next meeting (07/10/19)			
HSCP officer to scope and share information on the recent OOH work plan and share with the members, for future discussion	AC	By next meeting (07/10/19)			
HSCP officer to source dates for next PSUC development day/event, covering eHealth, GP contracts (moving forward), communication / engagement arrangements and PSUC member's future roles	AC	By next meeting (07/10/19)			
Public Health Improvement Manager will present at next meeting the latest East Dun adult health and wellbeing survey data	AC	(07/10/19)			
HSCP officer to source info on GP contract and GP clusters	AC	By next meeting (07/10/19)			
HSCP officer to source info for PSUC to understand the current challenges and constraints for GPs practices	AC	By next meeting (07/10/19)			
HSCP officer to update group on the current status of the East Dun Asset Map and prospective launch date	AC	By next meeting (07/10/19)			

Chief Officer
Susan Manion

Agenda Item Number: 19

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	Clinical & Care Governance Sub Group minutes of 29 May 2019
Report By	Lisa Williams, Clinical Director, Tel: 0141 304 7425
Contact Officer	Lisa Williams, Clinical Director, Tel: 0141 304 7425

Purpose of Report	To provide the Board with an update of the work of the Clinical & Care Governance Sub Group.

Recommendations	The Health and Social Care Partnership Board is asked to: a. Note the contents of the minute of the Clinical & Care Governance Sub Group held on the 29th May 2019.

Relevance to HSCP Board Strategic Plan	This group support the clinical & care delivery aspects of the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

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

Financial:	None.

Legal:	None.

Economic Impact:	None

Sustainability:	None

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

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	N/A

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

East Dunbartonshire
Health and Social Care Partnership

Chief Officer: Susan Manion

Clinical & Care Governance Sub Group
29th May 2019, 2pm
Corporate Meeting Room, OHD HQ, Stobhil

Members Present

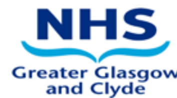
Name	Designation
Lisa Williams	Clinical Director
Caroline Sinclair	Head of Community Mental Health, LD & Addictions
Susan Manion	Chief Officer
Derrick Pearce	Head of Community Health and Care Services
Claire Carthy	Interim Head of Children & Families
Leanne Connell	Senior Nurse, Adult Nursing
Paul Treon	Associate Clinical Director
Michael McGrady	Consultant in Dental Public Health
Lorraine Currie	Operations Manager, Mental Health
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Fraser Sloan	Clinical Risk Analyst
Lorna Hood	Senior Nurse, Children & Families

In Attendance

Name	Designation
Cara Bottomley	Team Lead, CRT
Dianne Rice	Clinical Governance Support Officer

Apologies

Name	Designation
Raymond Walsh	Resources Services Manager, C&F
Gillian Notman	Change & Redesign Manager
David Aitken	Joint Adult Services Manager
Raymond Carruthers	Operational Service Manager, Oral Health
Suzanne Greig	Interim Fieldwork Manager
Fiona Munro	Manager, Rehab & Older Peoples Services
Alex O'Donnell	Criminal Justice Service Manager
Stephen McLeod	Head of Specialist Children's Services



No.	Topic	Action
1	**Apologies and attendance**	
	Apologies and attendance are detailed on page 1 Lisa Williams welcomed all attendees to the group and a round of introductions took place.	
2	**Minutes of Previous Meeting – 3rd April 2019**	
	The following corrections were made to the previous minutes Matters Arising <u>HSE Audit</u> – The minutes detailed that Derrick Pearce would provide a detailed report from the HSE Audit. There was no report produced and this should be changed to Derrick Pearce will provide a verbal update. Governance Leads Update / Reports – Adult Services <u>Nursing</u> – The minutes stated that Kathleen Halpin updated the group. This should be changed to Derrick Pearce provided the update. The group agreed that the remainder of the minutes were an accurate reflection of the meeting.	**DR** **DR**
3	**Rolling Action List**	
	The group viewed the outstanding actions from the previous meeting. The rolling action list will be updated reflecting the above changes noted within the previous minutes. Dianne will update the document to reflect updates.	**DR**
4	**Matters Arising**	
	<u>Contract, Operational & Clinical Process monitoring within the LD Service</u> David Aitken was unable to attend the meeting today. The group agreed that this item should be deferred to the July meeting. **<u>Fluoride Toothpaste Prescribing Guidance</u>** Michael McGrady advised that unfortunately this has not yet been progressed. Michael will keep the group updated on progress. **<u>Lead of SCI action completion</u>** Lisa advised the group that Dianne Rice will be the lead for the above. Training and implementation will be lead by Clinical Risk.	**DR** **MMcG**
5	**Governance Leads Update / Reports**	
a.	<u>Core Audit Reports</u> No issues were noted in relation to the core audits. It was agreed that Children & Families would submit core audits twice yearly.	
b.	**<u>Adult Services</u>** Caroline Sinclair advised that there may be an impact from Psychological Therapies Plan which is in place. **<u>Mental Health</u>** Lorraine Currie advised they currently have 1 Psychologist (previously 3),	

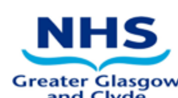
	however, they will be recruiting to one Psychology post. Within CMHT they have 3x Band 5s in place who are currently going through the induction phase and there has also been an internal promotion in relation to OT. PCMHT have a new member of staff appointed and member returning after long term absence. Lorraine highlighted the PCMHT patient survey. The survey results where positive, however, action is required around 9week waiting time. Following the Computerised Cognitive Behavioural Therapy test for change Lorraine informed that this is now being rolled out across the service. Lorraine will provide evaluation report at the next meeting. **Nursing** Leanne Connell informed the group that a District Nurse has been appointed and in post. Two trainees are due to qualify in September. Results have been received in relation to the Palliative Care Patient Experience survey within Bishopbriggs. Results show that 88% of patients died at home. Diabetes Service – Leanne advised that they are working with West Dunbartonshire & GPs in relation to new guidelines introduced. The Diabetes Service has also implemented a "How are we Doing?" patient experience survey. Leanne will bring results to the group once available. An ANP has been placed within a Care Home to support, however, this needs further testing. **EDADS** It was noted that there are staffing challenges within the team. In the absence of a Team Leader post Catherine McCrae, Team Lead CMHT is providing clinical supervision. **Adult Social Work** There was no relevant update to present.	**LCurrie** **LConnell**
c.	**Older People's Services** **OPMH** There was no relevant update to note. **OPSW** It was noted that there is staffing challenges within the Adult Intake Team who are receiving an increased number of referrals placing pressure on the team to provide responses within timelines.	

	Lisa Williams asked if there had been any issues raised by patients / families in relation to transport for people who have been moved to Birdston Care Home. Lisa noted that some patients / carers / family members had highlighted some issues to her within Practice. Derrick Pearce advised that they have concluded all moves and that initial feedback has showed that people are settled. Derrick advised that he will be providing a paper to the HSCP Board meeting and that he will bring it to the next meeting for information. **CRT** Cara Bottomley informed the group that they are recruiting for Physiotherapy, OT and a Rehab Support Worker. Cara advised that although the waiting lists are longer, they are still within target timescales. Home 4 Me service is now live. Cara advised that the team are working with the Acute sector re patient pathways. A satisfaction survey has been completed. Cara will share results with the group.	**DP**
d.	**Children's Services** **Children & Families SW** Claire Carthy informed that they have a high staff turnover. The team have a number of staff on Maternity Leave. Claire noted that this had affected performance in submitting reports to the Children's Reporter, however, the there was a change in process and this has helped improve this. **Children & Families** Lorna Hood advised that they currently have 0 Health Visiting vacancies. Lorna informed that there are pressures within the service with caseload sizes and implementing the universal pathway. This issue has been raised at Board level and Val Tierney, Chief Nurse will also be arranging a meeting with Phil Rakhra, Programme Manager Healthy Children Programme. VTP – Pre-School Immunisations – Service should be operational by August 2019. There have been issues with fridge alarms within Stobhill. Lorna has been in contact with the manufacturer and has arranged them to inspect the fridges. Lorna noted that immunisation rates were sitting at 97% which is higher than the national average. There is a Breastfeeding project within the Health Improvement team. Two Healthcare Support Workers are working with the Universal Pathway pre & the targeted post submission.	
	Adult Immunisations – This is expected to roll out easily using the same model as the Pre-School Immunisations. Although the majority of the service is running well, Lorna felt is important to note the risks and issues she had experienced whilst implementing the service.	

	Specialist Children's Services Lisa Williams advised that she had met with Stephen McLeod and Julie Metcalf to discuss process for cross sharing of outcomes. CAMHS sits under Mental Health, however, cross sharing will provide assurance to Board.	
e.	**Oral Health** Michael McGrady attended the group today and provided the following updates: **Hepatitis B Injections** – There currently is a backlog, however, are in the process of clearing this; **Clin+** - Working with IT to update system; **Defibrillators within GDPs** – A risk assessment has been completed with recommendations and OHD are in the process of procuring devices; **Medical Governance** – A Patient Group directive has reviewed and updated. This will be forwarded to the Board for approval. **Complaints** – There has been a decision to repatriate complaints relating to GDPs. Michael will keep the group updated. **QI** – OHD currently piloting training for GDP.	
f.	**Criminal Justice update** Claire informed that the service is currently stable and making sure they're prepared for short term sentences when it is implemented. An evaluation of Community Justice after service was introduced 1 year ago has been completed. This and the Care Inspectorate inspection report will be brought to the next meeting. The Annual Criminal Justice Event will take place in November 2019.	**CC**
g.	**Primary Care & Community Partnership Governance Group update** Lisa advised that the next meeting would take place on the 30th May 2019 and that an exception report from the local meeting in April has been submitted.	
h.	**Board Clinical & Care Governance Forum update** Following the Board Clinical Governance Forum took place on the 27th May Lisa has prepared a paper on PCCGF & Local CCG on SCI learning as there are concerns around delays, governance and communication and the need to make sure robust arrangements are in place. Kathy Kenmuir will work to support out staff. A pro forma is to be developed. Lisa will check if this has been completed and feedback.	**LW**
i.	**Service Inspections** There were no service inspections to note.	

j.	**Recruitment & Retention of Staff** Lisa advised that the HSCP had submitted their second year Primary Care Improvement Plan to the LMC / GP Sub. The LMC / GP Sub have rejected this plan and work will continue until agreement is reached.	
	Risk Management	
6a.	**Care Home Update** Leanne Connell advised that there had been a Large Scale Investigation under Adult Support & Protection within a care home. It was noted that throughout the investigation there was excellent multi-disciplinary working. An action plan will be developed and it is hoped that improvements will be seen, however, if not it was highlighted that the Care Inspection may proceed with closure. The investigation was in response to 2 residents deaths. This could not be investigated under Adult Support & Protection, however, will be taken through Adult Protection Committee who will work with Procurator Fiscal. Susan Manion noted her thanks to all staff involved within the investigation and advised that the Clinical & Care Governance group should be sighted on investigations to make sure that we are mindful and to ensure that the care of patients are paramount. Leanne advised that the Virtual Care Home group receive information on care homes from the Commissioning Team which is good assurance.	
b.	**Clinical Risk update** Fraser Sloan gave an overview of the clinical risk report previously circulated with the agenda. It was noted that there was an increase in violence & aggression / challenging behaviour incidents. Lisa expressed that although staff should not have to deal with these difficult behaviours it is reassuring that staff are reporting these incidents.	
c.	**HSCP Incident Report –20/03/19 – 15/05/19** The group reviewed the report and the following incidents were discussed. **556018** – This incident was in relation to District Nursing service dealing with challenging behaviour from a carer. It was noted that the GP was supportive of the District Nurses and a joint letter was sent from the GP and Senior Nurse to family and agreement was reached around the care to be provided. **564631** – This incident was in relation to equipment failure. Fridge failed and a significant amount of vaccines had to be destroyed. It was noted that this fridge was only one year old and staff have raised concerns around model. **562017** – This incident was in relation to Child Protection. Communication with GP's has been sent to request cross checking of records where an adult has an addiction issue and has children.	
d.	**OHD Incident report – 20/03/19 – 15/05/19** The group reviewed the report. Michael McGrady noted that there had been an increase in Violence & Aggression / Challenging Behaviour incidents especially in Public Dental Services.	

	Michael highlighted an SCI which is underway in relation to a high fluoride paste given to parent to administer. This is not the agreed process and could be extremely dangerous. Michael will bring outcomes of investigation to the group for learning.]	**MMcG**
e.	**SCS Incident Report – as at 16th April 2019** The report was reviewed by the group. No issues were noted.	
f.	**Datix Update –** This meeting fell out with reporting timeframe of report.	
	Reducing Harm from Medicines	
7.	Trachea Training It was highlighted at the previous meeting that there was no appropriate training available for trachea fitting outwith children's services. Following this meeting this was highlighted as a risk to NHSGG&C Board. Val Tierney, Chief Nurse is taking this forward and there have been various working groups established to look into this, however, no solution has been found as yet. A complex care nurse has offered to train and support in year 1 for transitioning patient. Val Tierney will chase this up. Caroline Sinclair advised that Scot Nursing could provide care which will cost approximately £90k per year. It was noted that this must be a Boardwide issue and that there is a need to look at a short terms solution but muse consider a long terms plan / solution. Claire Carthy advised that she would be chairing the Transition Meeting on the 30th May and may be able to provide a clearer picture of the situation following the meeting.	
8.	**Public Health Reports / Prescribing updates** Carolyn Fitzpatrick advised that there have been improvement shown in vaccine incidents, however, the biggest issues are caused by fridges which are considered as old. Public Health advises that fridges should be renewed every 5 years. Carolyn noted that Community Pharmacy will begin to deliver flu vaccinations in Autumn. A cold chain audit will be done to determine baseline figures.	
	Clinical Effectiveness / Quality Improvement	
9.	**Quality Improvement Monitoring** Scottish Improvement Leader Programme – This was circulated by Clinical Effectiveness Department. It was agreed that relevant staff should be encouraged to apply.	



	Scottish Patient Safety Programme	
10a.	**SPSP** This document was circulated previously with the agenda for information and further circulation to staff. Lisa Williams asked members to note that the Whistle blowing Consultation.	
b.	**SPSO update – May 2019** The document was circulated previously with the agenda for information.	
	Enabled to Deliver Person Centred Care	
11.	**Complaints Report- 20/03/19 – 15/05/19** **Health** There were no complaints to note **Social Work** Dianne to speak to EDC complaints department in regards to tailoring complaints report. **SCS (0101/19 – 31/03/19)** The group reviewed the report. No issues were highlighted.	DR
	Vulnerable Children & Adults	
12a.	**Child Protection** Child Protection Register - Although the number of children & young people on the Register has reduced (47) Claire advised referrals have not.	
b.	**Child Protection Case Conference Attendance** The group reviewed the reports. Single Point of Access currently being piloted within Children & Families Team. The GP Single Point of Access will commence on Monday 8th July 2019 and will then be rolled out to all other teams within the HSCP.	
c.	**Looked After & Accommodated** Looked After & Accommodated - Claire advised that there are 140 Looked After & Accommodated within East Dunbartonshire with 100 being accommodated.	
d.	**Child Protection Forum Minutes** The minutes of 31st January 2019 were circulated previously with the agenda for information.	
	Infection Control	
13.	**Partnership Infection Control minutes** The minutes from 14th March 2019 were circulated previously with the agenda for information.	

	General Business	
14.	**<u>Person Centred Visiting Briefing</u>** The briefing was circulation previously with the agenda for information. It is hoped to implement 24hr visiting by 2020. It was noted that there is no inpatient beds within the HSCP.	
15.	**<u>Clinical & Care Governance Annual Report</u>** All members were reminded to provide a submission for the Clinical & Care Governance Annual Report.	
16.	**<u>Any other business</u>** There was no other competent business to note.	
17.	**<u>Schedule of meetings 2019</u>** The schedule 2019 was circulated previously with the agenda for information.	
18.	**Date and time of next meeting** **Wednesday 31st July, 2pm, Corporate Meeting Room, OHD HQ, Stobhill**	

Chief Officer
Susan Manion

Agenda Item Number: 20

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	5 September 2019
Subject Title	East Dunbartonshire HSCP Staff Partnership Forum Minutes of Meeting – 17 June 2019
Report By	Tom Quinn, Head of People and Change
Contact Officer	Tom Quinn, Head of People and Change

Purpose of Report	To provide the re-assurance that Staff Governance is monitored and reviewed within the HSCP. Key topics covered within the minute include: 1) Public Dental Service Review – Lisa Johnston, update the forum on the initial review document that had been circulated for comment on the proposed review of the Public Dental Service. Lisa advised that further updates would be taken to the forum as work progressed. 2) Workforce Plan Update – Tom Quinn provided an update on the workforce plan at 31 March 2019, outlining some expected changes that Scottish Government would make in their proposed guidance which was had been expected but was now delayed until around late September 2019. 3) iMatter – Linda Tindall updated the forum on the success of the 2019 iMatter survey and encouraging everyone to support local teams create their and upload their action plans.

Recommendations	Note for information

Relevance to HSCP Board Strategic Plan	

Implications for Health & Social Care Partnership

Human Resources	Information is cascaded to staff through the partnership via Our News

Equalities:	N/A

Financial:	N/A

Legal:	Meets the requirements set out in the 2004 NHS Reform legislation with regard to Staff Governance

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	N/A

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	Included within the overall Staff Governance Framework

Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	**X**
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

1.0	**MAIN REPORT**
1.1	**Minute of meeting of 17 June 2019 attached**

Chief Officer
Mrs Susan Manion

Minutes of East Dunbartonshire Staff Forum Meeting
Monday 17 June 2019 at 12.30pm in F33A&B, Kirkintilloch Health & Care Centre

PRESENT

Susan Manion (SM)	**ED HSCP Chief Officer (Chair)**
Andrew McCready (AM)	**UNITE Steward (Co-Chair)**
Leanne Galasso (LG)	**Workforce Strategy Lead**
Caroline Smith (CSm)	**HR Business Partner**
Brian McGinty (BMc)	**UNITE Convenor**
Billy McLeod (BM)	**Homecare Unison**
Jenny Russell (JR)	**UNISON Steward**
Lisa Johnstone (LJ)	**Interim General Manager, Oral Health**
Margaret Hopkirk (MH)	**People and Change Manager**
Derrick Pearce (DP)	**Head of Community Health and Care**
Tom Quinn (TQ)	**Head of People & Change**
Gary McNally (GM)	**UNISON Steward**
Anne McDaid (AMc)	**RCN SPF Joint Secretary**
Marie Lowe (ML)	**RCN Steward**
Linda Tindall (LT)	**Senior Organisational Development Advisor**
Claire Carthy (CC)	**Interim Head of Children & Families Service**
David Radford (DR)	**Heath Improvement Team Manager**
Karen Gillespie (KG)	**Minute Taker**

ITEM	SUBJECT	ACTION
1.	**Welcome & Apologies** SM opened the meeting by welcoming everyone present and requested roundtable introductions for the benefit of staff attending for the first time. Apologies were submitted on behalf of Jean Campbell, Caroline Sinclair, Claire Carthy, Lorna Hood, Leanne Connell, Simon McFarlane and Margaret McCarthy.	
2.	**Minutes of previous meeting** Minutes of meeting held on 18 March 2019 were agreed as an accurate reflection of discussions, with the following exception:- Item 17. Francis McLinden – name spelt wrong, should be Frances.	

3.	**<u>Matters Arising</u>** Finance – SM advised Jean Campbell continues to work on the financial accounts for the HSCP Board; these will be shared, once noted by the Board. SM advised that we would be within £100K of break even at year end but that this would be a challenging year going forward, linked to our “Transformational Plan”. SM advised that the discussion for 2020/21 budgets would need to start earlier than expected.	
4.	**<u>Strategic Inspection of Adult Services - 2019</u>** The SMT received the draft report and have sent back comments and factual accuracy corrections. A further meeting with the inspection team is set for mid July for final discussion and it is expected the report will be published shortly after that. Overall the message back from inspectors is that they have seen a lot of good work and recognise the areas we are still working on. They have a high level of confidence that we are progressing in the right direction however the fact that some of this is work we have commenced in the last year, or is not yet fully embedded will be reflected in our overall gradings.	
5.	**<u>Finance Update</u>** Dealt with under matters arising	
6.	**<u>Home Care Review</u>** DP updated on the review and congratulated everyone involved for their participation and work in getting the review concluded. The final report will go to the IJB in late June; spelling out the case for change and the proposed changes. A final meeting with the trade unions is planned to sort some minor issues with regard to the rotas. It was expected that given the transition from old to new the likely implementation date for the new service would be Sept / Oct 2019	
7.	**<u>Learning Disability Review</u>** The new strategy had 6 areas of improvement; these are now progressing through a number of different routes. The LD review is focussing in two main strands - day services and accommodation with support. We have consulted on a set of principles for day services and used the process and forums shown in the slides. Report is going to the HSCP Board meeting on 27 June 2019 on the outcome of this consultation and will then be moving on to begin consulting on a similar suite of principles for accommodation with support. We will bring this consultation through similar forums as the day care one in due course. DP asked that staff be encouraged to contribute to this crucial stage.	

8.	<u>**Public Dental Service Review**</u> LJ spoke to the previously distributed PDS Review, outlining the work to be done in ensuring a robust consultation process across the 6 HSCPs within the NHSGGC area. Including various staff sessions for PDS and Secondary Care Staff. There is a dedicated email address for replies to the consultation ohd@ggc.scot.nhs.uk It is likely that the consultation will see 4 work streams being established to take forward the review: Estates; Workforce; Clinical offer and e-dentistry. Further reports will come back to the form as the review progresses. In relation to a question from AMcC, LJ advised that the review will go to the APF Secretariat for information.	
9.	<u>**HR Update**</u> MH spoke to the paper that was circulated with the agenda and advised the report focussed on the April 2019 period. MH referred to absence, PDR and TURAS updates as well as work underway to try and support both staff and managers through the HWL group's activities. MH also advised that the NHS moved to "JobTrain" as of 3 June for advertisement of posts. CS advised East Dunbartonshire Council has new Occupational Health provider and also a new Employee Assistance programme.	
10.	<u>**Transformational Plan**</u> SM spoke to the Plan that sits alongside the HSCP Financial Plan and is reviewed by the Audit and Risk Committee on a quarterly basis. SM gave an overview of the areas that are sitting with an amber/red status (anticipated difficulty in delivery or significant difficulty expected in delivery). SM suggested that a GANT chart be devised to look at the progress of each initiative and this could be brought to future meetings for review.	
11.	<u>**iMatter / Staff Governance– Next Steps**</u> LT gave a verbal update on the iMatter process and advised all areas are doing well, with an increase in some areas. All teams should currently be working towards sharing their reports and agreeing action plans before the August deadline. LT will bring further breakdown to next SPF. AMC highlighted few staff in Dental Labs did not get reports; LT advised it was the responsibility of the Team Leads/Managers to confirm their teams. LJ will look into this. SM spoke about areas of improvement and asked how we can improve on these responses e.g. how does the SMT increase its visibility? JR suggested simply by stopping by the clear desk area and speaking to staff on the ground. AMC suggested SMT attending team meetings on a regular basis, it was felt both of these suggestions allows the visibility and the flow of information to go both ways, giving staff a forum face to face with the SMT.	

	Thanks was expressed to all staff for taking the time to complete the iMAtter survey especially to Homecare, Learning Disability and John St who had to undertake a paper based survey. It was agreed that the Staff Awards Ceremony taking place in Autumn would be an excellent opportunity for teams to showcase areas that have improved following iMatters action plans. Staff Governance - TQ would like iMatter outcomes to play into Staff Governance agenda and asked for Staff Side, Management and HR representation to attend a meeting at end July. Draft action plan from the meeting will be brought to August SPF. LT also took opportunity to remind everyone that the monthly Our News bulletin is an excellent gateway to spread news about developments and good practice within the teams and encouraged articles to be submitted.	
12.	**Resource Screening update** JR advised that RSG processed were introduced in 2018 to support teams with care package needs. JR advised the meeting takes place every two weeks but it was felt that this process was not fit for purpose as the majority of cases are in crisis and cannot wait the two weeks and therefore requested a review of the process takes place. DP advised that this is an operational issue and should be discussed through the appropriate line management structure. SM agreed to highlight the issue to Caroline Sinclair as Head of Service.	**SM**
13.	**HWL / Health & Wellbeing Survey Next Steps** MH feedback on the survey that had been circulated to HSCP staff in October 2017 and advised a Focus Group meeting had been set for 27June to confirm next steps. Proposal to have Road show displaying results has been suggested and this will be discussed further at the focus group. Partnership Representative were sought to be part of the group, Dougie Fraser & Lyndsay Overstone had previously agreed to be on group, and anyone else interested should send their name to Anne McDaid. The HSCP recently submitted the revalidation paperwork for the HWL Gold Award and it is hoped that East Dunbartonshire Council secure their Gold Award in the near future to allow more collaborative working on events etc.	
14.	**Planning and Commissioning Support for JLDT** JR highlighted that the JLDT don't have a dedicated Planning & Commissioning officer and the team feel there are risks associate with this. SM advised that there are limited resources within the Planning and Commissioning team but she would take this back to Caroline Sinclair, Head of Service for consideration in the LD Review.	

15.	**Workforce Plan – April 2019 Update** TQ informed that the Workforce Plan for 2018/21 had been signed off by the HSCP board in March 2018 and this has been reviewed on a six monthly basis. It is expected that further guidance will be produced by the Scottish Government later in 2019 and this will require the HSCP to merge the current plan with their guidance. Section 4 of the Plan (the current workforce) highlights an aging workforce, which in turn brings health conditions some of which are long term. TQ spoke about the clear correlation between age group of workforce, the high number of female staff and the and part-time worker and the affect this has on the report findings. As a HSCP we need to look at how we can attract and retain a younger age group. TQ requested input from the Staff side representative for the 2020-21 workforce plan.	
16.	**Review of Terms of Reference** As per governance standards for the SPF the TOR have to be reviewed at the first meeting after the 1st April each year. It was proposed that the quorum be reviewed to 1:1; this will be discussed by the co-chairs and brought back to August 2019 meeting.	
17.	**Staff Awards** LT confirmed that the Staff Awards process would be launched in the Our News being issued the following day with details of the application process and timescales. Judging panel will meet in August and winners will be announced at the Awards Ceremony on 9 October 2019.	
18.	**For information** SCS – Redesign Group Minutes were circulated for information purposes Information Exchange – APF - AMcC asked for three key themes are to be taken to the APF meeting. Key themes agreed: 1) Strategic Inspection – Caroline Sinclair 2) PDS Review – Lisa Johnston 3) Combining Survey results – Linda Tindall	
19.	**A.O.C.B**. **Homecare Response Team** – BM expressed concern on behalf of his Homecare colleagues that there had been no response team in place for the last four weekends. The team are responsible for responding to any community alarm activations but due to staff shortages they are unable to fill this rota and Homecare staff are expected to take over the role in addition to their own duties. BM advised that this is a service that is paid for by the Service User, DP responded that he will investigate and feedback.	**DP**

19.	DATE & TIME OF NEXT MEETING 1 August 2019 @ 2pm, F33A&B, KHCC *Room available from 1pm for Staff Side pre-meet*	

Agenda Item: 21

East Dunbartonshire HSCP Board Agenda Planner Meetings - October 2019 to January 2021

Updated 21/8/2019

Standing items (every meeting)
Expressions of Interest
Minutes of last meeting (SM)
Chief Officers Report (SM)
Half Day Development Session - Thursday 3 October 2019
Review of Business plan and future priorities
HSCP Board Agenda items - 14 November 2019
Chief Social Work Officer's Annual Report 2018/2019
Home for Me and Caring Together
Quarterly Performance Report Q1
Strategic Review of Children & Families Service
Winter Plan
Workforce Plan
Corporate Parenting
HSCP Board Agenda items - 23 January 2020
Topic Specific Seminar – Public Health Reform
Quarterly Performance Report Q2
Half Day Development Session – February 2020
To be agreed
HSCP Board Agenda items - 26 March 2020
Quarterly Performance Report Q3

HSCP Board Agenda Items – 21 May 2020
HSCP Board Agenda Items – 25 June 2020
HSCP Board Agenda Items – 17 September 2020
HSCP Board Agenda Items – 12 November 2020
HSCP Board Agenda Items – 21 January 2021

ED HSCP Board distribution list at Aug 2019

ED HSCP BOARD MEMBERS - VOTING		
Name	**Designation**	
Susan Murray	Chair -EDC Elected member	1
Margaret McGuire	NHS non-executive Board Member	1
Jacqueline Forbes	Vice Chair - NHS non-executive Board Member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Ian Ritchie	NHS non-executive Board Member	1
ED HSCP BOARD MEMBERS - NON VOTING		
Susan Manion	Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Alex Meikle / Gordon Thomson	Voluntary Sector Representative	1
Martin Brickley	Service User Representative	1
Jenny Proctor	Carers Representative	1
Andrew McCready	Trades Union Representative	1
Thomas Robertson	Trades Union Representative	1
Lisa Williams	Clinical Director	1
Adam Bowman	Acute Services Representative	1
Val Tierney	Chief Nurse	1
ED HSCP SUPPORT OFFICERS - FOR INFORMATION		
Linda Tindall	Organisational Development Lead	**e-copy only**
Caroline Sinclair	CSWO, Head of Mental Health, LD, Addictions and HI	1
Derrick Pearce	Head of Adult and Primary Care Services	1
Gillian McConnachie	Chief Internal Auditor HSCP	**e-copy only**
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	**e-copy only**
Martin Cunnigham	EDC Corporate Governance Manager	3
Jennifer Haynes	Interim Corporate Services Manager	**e-copy only**
L. Johnston	Interim General Manager – Oral Health Directorate	**Paper copy / e-copy**
Tom Quinn	Head of Human Resources	**e-copy only**
Caroline Smith	Human Resources	**e-copy only**
Elaine Van Hagen	Head of NHS Board Administration	**e-copy only**
For information only (Substitutes)		
Councillor Mohrag Fischer	EDC Elected member	**e-copy only**
Councillor Graeme McGinnigle	EDC Elected member	**e-copy only**
Councillor Rosie O'Neil	EDC Elected member	**e-copy only**
S. McGlennan Briggs	Carers Representative	**1 copy**
M. Kennedy	Service User Representative	**1 copy**