

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 19th January 2023 at 9.00am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

Chair: Jacqueline Forbes

East Dunbartonshire Health and Social Care Partnership
Integration Joint Board

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

A G E N D A

Sederunt and apologies

Topic Specific Seminar – Frailty Update – Derrick Pearce

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 17th November 2022

Item	Report by	Description	Update	For Noting/ Approval
STANDING ITEMS				
1.	Chair	Declaration of interests	Verbal	Noting
2.	Martin Cunningham	Minute of HSCP Board held on 17 th November 2022	Paper	Approval
3.	Caroline Sinclair	Chief Officer's Report	Verbal	Noting
STRATEGIC ITEMS				
4.	Derrick Pearce	Equality and Human Rights Commission Audit/ Equalities Mainstreaming Report	Paper	Approval
5.	Derrick Pearce	Older Peoples Support Strategy	Paper	Approval

Item	Report by	Description	Update	For Noting/ Approval
6.	Caroline Sinclair	CAMHS Paediatric Services Update	Paper	Noting
7.	Jean Campbell	Code of Conduct	Paper	Approval
8.	Derrick Pearce	Primary Care Improvement Plan Update	Paper	Noting
9.	David Aitken	Day Services (New Allander) for Learning Disability Update	Paper	Noting
10.	Derrick Pearce	Unscheduled Care Update	Paper	Noting
GOVERNANCE ITEMS				
11.	Jean Campbell	Financial Performance on Budget 2022/23 – Month 8	Paper	Approval
12.	Jean Campbell	Directions Update	Paper	Noting
13.	Jean Campbell	HSCP Corporate Risk Register Update	Paper	Approval
14.	Jean Campbell	Extraordinary Performance, Audit and Risk Committee Minutes held on 27 th October 2022	Paper	Noting
15.	Carolyn Fitzpatrick	Clinical and Care Governance Minutes held on 2 nd November 2022	Paper	Noting
16.	Derrick Pearce	Strategic Planning Group Minutes held on 3 rd November 2022	Paper	Noting
17.	Tom Quinn	Staff Forum Minutes held on 26 th October 2022	Paper	Noting
18.	Gordon Cox	Public Service User and Carer Group Minutes held on 8 th December 2022	Paper	Noting
19.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	Paper	Noting
20.	Chair	Any other competent business – previously agreed with Chair	Verbal	
FUTURE HSCP BOARD DATES				

Item	Report by	Description	Update	For Noting/ Approval
<p>Date of next meeting – 9.30am to 1pm if Seminar schedule start time will be 9am.</p> <p>Thursday 23rd March 2023</p> <p>All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access during COVID Pandemic restriction arrangements</p>				

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/04

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233

SUBJECT TITLE: EQUALITIES MAINSTREAM REPORT 2023 - 2027

1.0 PURPOSE

- 1.1 The report describes the processes and actions undertaken in the development of the revised Health & Social Care Partnerships Equality Mainstream Report 2023 - 2027

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the Report.
- 2.2 Approve the draft report for publication on the Health & Social Care Partnerships Webpage, contained within the main East Dunbartonshire Councils Web site.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1 The Equality Act, 2010, states that all public authorities must comply with the public sector equality duty; requiring the Health & Social Care Partnerships to review the Equalities Mainstream report every second year.
- 3.2 The Equality Act, 2010, states that all public authorities must refresh their Equalities Mainstream report every 4 years.
- 3.3 The Equality & Human Rights Commission has advised that all updated reports due in 2022 must be publically published by Jan 2023.
- 3.4 The previous East Dunbartonshire Equalities Strategy report operated from 2018 – 2021.
- 3.5 In preparing for the new report, the refreshed priorities have been identified by engaging, listening and understanding the key equality issues.
- 3.6 The Health & Social Care Partnership reached out and engaged with staff members, service users, carers and their families, third sector organisations and wider community stakeholders, to ascertain the refreshed equality priorities.
- 3.7 In revising the HSCP Equalities Mainstream report, care has been taken to reflect the requirement of the Public Sector Duty, including; eliminate discrimination, advance equality of opportunity, foster good relationships.
- 3.8 The Equality & Human Rights Commission has advised that they will be reviewing all public sector front facing public information portals (i.e. Websites), on an annual bases, to ensure that a Equalities Mainstream report is published and accessible to the public.
- 3.9 Following advice from the Equality & Human Rights, the refreshed plan will operate from 2023 - 2027
- 3.10 The draft HSCP Equalities Mainstream report (**Appendix 1**), provides an update on the actions agreed in the previous report, a revised report for the period 2023 – 2027 and a refreshed action plan, which is to be monitored on an annual basis.
- 3.11 The draft report is supported by an Equalities Mainstream Report Communication Plan (**Appendix 2**).
- 3.12 The draft report is supported with an implementation action plan (**Appendix 3**) to be undertaken by the HSCP to reaffirm the priorities and progress of the Equalities Mainstream report with staff members and members of the public

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-
 - 1. Empowering People
 - 2. Empowering Communities

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

The report supports the HSCP commitment to involve its' Staff, Service Users and Carers in determining HSCP services.

- 4.2 Frontline Service to Customers – The report supports the ongoing commitment to engage with its' Staff, Service Users and Carers in shaping the delivery and approach of the HSCP services.
- 4.3 Workforce (including any significant resource implications) – None
- 4.4 Legal Implications – The report is in response the Equalities Act 2010.
- 4.5 Financial Implications – None.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – the report defines the actions incumbent upon Public sector organisation
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – In line with stipulation of Public sector bodies
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – None.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required. (insert as appropriate)

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 **Appendix 1** – HSCP Equalities Mainstream Report December 2023 – 2027

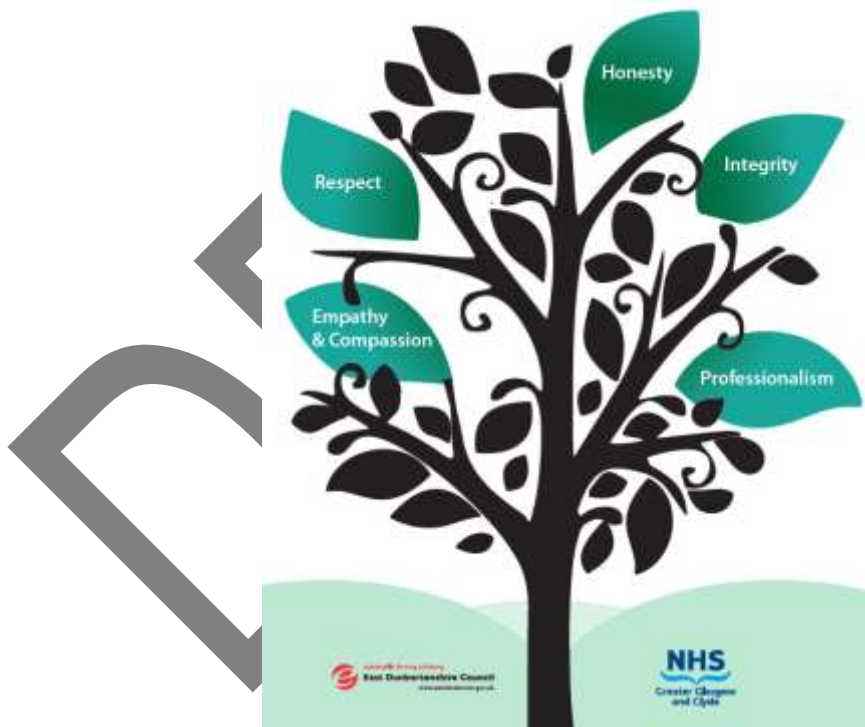
8.2 **Appendix 2** – Equalities Communication, Engagement & Participation Plan

8.3 **Appendix 3** – Equalities Implementation Timeline

East Dunbartonshire Health and Social Care Partnership (HSCP)

Equalities Mainstreaming Report 2023-27

Draft



**“Caring Together to Make a Positive
Difference”**

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Chief Officers Foreword

Welcome to the East Dunbartonshire Integration Joint Board's (IJB) Equalities Mainstreaming Report 2023-2027. This report also contains a progress report on the 2017-21 equality outcomes and outlines our priorities and challenges over the next four years. As we move forward post pandemic, it is imperative that our Health and Social Care services reflects the different communities and demographics of East Dunbartonshire.

We are committed to tackling discrimination, advancing equality of opportunity and promoting good relations both within our workforce and the communities we work with. Mainstreaming equality is the process by which we will work towards achieving this as an organisation.

Our Equalities and Mainstreaming Report demonstrates our commitment through wide-ranging activities, best practice and honest reflection on how we can work together to create a more inclusive partnership.

The outcomes have been developed in partnership with key stakeholders across East Dunbartonshire; including services, staff, third sector partners, local communities, service users and carers. The outcomes reflect the needs of our communities and the range of health and social care services we deliver. The Equality Outcomes are intended to provide a focus for our actions over the next four years and enable our services to provide access and support that aim to remove discrimination, advance opportunities for all and foster good relations with the people of East Dunbartonshire.

We also recognise that mainstreaming requires leadership and commitment over the longer term, which will adhere to the principles and processes of mainstreaming equality, as well as ownership within and across each service and team within East Dunbartonshire Health and Social Care Partnership.

Caroline Sinclair

Chief Officer

East Dunbartonshire Health and Social Care Partnership


Progress against Equality Outcomes 2017 - 2021

In setting equality outcomes for East Dunbartonshire, consideration was given to the work done to develop local outcomes in the 2017-2021 Equalities Mainstreaming Report. These local outcomes are aligned to the National Health and Wellbeing outcomes and are relevant to all of the protected characteristics. Reducing inequalities, in particular, health inequalities, is central to the work of the East Dunbartonshire Health and Social Care Partnership (HSCP). In this section of the report, the IJB sets out its progress against the Equality Outcomes we [published](#) for 2017-21.

The HSCP has published new Equality Outcomes for 2023-27, these can be found in appendix 2, page 47 of this document.

A progress report on the new outcomes will be published in April 2025.

East Dunbartonshire HSCP Equality Outcomes 2017-2021			
Equality Outcome 1:	Barriers to HSCP services are removed for people with relevant protected characteristics.	Equality Outcome 2:	Age discrimination in services is removed.
Equality Outcome 3:	The risk of homelessness amongst vulnerable individuals is reduced.	Equality Outcome 4:	A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.
Equality Outcome 5:	East Dunbartonshire Council and NHSGGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.	Equality Outcome 6:	The likelihood of people with different protected characteristics accessing service appointments is maximised
Equality Outcome 7:	Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.	Equality Outcome 8:	Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.


Equality Mainstreaming Report (2017 – 2021) Outcomes Monitoring Update			
Equality Outcome 1: Barriers to HSCP services are removed for people with relevant protected characteristics.			
	Future Actions / Outcomes	2019 Update	2021 / 2022 Update
A	Develop a generic survey that will take place on an annual basis across all services within health and social care in East Dunbartonshire, including consultation with service users and carers regarding its content, design and methodology.	Ongoing consultation and engagement with all service users, carers and communities. HSCP participation and engagement East Dunbartonshire Council	EDHSCP Mapping Report Completed May 2020. All HSCP engagement activity mapped and report created with recommendations. HSCP participation and engagement East Dunbartonshire Council
B	The Care at Home service is currently developing updated information leaflets regarding their Community Alarm and Sheltered Housing Services. This will involve consultation with their service users and sheltered housing tenants.	Completed 2019  CAH - Home Care Questionnaire EDC.doc	See mapping report appendices for full consultation and engagement mechanisms. HSCP participation and engagement East Dunbartonshire Council
C	Activity related to interpreting services utilised by EDC and NHS GG & C staff working within the HSCP will be monitored by those respective public bodies and reported to the HSCP annually.	Completed 2019: Physical Disabilities East Dunbartonshire Council	Interpreting Services - NHSGGC and national policy adopted. Interpreting, communication support and translation national policy - Publications - Public Health Scotland
D	The HSCP will be undertaking, over the next two years, a full service review of its Learning Disability and Mental Health Services.	Completed 2019 LD fair allocation EqIA http://www.staffnet.ggc.scot.nhs.uk/EQIA/Pages/PolicyAndStrateg_(nhsggc.scot)/HSCP_Board_Minutes_of_15_November_2018_.pdf Item 20.	Fair Access to Community Care Policy Fair Access to Community Care (Adults) Policy.pdf
E	EQIAs will be completed in relation to the refurbishment project for the Kirkintilloch Health and Social Care Centre.	Outstanding	Commenced, will be complete by March 23

F	An Accessibility Assessment, involving the Service User and Carer Group, will be undertaken in relation to the Kirkintilloch Health and Care Centre Refurbishment Programme.	Outstanding	Refurb not complete and will undertake a survey in line with KHCC internal redesign and development
Equality Outcome 2: Age discrimination in services is removed.			
A	Review the Social Work Services Eligibility Criteria.	Completed in 2019. Carers Eligibility 2018-2021 (1).pdf	Complete
B	Woodlands Centre have identified a service gap for those customer diagnosed with Young Onset Dementia. A pilot is currently being designed to offer service users a 'Living Well' that will run simultaneously with a Carers' Group. The groups will be evaluated and will inform ongoing service provision.	Outstanding	To carried over
C	The Podiatry Service will shortly be undertaking local stakeholder engagements in consideration of a service re-organisation. The role of the HSCP will be to advice and support the podiatry Service in the planning of these engagement events.	Completed 2019: Item 17 HSCP Board Meeting Minutes 09 November 2017 (1).pdf	Complete
Equality Outcome 3: The risk of homelessness amongst vulnerable individuals is reduced.			
A	Audit all Health and Social Care Services Teams to establish whether areas of homelessness are addressed within current assessment tools	Completed: The Rapid Rehousing Transition Plan 2019: Technical Notes 2022, Issue 51 - Rapid Rehousing Funding Years 4 & 5 East Dunbartonshire Council	Complete
B	Raise awareness of the Homelessness Risk Assessment Tool within all health and social care services	See above for description and link.	Complete

C	Consider the benefits of raising awareness of this tool with third sector Service Providers.	See above for description and link.	Complete
D	Consider ways of predicting possible future homelessness status for service users with a learning disability who live with older carers.	See above for description and link.	Complete
Equality Outcome 4: A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.			
A	Consideration of the Community Engagement Officer running workshops to rollout the engagement model and participation standards to HSCP staff involved in consultation and engagement.	Completed 2019: published communications strategy and participation and engagement strategy, widely engaged with staff, patients, carers, service users, stakeholders and communities. Participation and Engagement Strategy 2020-23.pdf	Completed May 2020 EDHSCP Mapping Report Completed May 2020. All HSCP engagement activity mapped and report created with recommendations. HSCP participation and engagement East Dunbartonshire Council (mapping report)
B	Explore consideration of the Community Engagement Officer liaising with all service user groups to bring a wider voice to consultation and engagement including further development of the service user and carer public network.	Completed 2020. P&E strategy approved: Participation and Engagement Strategy 2020-23.pdf	Completed 2022: HSCP evaluation of Carer participation, with National Coalition of Carers. (Item 5) HSCP Board Meeting Papers 17_11_2022.pdf
Equality Outcome 5: East Dunbartonshire Council and NHSGGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.			
A	Explore further opportunities for multi-agency training.	Ongoing	Completed 2021 – Joint Child Protection and Adult Protection Multi-agency Training Calendar 2021 - 2022.pdf Ongoing opportunities planned. Workforce and Organisation Development Plan.pdf
B	Increase the opportunities for team learn and share sessions across all HSCP services.	2019 Updated and ongoing - Healthy Working Lives Web portal. Staff have access to information, training and local / national campaigns, Healthy Working Lives East Dunbartonshire Council	Completed 2021 – Training schedule in place. Workforce and Organisation Development Plan.pdf

C	Monitor the completion of EQIAs via Greater Glasgow and Clyde Health Board Equalities Team.	Completed 2019 and ongoing. All EqIA's added to GGC equalities website. Equality Impact Assessments - NHSGGC	To be actioned
D	Work will continue to engage with and involve the workforce on the continued development of the visions, values and behaviours throughout 2017.	Completed 2019 (ongoing) HSCP vision and values staff engagement and consultation (Page 7) Communications Strategy 2020-23.pdf	Ongoing
Equality Outcome 6: The likelihood of people with different protected characteristics accessing service appointments is maximized.			
A	Primary and Community Mental Health Services to explore ways of engaging with reluctant potential service users.	Completed 2019 Mental Health East Dunbartonshire Council Page 6 - Annual Performance Report 2021_22.pdf	P&CMHT incorporates the 'near me' service enabling service users to attend appointments from home or wherever is convenient. (See page 11 of annual performance report) Annual Performance Report 2021_22.pdf
B	All services to explore recording of wait times for new referrals.	Ongoing	Ongoing
C	All services to explore and report availability of providing appointments outwith Monday to Friday 9.00am to 5.00pm traditional model.	Ongoing	Update (page 11) Annual Performance Report 2021_22.pdf
D	Report on the work undertaken by the recently appointed HSCP Community Engagement Officer who will be supporting service user involvement.	Completed 2019 (Comms and P&E strategy) East Dunbartonshire Health and Social Care Partnership Board East Dunbartonshire Council	ongoing – P9 Annual Performance Report 2021_22.pdf
E	Analyse Accident and Emergency data in respect of SIMD (Scottish Index of Multiple Deprivation).	Ongoing	JSNA 2021 - ongoing work (Page 41) Joint Strategic Needs Assessment 2021.pdf
F	Explore service user and carer consultation during the review of Learning Disability and Mental Health services.	Completed 2018 LD consulted and engaged with all stakeholders to inform strategy. Adult Learning Disability Strategy 2018-23.pdf	Completed 2020 PCMHT and CMHT both consult and survey their clients and carers to improve service provision (P11&12) Annual Performance Report 2021_22.pdf
G	Develop generic service user feedback mechanisms across all HSCP services.	Delayed and deferred to next report	Completed 2020 All teams mapped for all engagement activity. HSCP participation and engagement East Dunbartonshire Council

Equality Outcome 7: Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.			
A	Police Scotland, in partnership with East Dunbartonshire Council and the HSCP, is currently progressing a Multi-Agency Risk Assessment Conferencing (MARAC) Co-ordinator who will be taking forward multi-agency domestic abuse, stalking and honour violence (DASH) risk identification training. Domestic abuse risk identification training has also been planned during 2017 for Children and Families teams.	Delayed and deferred (Covid)	Completed 2021 – Ongoing Joint Child Protection and Adult Protection Multi-agency Training Calendar 2021 - 2022.pdf
B	Establish a baseline of delivered targeted health improvement interventions/services across PLACE communities.	2019 and ongoing work. Place Plans adopted and Place approach work programmes in operation. Place Approach: Auchinairn, Hillhead, Lennoxton, Twechar East Dunbartonshire Council	Completed 2021 – JSNA - Joint Strategic Needs Assessment 2021.pdf
C	Establish a baseline of referrals to the local Citizens Advice Bureau in relation to financial inclusion services/welfare rights. This baseline will provide details including quarterly numbers of referrals; referrer team; geographical location of service users in order that we can determine gaps and develop improvement plans.	2019 - ongoing – Page 9 Annual Performance Report 2021 22.pdf	Ongoing – annual return (Annual Performance Report 2021 22.pdf)
Equality Outcome 8: Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.			
A	Undertake an audit of third sector contracts to determine inclusions/exclusions of protected characteristics.	Ongoing partnership work with 3 rd sector. Creation of Asset Map.	East Dunbartonshire Asset Map (eastdunassets.org.uk)

B	Undertake an audit of third sector organisations working with volunteers.	Ongoing partnership work with 3 rd sector. Creation of Asset Map.	East Dunbartonshire Asset Map (eastdunassets.org.uk)
C	Undertake a further training needs assessment for each PSUCG member.	Progressing	Completed 2021 –  PSUC Action plan 2021-2022-2023.doc
D	Review membership activity to include equality data fields to capture.	Ongoing / delayed (Covid)	HSCP evaluation includes questionnaire with equalities data fields (Item 5) HSCP Board Meeting Papers 17.11.2022.pdf

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Executive Summary

This is the second Equalities Mainstreaming Report for East Dunbartonshire Health and Social Care Partnership (HSCP). In April 2016 the HSCP published its first Equality Plan and followed this up with HSCP Equality and Diversity Mainstreaming Report (2017-2021). Following our first report, we have noted the progress made to integrate equality and foster good relations into the day-to-day business of its workforce, carers, service users and partners.

Over the past four years, the HSCP has strived to integrate equality into all of our services and functions that NHS Greater Glasgow and Clyde (NHS GGC) and East Dunbartonshire Council (EDC) have delegated to the Integration Joint Board (IJB). The HSCP is dedicated to ensuring that everyone who utilises our health and social care services receives the appropriate treatment and assistance, regardless of their requirements, at the appropriate time and location. Collaboration with independent and voluntary sector partners, our Public, Service User, and Carer (PSUC) representatives group, local communities and engagement networks is core to this.

This report will provide an honest assessment towards the HSCP aim to uphold its legal obligation to comply with the General Equality Duty set forth in the Equality Act (2010), by building on previous successes of mainstreaming equality and improving on lessons learned.

In so doing, supporting the HSCP to realise our long-term vision, which is;

“Caring Together to Make a Positive Difference”

Setting the Vision

Our ambition for community health and social care services is to support people to thrive, by engaging with individuals and communities to improve our services and to promote health and wellbeing.

Our vision is; **“Caring Together to Make a Positive Difference”**

Health Boards (NHS Greater Glasgow and Clyde) and Local Authorities (East Dunbartonshire Council) are now required to plan and deliver community health and social care services together. This is referred to as ‘Health and Social Care Integration.’ The work of the partnership is overseen by the East Dunbartonshire Integration Joint Board (IJB). The Integrated Board was established through the Public Bodies (Joint Working) (Scotland) Act 2014.

The work of the HSCP is governed by the six voting Integrated Joint Board members, who are guided by representatives from East Dunbartonshire Council and NHS Greater Glasgow and Clyde and senior representatives of the HSCP, alongside those representing the interests of the third sector, staff, service users and carers and provider organisations. The HSCP is a partnership at every level, involving partners and stakeholders, representing the interests of the general public.

Putting the individual first, is the key to integrating these services, along with the provision of high quality health and social care services for everyone. It is crucial that we continually improve our understanding of equality mainstreaming and welcome diversity.

The Strategic Plan 2022-2025

The HSCP Strategic Plan aims to improve the health and wellbeing of service users across all age categories in East Dunbartonshire, through the design and delivery of improved integrated health and social care arrangements and services. The HSCP has been delivering a range of health and care services to

all our residents since September 2015 and has a recurring budget of £176.8m within which to deliver these services.

East Dunbartonshire Health and Social Care Partnership Services

The following services are delivered by East Dunbartonshire HSCP:

- social care services for children and families
- social care services for adults and older people
- carers support services
- aspects of housing support, including aids and adaptations
- mental health services
- alcohol and drug services
- criminal justice services
- welfare rights services
- district nursing services, school nursing and health visiting services
- palliative care services
- dental services
- pharmaceutical services
- services to promote public health and health improvement, and;
- Primary care services, working with 16 independent General Practices (GP's) and with other independent Primary Care contractors (Pharmacy and Opticians).

Staff

East Dunbartonshire HSCP currently has 975 staff (NHS Greater Glasgow and Clyde and East Dunbartonshire Council), who support the planning and delivery and provide direct services (the HSCP also “Host” 287 Oral health staff in the NHSGGC Primary Care Dental Service). The HSCP provides services through its two localities.

These HSCP locality areas reflect natural communities as shown below and consist of:

- The east of East Dunbartonshire (Bishopbriggs, Torrance, Lenzie, Lennoxton, Kirkintilloch, villages and settlements).
- The west of East Dunbartonshire (Bearsden, Milngavie, villages and settlements)

Within each locality directly provided services include day, home and residential care and services delivered by health and social care contractors and providers. Some services are provided across the NHS Greater Glasgow and Clyde Health Board area (for example, Oral Health services and Public Health Improvement whose role is to address inequalities and improve health and wellbeing).

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Introduction

East Dunbartonshire Health and Social Care Partnership (HSCP) is committed to providing services and employment which are fair and equitable to everyone. Further the HSCP is dedicated to combating discrimination, advancing equality of opportunity, and fostering good relations with our communities and our workforce.

The HSCP and its partners continue to focus on developing and improving the equalities agenda. In this report we will present examples of best practise, identify potential development areas, and establish objectives that we intend to address over the following four years whilst recognising areas for improvement. This is our third equalities mainstreaming report and we will also include an update on the progress made to date.

The unusual circumstances during the past 30 months have forced the HSCP to use a slightly different approach for gathering data for this report. The increased number of priorities has impacted on the resources available for finding and compiling mainstreaming practise. The HSCP accepts that throughout the course of the coming year, more resource will be required from all partners to mainstream equality practise in a way that reflects the cooperation found within the Health and Social Care Partnership.

This report's goal is to outline a four-year strategy with annual updates on progress and the ongoing commitment to continue to integrate equalities into our services and culture in light of this report.

The purpose of this mainstreaming report is to set out the progress made within the HSCP whereby the organisation is working towards ensuring that equality is at the heart of everything we do and to integrate the General Equality Duty into our day to day functions.

Health and Social Care Priorities

Health & Social Care Partnerships: Background Information on Integration

The main purpose of integration is to improve the wellbeing of people who need health and social care and support services, particularly those whose needs are complex and involve support from health and social care at the same time.

It is intended that integration and therefore the work of the IJB, will achieve the nine [National Health and Wellbeing Outcomes](#) prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

National Health and Wellbeing Outcomes

1. **Healthier living:** People are able to look after and improve their own health and wellbeing and live in good health for longer
2. **Independent living:** People, including those with disabilities, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home, or in a homely setting, in their community
3. **Positive experiences:** People who use health and social care services have positive experiences of those services, and have their dignity respected
4. **Quality of life:** Health and social care services are centred on helping to maintain or improve the quality of life of service users
5. **Reducing health inequalities:** Health and social care services contribute to reducing health inequalities
6. **Carers are supported:** People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being
7. **People are safe:** People who use health and social care services are safe from harm.
8. **Engaged workforce:** People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do, and;

9. **Resources are used effectively and efficiently:** To deliver best value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.

The National Health and Wellbeing Outcomes are high-level statements of what we are seeking to achieve through integration and the pursuit of quality improvement across health and social care.

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The Legal Context

[The Equality Act \(2010\)](#)

The Equality Act (2010) brings together the protected characteristics of:

1. Age
2. Disability
3. Gender Reassignment
4. Marriage and Civil Partnership
5. Pregnancy and Maternity
6. Race
7. Religion and Belief
8. Sex, and;
9. Sexual orientation into one piece of legislation.

All health boards and IJBs across Scotland are required to comply with the three aims of the [Public Sector General Equality Duty \(Equality Act 2010\)](#) and the (Specific Duties) (Scotland) Regulations 2012 and must have regard to this in the exercise of their functions.

However, not all protected characteristics are treated in the same way. Positive action is more comprehensive under the Act and there are exemptions for specific groups, for example, single sex services, blood services, insurance etc.

The Act prohibits:

- direct discrimination
- indirect discrimination
- discrimination by perception
- discrimination by association
- discrimination arising from a disability
- harassment, and;
- victimisation.

The three aims of the Acts Public Sector Equality Duty are as follows:

1. Eliminate discrimination, harassment, victimisation and any other conduct which is prohibited under this Act
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not, and;
3. Foster good relations between people who share a protected characteristic and those who do not by tackling prejudice and promoting understanding.

The Duty must be taken into account by public bodies in respect of how the work they do impacts on:

- the groups they provide services to
- the people they employ
- the partners they work jointly with, and;
- those from whom they contract and procure services.

Note:

- (i) Only the first requirement of 'eliminating unlawful discrimination, harassment and victimisation' applies in the case of marriage/civil partnership.
- (ii) 'Due regard' means giving appropriate weight to promote equality in proportion to its relevance.
- (iii) None of the employment related requirements under the Equality Act 2010 apply to the HSCP. With limited exception, staff in the East Dunbartonshire Health and Social Care Partnership will continue to be employed by NHS GGC and East Dunbartonshire Council, and will continue to be included within their own respective Equality Outcomes and Mainstreaming reports.

Purpose of the Public Sector Duty

The purpose of the public sector duty is to ensure that all public bodies mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for individuals.

Specific Duties

In Scotland, an additional set of specific duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012.

The specific duties listed below are intended to support public bodies, including health boards and IJBs, to meet the needs of the general equality duty effectively:

- report progress on mainstreaming the public sector equality duty
- publish equality outcomes and report progress
- assess and review policies and practices (impact assessment)
- gather and use employee information
- publish statements on equal pay
- consider award criteria and conditions in relation to public procurement, and;
- publish in a manner which is accessible

Equality and Human Rights Commission

All public bodies are required to publish an updated mainstreaming report, an updated set of the equality outcomes and a report on progress towards meeting the existing outcomes, an up to date gender pay gap figure and occupation segregation information by 30 April 2021. The implementation of the legislation is monitored by the Equality and Human Rights Commission (EHRC) in Scotland.

Equalities Mainstreaming

Mainstreaming equality and diversity is a specific requirement for public bodies implementing the Equality Act 2010. Mainstreaming is defined as integrating equality into the day to day working of the HSCP, taking equality into consideration as part of everything we do.

The HSCP recognises the benefits of mainstreaming equality:

- equality becomes part of the structures, behaviours and culture of an organisation
- it supports organisations to ensure that services are fit for purpose and meet the needs of the local community
- it helps organisations attract and retain a productive workforce, rich in diverse skills and talents.
- helps organisations contribute to continually improve performance through growing knowledge and understanding, and;
- helps organisations to work towards social inclusion and to improve the lives of everyone living in East Dunbartonshire.

By mainstreaming equality, the HSCP will experience improved quality of service design and delivery i.e. equitable access and equity of informed, person-centred care. This leads to improved outcomes for patients and staff. Since the previous mainstreaming report which was published in 2018, The HSCP has continued to embed equalities into their functions. This report will provide examples as to how the organisation is continuing to achieve and improve on mainstreaming equality and diversity.

Impact of Coronavirus (Covid-19)

Since early 2020, the Covid-19 pandemic has had a substantial impact on how health and social care services are delivered. It should be acknowledged that the equality reports and statistics provided in 2022 may not be as extensive as in previous years due to the data, time, and resources available in the last 12 months due to the deployment of staff and prioritisation of services.

Organisational Commitment

East Dunbartonshire HSCP will maintain its commitment to mainstreaming equality, promoting equality and diversity, and striving to ensure that it is at the core of carrying out their responsibilities effectively and fairly.

East Dunbartonshire HSCP is aware that achieving equality entails treating each person with the same respect and compassion, while also taking protected characteristics into account. Eliminating the barriers that restrict what people can do and accomplish is crucial for achieving equality.

Additionally, mainstreaming ensures that all employees share responsibility for issues related to equality and diversity; this work is no longer simply the job of the Senior Management Team (SMT).

East Dunbartonshire HSCP will continue to take an incremental approach, setting realistic goals that acknowledge that mainstreaming is not a one-time event. This may appear to be a slow process, but it allows managers and staff to take their time learning and practising new skills.

East Dunbartonshire HSCP's aim is:

- to pursue improvement activity that contributes to reducing inequality and inequity of health and social care outcomes.

Without taking into account equality, diversity and the protected traits, this would not be possible.

Leadership and Responsibilities

Mainstreaming the equality duty is an organisational responsibility, with leadership and staff awareness central to its success. Leadership must be demonstrated at all levels, providing a mandate for the workforce to integrate equality into all board functions.

The Chief Officer of East Dunbartonshire HSCP is ultimately accountable for ensuring that equality legislation is upheld and that services are designed and delivered in a way that meets the Equality Act 2010. All policy development and equality related

activities within the HSCP will be reported through the Care and Clinical Governance Group and the IJB.

The HSCP Senior Management Team (SMT) promote equality and diversity throughout the HSCP, ensuring that equality legislation requirements are met. In addition, the SMT has oversight for various programmes of work which includes measuring and improving both patient and staff experience, from a person centred approach, at which equality and diversity is at the heart.

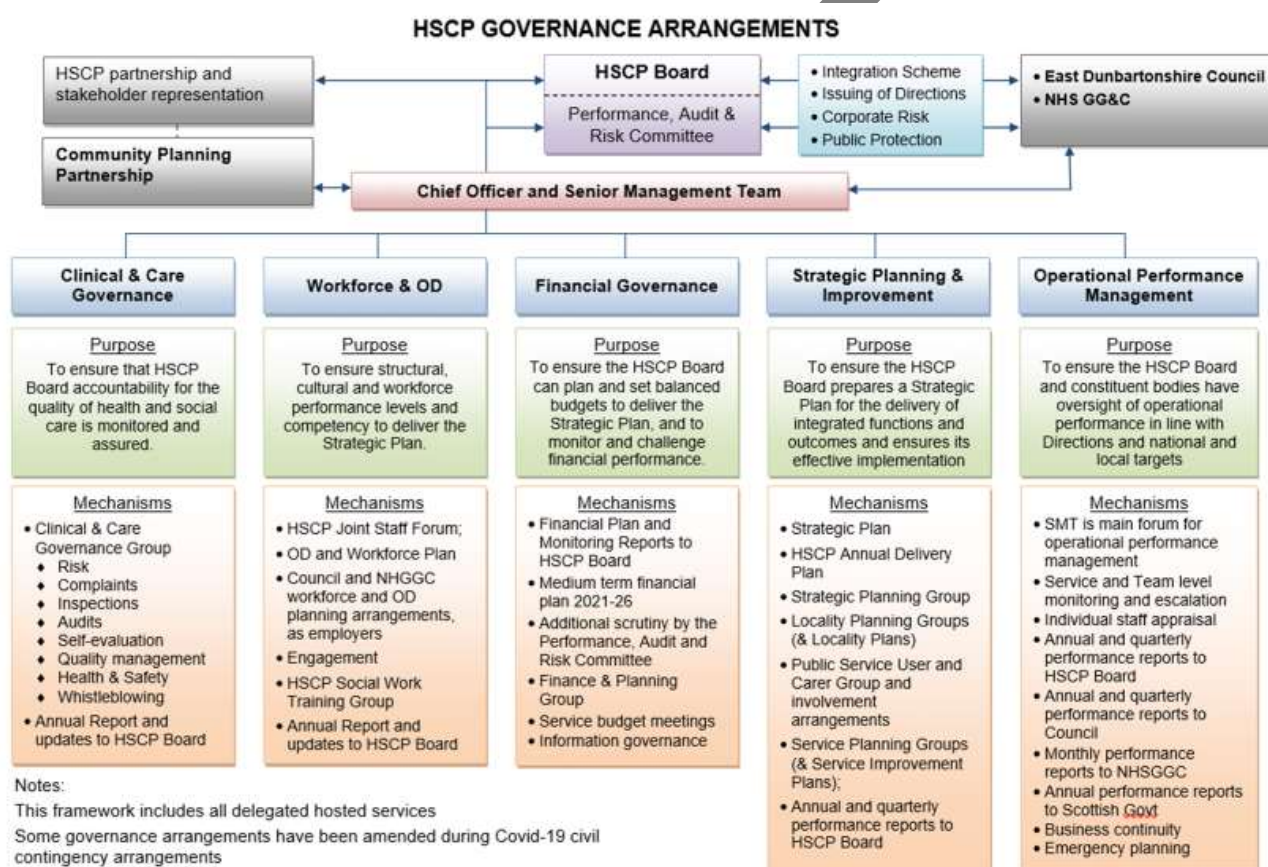


Figure 1: East Dunbartonshire HSCP governance arrangements.

Board Governance

The East Dunbartonshire Integrated Joint Board's Executive Group consists of six members; a Chair and five executive members. The Gender Representation on Public Boards (Scotland) Act 2018 sets a gender representation objective for the non-executive member component of public boards; that 50% of non-executive members are women and the steps taken towards achieving the objective. The intention of the Act is to help address the historic and persistent underrepresentation of women in

public life. The East Dunbartonshire IJB can be broken down as follows, and evidences that the ‘Gender Representation Objective’ has been met:

IJB executive group members	
Women	Men
3	3

The full Integrated Joint Board (IJB) consists of 6 voting members, supported by an additional 11 members, representing the:

- Local Authority
- NHS Greater Glasgow and Clyde
- Staff
- Third and Independent Sectors, and;
- Carer and a Service User representatives, who attend on behalf of the East Dunbartonshire Public, Service User and Carer (PSUC) group, who represent a broad spectrum of local communities of interest.
- There are currently 6 female members and 5 male members with a 55:45 split in favour of female membership for the IJB as a whole.

Equality Impact Assessment

An Equality Impact Assessment (EqIA) is a thorough analysis of a proposed policy, guideline, strategy, service, or function to determine whether it may have an unfavourable impact on some groups, particularly minority groups who may be subject to inequality, discrimination, social exclusion, or disadvantage. It applies equally to internal and external policy, strategy, functions and services.

Where barriers are identified, a plan should be created to minimise any negative effects and maximise potential for advancing equality.

HSCP services have adopted the NHS GG&C’s template to carry out EqIA’s. The 2017-21 Mainstreaming Report described EQIA’s as an ongoing area of focus and development since the initial HSCP Equality and Diversity Mainstreaming Position

Statement (2016/17). The HSCP works closely with both NHS GG&C and EDC to mainstream our EqIA assessments and facilitate ongoing training.

The COVID-19 pandemic resulted in the IJB papers that support staff in carrying out these assessments, being further simplified and these now contain additional guidance and support (see **Appendix 2**).

The IJB papers require the author to confirm the need for completion of an EqIA. To help implement this into every one of our decision-making processes, this area of an EqIA requires and receives regular promotion.

Employment and Employee Information

The HSCP is committed to equality and treating staff with dignity and respect, supporting them to reach their full potential at work. The HSCP also recognise that a diverse organisation with a range of abilities, experience and skills is more likely to be sensitive to the needs of the diverse community which we serve.

We must also stress that although the HSCP/IJB does not have any direct employees, the requirement to mainstream equality and diversity provides the HSCP with an opportunity to build the knowledge and understanding of all staff to consider and promote equality within their own roles. Both NHS GG&C and East Dunbartonshire Council publish mainstreaming reports, policy statements on equal pay and employment monitoring data as required by the Specific Duties (Scotland) Act. These can be accessed here:

[NHS Greater Glasgow and Clyde](#)

[East Dunbartonshire Council](#)

All new employees as well as all existing staff, including Senior Managers and IJB members, are required to complete equality and diversity awareness training every two years. The HSCP is conscious that every employee has a duty to promote equality and diversity within the organisation.

The HSCP will continue to look at specific training, where required, and mainstream equality into all training and awareness sessions. Equality and Diversity continues to be a core requirement of the professional development record (PDR) of our staff as part of the Knowledge Skills Framework. Staff are expected to demonstrate to their line manager, as part of their Annual Development Record that they have promoted and acted in ways which support equality and diversity. Staff must provide examples of how they have done this, or are working towards this in their role.

Equality of Access to Health and Social Care Services

The IJB are cognisant that many people face difficulties either in accessing healthcare services, getting information or communication due to language, literacy or disability barriers.

Physical Access

Every public building that the HSCP operates from has parking for people with disabilities, accessible bathrooms and hearing loop systems. Every year, the HSCP submits a "Property and Asset Management Strategy" to the IJB for approval. This document identifies any issues that need to be resolved. By adhering to this process and mainstreaming equality, this has become standard practise for both new developments and the refurbishment of existing buildings.

Information

The HSCP have in place a [Communication Strategy \(2020-2023\)](#) and a [Community Engagement and Participation Strategy \(2020-2023\)](#) which ensures that all written information for patients, carers and people who access our services is of a high standard and easily understood. This policy makes it clear that written information is not always the best form of communication for some people as not everyone can read, see or understand English.

Legislative Changes

There have been a number of significant legislative developments since the creation of East Dunbartonshire HSCP in 2016 including;

- [The Fairer Scotland Duty \(2018\)](#)

The Fairer Scotland Duty, Part 1 of the Equality Act 2010, came into force on 1 April 2018. It requires JBs across Scotland to actively consider (pay due regard to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

Living on a low income in comparison to others, with little or no accumulated wealth, leads to increased material deprivation and restricts access to basic goods and services. In addition to deprivation, the guidance mentions 'communities of place' and 'communities of interest.'

Inequalities of outcome refer to quantifiable differences between the socioeconomically disadvantaged and the wider population. Examples include life expectancy and educational attainment.

The Key requirement of the duty is to publish a written assessment which will be regulated by the Equality and Human Rights Commission (EHRC), showing how we put tackling inequalities at the heart of decision making. Through this equality mainstream report it will become evident that EDHSCP genuinely considers the impact of socio-economic disadvantage at a strategic level.

A written assessment that demonstrates how we address inequalities at the core of our decision-making must be published and will be monitored by the Equality and Human Rights Commission (EHRC). This Equality Mainstream report will demonstrate that EDHSCP will take socioeconomic disadvantage into account on a strategic level. While socioeconomic disadvantage will be taken into consideration in all EDHSCP decisions, it is not a supplementary protected characteristic. This duty will be incorporated by the HSCP into the Equality Impact Assessment process, which provides documentation of the measures made to evaluate and reduce the risk of escalating socioeconomic inequality.

- [British Sign Language \(BSL\): National Plan 2017 to 2023](#)

The British Sign Language (Scotland) Act 2015 promotes the use of BSL and specifies that authorised authorities develop and publish action plans in relation to their duties. NHS Boards and local authorities, but not integration authorities. As a result, EDHSCP supports and contributes to the plans of NHS GGC and East Dunbartonshire Council and will support and promote measures as applicable.

- [The Gender Representation on Public Boards \(Scotland\) Act 2018](#)

In March 2018, the Gender Representation on Public Boards (Scotland) Act was given royal assent. By the end of 2022, public boards must include 50% female non-executive members, according to the Act. Action must also be taken to entice women to apply to serve on public boards as non-executive members.

- [The New Scots Refugee Integration Strategy 2018 – 2022](#)

This strategy is an updated strategy to promote the goal of a welcoming Scotland, where those seeking safety from persecution and human rights violations can start rebuilding their lives the moment they arrive. By encouraging partnership approaches, joined-up working, and early intervention, the strategy offers a clear framework for everyone working toward refugee integration and supports the efforts of all partners to make the greatest use of resources and expertise that are available throughout Scotland. This backs up the idea of a welcoming Scotland, where those looking for safety from persecution and violations of their human rights can settle and start over in our communities.

East Dunbartonshire Overview

When planning and delivering health and social care services, it is essential to have a thorough understanding of the communities and people who make up the East Dunbartonshire area population. The HSCP utilises many sources of data to gain an understanding of our communities and people across the area.

GENERAL POPULATION PROFILE DATA (Source: East Dunbartonshire Council Population Profile 2021 and Joint Strategic Needs Assessments prepared by East Dunbartonshire HSCP 2021).

The 2019 population estimate showed that East Dunbartonshire had a population of 108,640 people, an increase of 0.3% from the 2018 estimate. The estimated number of older people was higher than the national average with 22.5% aged over 65yrs (Scotland 19.1%), and 10.8% aged over 75yrs (Scotland 8.5%). The population aged 16-29yrs was 14.6% (Scotland 17.5%).

Life Expectancy

- Life expectancy at birth of 83.7 for females in East Dunbartonshire (Scotland 81.1) and 80.5 for males (Scotland 77.1).

Population Projections, By 2028:

The overall population of East Dunbartonshire will increase by 3.8%

- Children aged 0-15 are projected to increase by 4.5%
- The working age population is predicted to increase by 3%, and;
- The highest population increase is expected to be seen in those aged 75+ with a predicted increase of 26% and by more than 40% for people over 85 (the highest in Scotland).

Ethnicity

- The 2011 Census reported that 88.6% of the population in East Dunbartonshire were White Scottish with 4.8% being White Other British. 4.2% of the population were from a minority ethnic group.

Household Composition

- The 2011 Census reported that 11.8% of East Dunbartonshire households were one person households and is projected to rise by 10% between 2018 and 2043, with other household sizes remaining the same or reducing.

Average Weekly Earnings

- The average gross weekly earnings for full time workers living in East Dunbartonshire in 2020 was 22% higher than the Scottish average, with female full time workers earning more than male full time workers.

Children in Families with Limited Resources

- East Dunbartonshire has an estimated 12.4% of children who live in families with limited resources after housing costs, considerably lower than Scotland as a whole at 20.7%.

Health (2011 Census)

General Health

- 84.9% of residents in East Dunbartonshire reported their health as being very good or good, 2% higher than the Scottish average.
- The percentage of East Dunbartonshire residents reporting their health as bad or very bad (4.3%) was lower than the Scottish average (5.6%).

Long Term Conditions

- 28% of East Dunbartonshire residents identified themselves as having one or more long term conditions (Scotland 30%);
- 6% of individuals on East Dunbartonshire GP registers had a diagnosis of cancer in 2018/19, and;
- Arthritis, cancer and CHD were the most prevalent conditions in East Dunbartonshire, though prevalence was lower than the Scotland figures for all.

Limiting Illness or Disability

- In East Dunbartonshire fewer people reported that their day-to-day activities were limited because of illness or disability (19.4%) compared to Scotland as a whole (21.4%).

Provision of Unpaid Care (2011 Census)

- 10.9% of residents across East Dunbartonshire were reported to be providing unpaid care to relatives, friends or neighbours compared with 9.4% in Scotland.
- Of those who provided 50 hours or more of unpaid care the majority were aged 65 and over and were female.

Deprivation

- East Dunbartonshire is, as a whole, is relatively less deprived than many other local authorities in Scotland. However, East Dunbartonshire has 8 datazones in the most deprived 25% in Scotland.

Findings of Health and Social Care Joint Strategic Needs Assessment (All sources detailed within)

Population Health

- 41.1% of East Dunbartonshire residents reported feeling in 'very good health' compared with 34.4% for Scotland (Source: Scottish Surveys Core Questions 2019)
- The proportion of the East Dunbartonshire population prescribed drugs for anxiety, depression or psychosis has increased from 13.6% in 2010/11 to 18.4% in 2019/20. Nationally the figure increased from 15% to 19.7%.
- 5.6% of the adult population in East Dunbartonshire reported a disability. Nationally this figure is 6.7% (Source: Census 2011)
- Of those with a reported disability, 48% were related to sensory impairment (Source: Census 2011).

Equalities Outcome Progress Reporting

HSCP Equality Outcomes (2017-21). Please see page 4 of this document, for the 2017-21 outcomes progress report. The following pages show further equalities progress activity carried out by the HSCP.

Below are the 8 equality outcomes which were set in the 2017-2021 report:

Equality Outcome 1:	Barriers to HSCP services are removed for people with relevant protected characteristics.
Equality Outcome 2:	Age discrimination in services is removed.
Equality Outcome 3:	The risk of homelessness amongst vulnerable individuals is reduced.
Equality Outcome 4:	A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.
Equality Outcome 5:	East Dunbartonshire Council and NHSGGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.
Equality Outcome 6:	The likelihood of people with different protected characteristics accessing service appointments is maximised.
Equality Outcome 7:	Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.
Equality Outcome 8:	Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.

To date, the following improvements have been made:

Equality Outcome 1: Barriers to HSCP services are removed for people with relevant protected characteristics.

- The HSCP recruited Local Area Coordinators (LACs) for younger and older people. The LACs provide support to people in East Dunbartonshire who are over 14 years old and have a diagnosis of autism and/or learning disability. They use an asset-based approach to identify service user's personal goals and to help them overcome any barriers in working towards their goals. For

older people, the LAC's help to identify suitable local resources and assets and connect the older person to their community. The LACs work closely with local communities, groups and third sector organisations.

- In 2019, the HSCP and the Public, Service User and Carer representatives group created a hospital discharge leaflet covering key issues such as; patient transport, valuables and belongings, medication and any follow up appointments and/or home care requirements, combining as an aid to a more seamless and cohesive discharge. NHS GGC then approached the HSCP for permission to make the leaflet available to all NHS GGC patients and carers and have produced a Board wide version of the leaflet.
- In 2019/20 the HSCP produced a "Fair Access to Community Care (Adults) Policy and associated updated Eligibility Criteria Policy." The aim of the policy is that HSCP services meet statutory duties for service users care provision and complies with the Equality Act (2010). This is also to ensure that there is a fair, equitable and transparent allocation of resources to individuals with complex needs who require significant levels of community care support and that there are no barriers to receiving a service/support.
- The Community Mental Health Team (CMHT) implemented an annual service user survey called 'Having Your Say'. The CMHT consult patients and service users to establish what did the service do well? What they could have done better and also asks for comments. The aim is to understand patients/ carers satisfaction levels and to identify areas of improvement.
- A Perinatal Mental Health Service was established in 2018/2019. This joint project between PCMHT / Health Visiting / Health Improvement, was developed following an identified need to improve access to Psychological Therapies for postnatal women within East Dunbartonshire. Planning has now commenced to offer a similar service to women in the antenatal period who are experiencing mild to moderate mental health difficulties.

Equality Outcome 2: Age discrimination in services is removed.

- The HSCP Public, Service User and Carer representatives' group has created a number of visual aids (short films, a monthly newsletter and leaflets) to inform our older and vulnerable community members on how and where to access services during the pandemic. Further, this approach also was utilised to inform and raise awareness of our older population, by providing correct and up to date Covid-19 information. Information shared included transmission rates, vaccination schedules and Covid-19 guidance. This information was disseminated through social media platforms, GP practices, libraries, hubs, community buildings, community groups, churches and HSCP services.
- The Care at Home Service created information leaflets for their community alarm service, they did this through consultation with carers, service users and their families on its content and appearance.
- A District Nurse Advanced Nurse Practitioner (DNANP) role was introduced within the HSCP District Nursing service in East Dunbartonshire. The purpose was to support the team to meet the increasing complexity of health needs for patients living in our community. This role was the first to be introduced within Greater Glasgow and Clyde in 2021 and it has made a significant impact in providing seamless advanced clinical assessment, diagnosis and treatment for patients on the DN caseload with acute illness, complex health conditions and palliative care needs in a timely way.

Equality Outcome 3: The risk of homelessness amongst vulnerable individuals is reduced.

- The HSCP Social Work team has created a risk register that tracks elderly carers and their cared for to minimize the risk of possible future homelessness.

Equality Outcome 4: A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.

- The HSCP produced and created, in cooperation with the PSUC group, a HSCP Communications Strategy and a Participation and Engagement Strategy. The HSCP consulted widely across our area with our local communities, service users, carers, patients, community groups, the third and independent sectors and with our community planning partners to create documents that are fit for purpose and have participation standards and models of engagement that are open to all.
- The HSCP works closely with the National 'Coalition of Carers' and our local third sector carers organisations, to reduce any barriers for Carer participation and engagement and we ensure that;
 - carer engagement is fully resourced
 - carers on HSCP planning groups represent the views of local carers, and;
 - the involvement of carers on strategic planning groups is meaningful and effective.
- The HSCP created a suite of induction documents, including a 'Glossary of Terms' and an 'Aide Memoire' for the PSUC group members and third sector colleagues who attend HSCP planning meetings. The aim is to improve and capacity build their knowledge of health and social care services and to address any stigma by providing information resources and we will continually develop the glossary and promote this information across East Dunbartonshire.

Equality Outcome 5: East Dunbartonshire Council and NHSGGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.

- In 2022 the HSCP carried out an equalities engagement and consultation programme, giving all staff the opportunity to participate, to understand their

awareness of equalities, the determinants to health and wellbeing and to gauge their awareness of how to contact interpretation (BSL) and translation services.

- The HSCP Public Health Improvement Team (PHIT) has devised and implemented a training calendar with course input from staff teams across the HSCP that is shared across all staff teams and includes Adult Support and Protection, Self-Directed Support and Suicide Intervention Skills Training.
- The HSCP has four lead EqIA reviewers who are fully trained and who quality assure HSCP policies and strategies and work closely with colleagues across the HSCP and with the GGC Equalities Team.
- The HSCP Community Mental Health Team (CMHT) and Primary Care Mental Health Team (PCMHT) has devised a peer support service for patients to access. The peer support service staff use their lived experience of mental health challenges to help others in their recovery journey, aiming to inspire hope and encouragement through conversation around recovery, and current challenges a person may be experiencing.

Equality Outcome 6: The likelihood of people with different protected characteristics accessing service appointments is maximised.

- The Primary Care Mental Health Team (PCMHT) annually review their service by engaging with service users and carers. The team incorporates the 'near me' service enabling service users to attend appointments from home or wherever is convenient. This service is devised to engage with their 'harder to reach' clients. The team also introduced (pre-pandemic) evening appointments and home visits to allow service users with disabilities to receive a service. This is continually under review and evaluation.
- The HSCP contracts the local Citizens Advice Bureau (CAB) in East Dunbartonshire to deliver an "Income Maximisation Service'. The aim is to maximise income and or to reduce debt, by increasing the amount of money that residents have coming in and minimizing their expenditure going out. The service is aimed at families with children under 5 years of age or with a person in the household under 25yrs, or mature adults aged over 50 yrs. Over the past

4 years that data has been collected, 898 referrals have been made to the service and a total of £3,209,067 of income has been maximised and disseminated back to East Dunbartonshire residents.

- Equality Impact Assessments will continue to be carried out thoroughly across the HSCP. Through training, the HSCP works to ensure that its employees are knowledgeable and equipped to conduct equality impact assessments and 6 month reviews should be carried out.

Equality Outcome 7: Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.

- The Public Health Improvement Team (PHIT) has recently completed a three month consultation within our four 'Place Areas', these are localities of deprivation in East Dunbartonshire. This was to determine if there are any challenges that exist to accessing services, what services would be beneficial to their communities and how has COVID-19 affected them and their communities. A full evaluation with a 'Place Area' report with recommendations is currently being produced.
- East Dunbartonshire Community Wellbeing Service (CWS) was created in 2016 and uses social prescribing approaches to enable GPs to refer patients to a Community Wellbeing advisor (CWA). The service provides a face to face conversation during which service users can be informed about the possibilities and co-design their own personalised solutions to health or social issues. Each GP practice has a designated CWA, providing patients with extended time to focus on 'what matters to them'. The approach undertakes a holistic approach to people's health and wellbeing. CWA's connect people to community groups and statutory services so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary, community and social enterprise sector. The CWA can motivate and support individuals to achieve the

change(s) that they want to achieve. People can ask for a referral to the service through their GP practice.

- In August 2022, East Dunbartonshire HSCP and Macmillan Cancer Support launched a new service called Improving the Cancer Journey Service (ICJ). The aim of the ICJ service is to ensure cancer patients are offered emotional, practical and financial support and will see every newly-diagnosed cancer patient in East Dunbartonshire sent a letter offering a meeting with a dedicated one-to-one Cancer Wellbeing Practitioner. They will then help the patient access a wide range of support – from benefits advice and emotional support, to help at home or with other practical needs. Anyone currently living with cancer can also access the service by simply calling the team to arrange an appointment.

Equality Outcome 8: Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.

- A training needs assessment, including an equalities questionnaire was carried out with all existing Public, Service User and Carer (PSUC) group members in 2019/2020. This was also put in place as part of the induction for all new recruits, culminating in a number of actions being added to the group's annual plan.
- The HSCP work in partnership with the local Third Sector Interface (East Dunbartonshire Voluntary Action (EDVA)), who work with over 400 local third sector organisations, community groups and local volunteers. EDVA provide support, help, expertise and assistance and play a vital role in ensuring that the third sector, community groups and volunteers are integral to improved planning and delivery of services resulting in better, more coordinated outcomes for local communities and organisations.

East Dunbartonshire HSCP Staff Equalities Survey

The HSCP collaborated with East Dunbartonshire Council and NHS GGC, to create a staff equalities survey, which involved asking colleagues questions about two main topics: "general information about you", which included protected characteristics, and "What Equalities Means to You." The goal was to gain insight into what key priorities that could be identified and be taken forward.

The survey comprised of 14 questions on their views of Equalities, with added questions on protected characteristic. There were 76 staff members who responded.

Key findings: General information:

<ul style="list-style-type: none"> • Two thirds of staff taking part in the survey said they have direct contact with service users/patients • The following features were determined from the sample of participating personnel: 	
Age:	<ul style="list-style-type: none"> ▪ The majority of staff members who participated in the survey were between the ages of 56 and 60. There was low involvement in other age categories, such as those between 26 and 30 and those under 25. We must include a wider age range in future surveys.
Gender:	<ul style="list-style-type: none"> ▪ 74% identified as female compared to 21% who identify as male, with 4% preferring not to answer.
Sexual Orientation:	<ul style="list-style-type: none"> ▪ From the sample 88% identify as heterosexual, with low numbers representing Lesbian, Gay or Bisexual, with 3% preferring to self-describe and 9% who preferred not to say.
Race:	<ul style="list-style-type: none"> ▪ 93% of staff who participated, described themselves as being Scottish, 1.4% stated Other British, 4% of staff who took part in the survey identify as Asia, Asian Scottish, Asian British Ethnicity.
Disability:	<ul style="list-style-type: none"> ▪ Out of the sample, 8% of participants are considered to have a disability, with 4% preferring not to say.
Religion:	<ul style="list-style-type: none"> ▪ 23% of the people who took the survey identify as Church of Scotland, 25% identified as Roman Catholic and 11% identified as being Atheist.

The tables below display the percentages of those who took part in the survey and have experienced or witnessed discrimination in the workplace.

The protected characteristics of; Age, Race and Social Class had the highest numbers of experience and witnessed discrimination. **Have you ever experienced or witnessed discrimination in your workplace in relation to any of the following?**

Please note this is a small sample, however actions from these results will be incorporated into our priorities.

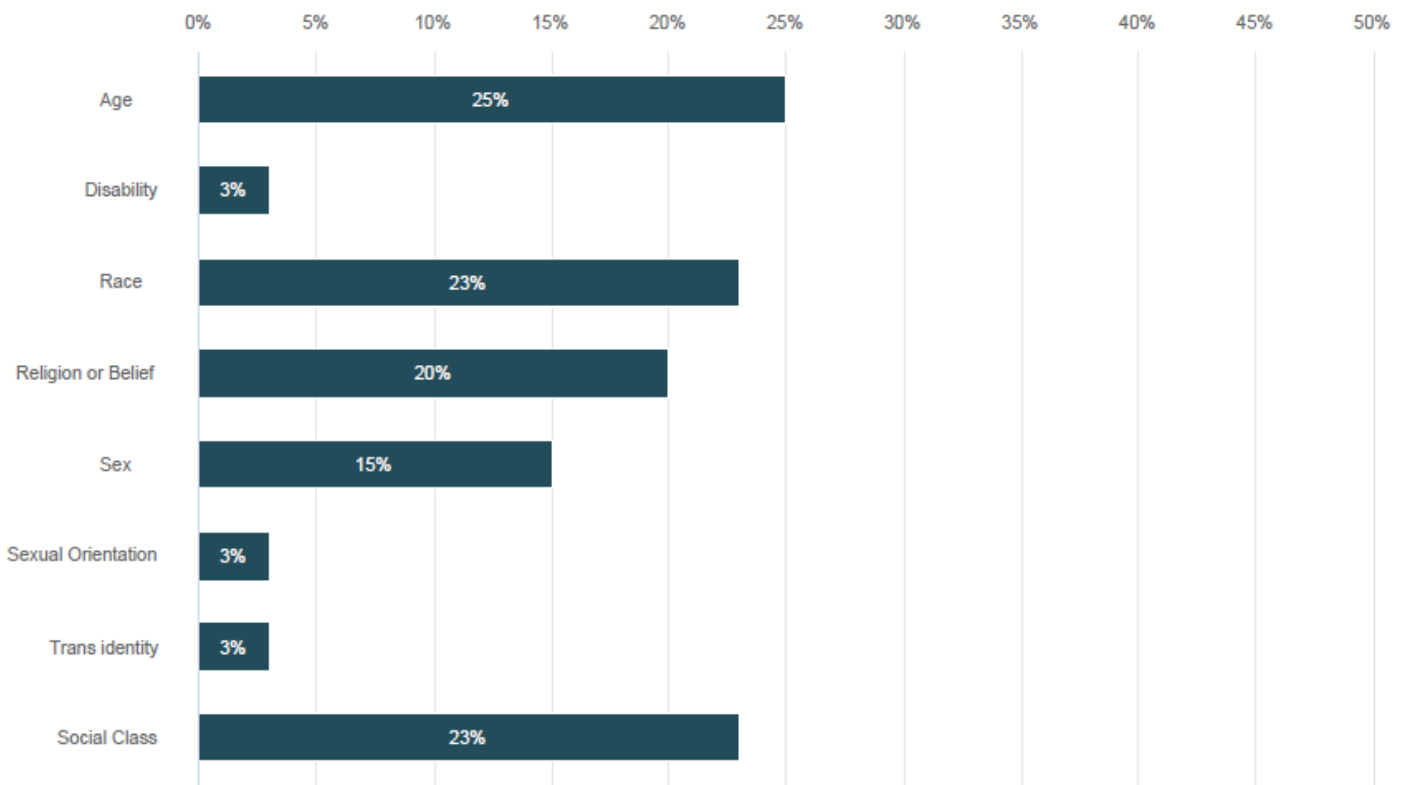


Figure 2: Staff who have experienced or witnessed discrimination in the workplace.

Have you ever experienced prejudice in your workplace in relation to pregnancy, marriage or caring responsibilities?

- 12% of staff who participated stated they have experienced prejudice, with 85% stating they have not. 3% preferred not to say.

Key Findings: ‘Your views in terms of HSCP Equality Policy’.

The section of the survey allowed us to enquire about employee awareness and their views on Equalities.

We asked;

East Dunbartonshire HSCP can improve health and social care services to patients and service users when staff have a better understanding of the discrimination faced by people in East Dunbartonshire:

- 42% strongly agreed, 38% agree, with 19% neither agreeing nor disagreeing, with 1% strongly disagreeing.

We asked;

East Dunbartonshire HSCP has got better at recognising and responding to the health effects of discrimination on patients and service users over the last 4 years (e.g. gender-based violence, lower life expectancy caused by poverty):

- 10% strongly agreed, 39% agree, with 45% neither agreeing nor disagreeing, with 5% disagreeing and 1% strongly disagreeing.

We then asked if staff have been involved in any of the following to tackle poverty in their work.

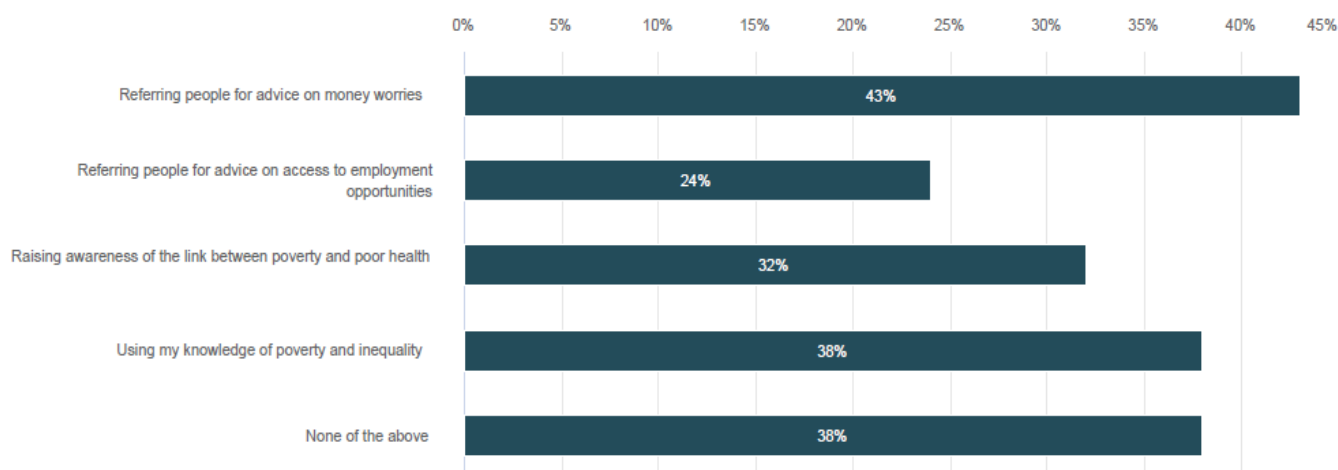


Figure 3: Actions taken from staff to support client groups with protected characteristics

We asked;

What action, if any, would you take if you overheard a patient or colleague saying something discriminatory (racist, homophobic etc)?

- 47% said they would challenge them and discuss why, with 43% stating they would report them to a manager. 10% preferred not to say.

We asked;

In your workplace, which of the following actions do you take if you have a patient who doesn't have English as a first language?

- 30% book an interpreter for every clinical encounter, 32% use telephone interpreting, 23% said none of the above.

We asked;

In your workplace, which of the following applies in relation to hearing impairment (staff or patients)?

- 12% are aware of the loop system and know how to use it. 16% are aware of the loop system but are unaware how to use it, 52% are unaware we have a loop system, with 20% stating they do not have a loop system in their area.

We then asked;

Have they have taken any of the following actions to support people with a learning disability to access your service(s)?

- 22% have arranged communication support. 28% have extended the appointment time. 28% have used a communication aid and 54% have worked with the patients advocate or support worker. 5% stated they have taken no action.

The next question explained that some groups face particular issues which make them vulnerable to discrimination.

Have they done anything for any of the following groups in your service?

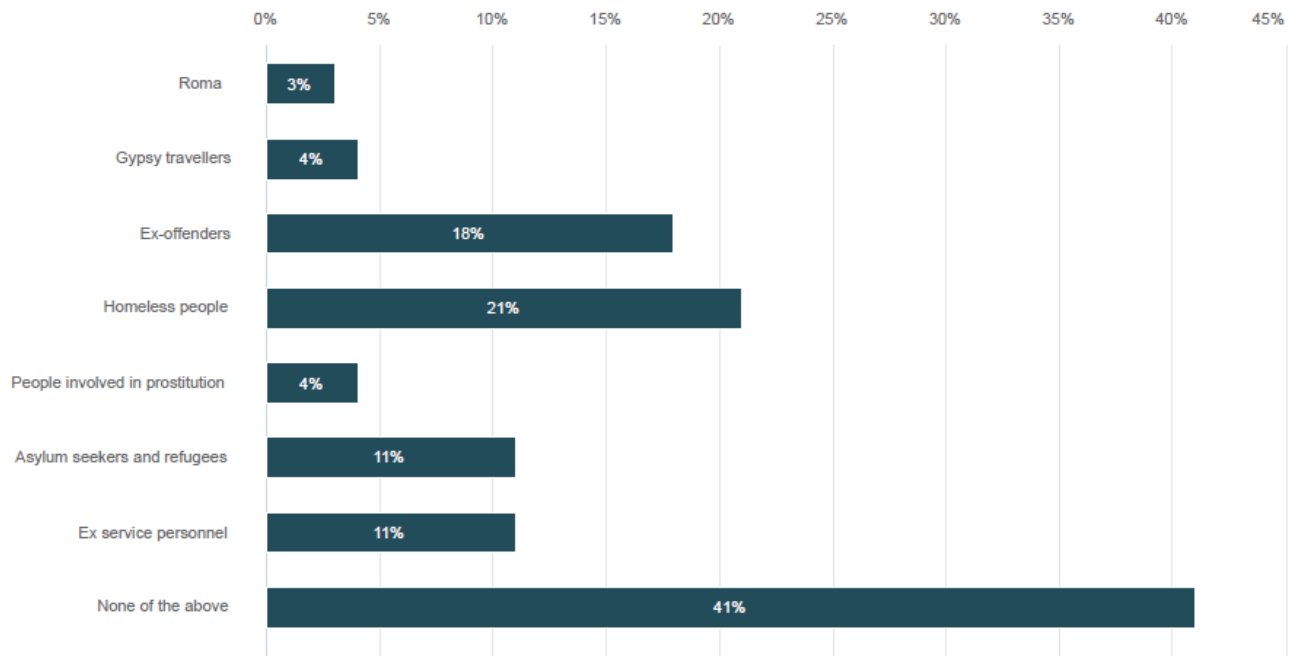


Figure 4: Have they done anything for any of the following groups in your service?

We then asked what actions they have taken to assist;

- **Liaised with charity workers for patients to get help to come to appointments.**
- **Extended the appointment time and gave more flexibility.**
- **Provided letters of support for housing and referred to income maximisation service.**
- **Provided rehabilitation and signposted for ongoing services.**
- **Encourage to seek support from dedicated services.**
- **Encouraged to contact specialist services, taken service users to meet services face to face, made referrals. Given information and supported to make phone calls.**

We asked;

Do you ask your patients about gender-based violence? (e.g. Domestic abuse):

- 15% stated always, 33% said sometimes, with 52% saying they never have.

The next question asked

Why do they think there is a health gap in our society?

- 3% said because some people have been unlucky. 3% of those stated that some people are lazy and lack willpower. 64% because of injustice in our society and 30% stated it's an inevitable part of modern life.

There is a widening gap in health between the richest and poorest - often referred to as "health outcomes" and "life expectancy". For example, men in the most affluent areas can expect to live 13-14 years more than those in the least affluent areas. For women the gap is 8-9 years.

Do you think East Dunbartonshire HSCP should be using its resources to make this situation more equal?

- 87% stated yes, 3% said no, with 10% stating they don't know.

The key findings and feedback from this survey have been valuable and even though it is a small sample, it will support our key priorities for equalities planning in 2023 - 2027.

Partnership Working

The advancement of our equalities and mainstreaming responsibilities is dependent on partnership working. We collaborate as a "partnership" to accomplish our goals, which are outlined in all areas of the HSCP. In order to understand and have open discussions about what we can do to provide effective and inclusive health and social care services, we strive to have open and effective lines of communication with the public, service users, carers, stakeholders, and our communities.

East Dunbartonshire Council and NHSGGC have set outcomes, mainstreaming duties and reports which incorporate our staff profile and gender pay gap reporting. Information on this can be found at:

- [NHS GGC Equalities in Health](#), and;
- [East Dunbartonshire Council Equalities](#).

The HSCP has adopted the NHSGGC Equality Impact Assessment Tool. As a partnership, we work together with East Dunbartonshire Council and NHSGGC to collectively streamline our equalities.

The HSCP provides funding and support to a number of local groups and third sector organisations that promote, support, and uphold the rights of individuals with protected characteristics. Several organisations collaborate openly and honestly to improve the lives of people in East Dunbartonshire who have a protected characteristic. The East Dunbartonshire Strategic Planning Group also brings together representatives from organisations in the voluntary sector that support equality via their networks and activity. It promotes improved cooperation on equality issues as a mechanism for local strategic planning.

Local Equality Outcomes and National Health and Wellbeing Outcomes - Key

HSCP Equality Outcomes		National Health and Wellbeing Outcomes	
Equality Outcome 1:	Barriers to HSCP services are removed for people with relevant protected characteristics.	1.	Healthier living: People are able to look after and improve their own health and wellbeing and live in good health for longer
Equality Outcome 2:	Age discrimination in services is removed.	2.	Independent living: People, including those with disabilities, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home, or in a homely setting, in their community
Equality Outcome 3:	The risk of homelessness amongst vulnerable individuals is reduced.	3.	Positive experiences: People who use health and social care services have positive experiences of those services, and have their dignity respected
Equality Outcome 4:	A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.	4.	Quality of life: Health and social care services are centred on helping to maintain or improve the quality of life of service users
Equality Outcome 5:	East Dunbartonshire Council and NHSGGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.	5.	Reducing health inequalities: Health and social care services contribute to reducing health inequalities
Equality Outcome 6:	The likelihood of people with different protected characteristics accessing service appointments is maximised.	6.	Carers are supported: People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being
Equality Outcome 7:	Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.	7.	People are safe: People who use health and social care services are safe from harm.
Equality Outcome 8:	Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.	8.	Engaged workforce: People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do, and;

Developing New Outcomes 2023 - 2027

East Dunbartonshire HSCP equality outcomes 2023 - 2027

Key area	Commitment	Strategic Objective	Performance Measure (measure of success in year 2) Completion by year 4	HSCP Equality Outcomes	National Health and Wellbeing Outcomes
Empowering people	Improve personalisation	Embed and further develop digital solutions, to support self-management	Continue to improve the range of telehealth and telecare services available and monitor uptake in East Dunbartonshire	1, 2, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9
		Increase in choice and control and flexibility for service users	We will promote and monitor the uptake of SDS options through 'Number of people taking up SDS'	1, 2, 3, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9
How will we know we have achieved these outcomes?					
<ul style="list-style-type: none"> I. Benchmark of current Telehealth user numbers and publish updated figures in 24 and 48 month increments to the IJB. II. Benchmark of current SDS user numbers and publish updated figures on options 1, 2 and 3 users in 24 and 48 month increments to the IJB. 					
	Reduce inequality and inequity of outcomes	Further reduce inequality of health outcomes and embed fairness equity and consistency in service provision	We will develop an HSCP Public Health Strategy and refresh objectives for the Public Health improvement Team (PHIT)	1, 2, 3, 4, 5, 6, 7 and 8	1, 3, 4, 5, 6, 7, 8 and 9
How will we know we have achieved this outcome?					
<ul style="list-style-type: none"> I. Public Health Strategy developed and approved by the IJB, the Strategy will be made available on HSCP webpages and progress will be reported on regular intervals to IJB. 					

Improving information and communication	Improve service information and public communication systems, advice, reflecting specific communication needs and preferences	Scope, plan aim to redesign and improve the HSCP webpages on the EDC website.	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
		Alternative communication formats available and will be proactively offered on all of our communications, for example, easy-read, Braille, BSL and community languages	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
		Review our Communication Strategy to ensure that there is a focus on engagement with the BAME communities	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
		Continue to implement our Participation and Engagement strategy, including a range of actions to better engage with our stakeholders	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
		Develop a Digital Strategy for the HSCP that considers the needs of those with protected characteristics, e.g. older people, people with disabilities, and those whose first language is not English	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
		Implementation with partners of the of the BSL strategy recommendations and uptake of users	1, 5, 6, 7 and 8	1, 3, 4, 5, 6, 7, and 9

			All Equality Mainstreaming Reports, plans, EqIA's and updates to be accessible and visible on the HSCP webpages	1, 2, 3, 7 and 8	1, 3 and 5
<p>How will we know we have achieved these outcomes?</p> <p>I. Website redesign has been actioned and completed and reported to IJB and is minuted.</p> <p>II. All communication options will be included in the updated Communications Strategy and will be accessible on the HSCP webpages.</p> <p>III. The HSCP Communications Strategy and will be updated, approved by the IJB and accessible on the HSCP webpages.</p> <p>IV. Annual review of the Participation and Engagement strategy, reported to the IJB.</p> <p>V. Digital Strategy completed, approved by the IJB and accessible on the HSCP webpages.</p> <p>VI. BSL strategy outcomes are accessible on-line with biennial evaluation with partners.</p> <p>VII. Creation of Equalities page on the HSCP webpages with all information available and accessible.</p>					
Empowering Communities	Building informal support options	Work with communities to develop a network of assets	The East Dunbartonshire Asset Map will be further developed and promoted to all community groups (older persons, BAME, Health) and 3 rd sector orgs.	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, and 9
			Wellbeing worker project to be rolled out across the 'GP Clusters', monitoring the uptake of users and GP practice involvement	1, 2, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9
			Income Max Service to be improved and enhanced, will cover all areas of East Dunbartonshire in partnership with CAB	1, 2, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7 and 9
			Work with communities to develop support options such as 'compassionate communities' model	Pilot 'No one dies alone' programme to be created, uptake of volunteer roles and people being supported	1, 2, 3, 5, 6, 7 and 8

			in East Dunbartonshire monitored		
<p>How will we know we have achieved these outcomes?</p> <p>I. Evaluation of Asset Map, to include report to IJB with update on assets included and actual website hits. II. Annual evaluation to IJB, reporting actual users, outcomes achieved and GP practices involved. III. Annual evaluation to IJB, reporting number of people, demographics and financial gain for communities. IV. Creation of programme, volunteers recruited, number of users, with evaluation reported to IJB.</p>					
Build local integrated teams	Develop local, collocated services with integrated multi-disciplinary teams to improve service provision and access across East Dunbartonshire	Identification of physical premises for collocation of services (x 2)	1, 2, 5, 6 and 7	3, 4, 5, 6, 7, 8 and 9	
		Provision of services are available, with ease of access for East Dunbartonshire residents	1, 2, 5, 6, 7 and 8	3, 4, 5, 6, 7, 8 and 9	
	Refresh HSCP locality planning groups (x2)	Locality plans created with involvement from PSUC group	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9	
		Locality groups to include PSUC members/volunteers from BAME communities and/or SIMD 1 areas	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9	
<p>How will we know we have achieved these outcomes?</p> <p>I. Physical premises identified, leases signed and IJB approval has been received and minuted. II. Premises are open, staffed and provide care, treatment and support to residents. III. Terms of reference for Locality Planning Groups has been created and published on HSCP webpages. IV. Locality Planning Groups first meeting has been minuted with attendees (membership) published, including PSUC member(s) involvement.</p>					
Drive participation and engagement	Promote and recruit to the PSUC group from a wide cross section of our communities	Inclusion of those with protected characteristics / and/or from SIMD1 area joining PSUC group in the	1, 2, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9	

		design, planning and the review of HSCP services		
How will we know we have achieved this outcome?				
I. The demographic of those who engage with us will be reflective of the whole community of East Dunbartonshire and will be reported on an annual basis to the IJB.				
Modernising day services	Redesign of day services, to create more choice for users and their carers	Older persons strategy developed with views of relevant stakeholders informing the plan	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
		Develop an approach to build community capacity and social prescribing across partner orgs, for example, peer support and volunteer programmes	1, 2, 3, 4, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
	Learning disability move to Allander Day Service	Transition to new service is seamless, feedback from users and carers involved	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
		Increased number of community support options available to users and carers	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
		Development of employability and community based support alternatives to formal day care	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
How will we know we have achieved these outcomes?				
I. The Older Persons Strategy will be developed with input from all stakeholders and approved by the IJB, the Strategy will be made available on HSCP webpages and then progress will be reported on regular intervals to IJB. II. Creation of a stakeholder group, with terms of reference and agreed actions reporting to the IJB, with an annual evaluation report. III. An Allander Centre service user and carer evaluation to be created with spotlight on user carer feedback. IV. Published figure of options available, Inc community support options and of employability programmes accessed.				

Supporting Families and Carers	Supporting carers	Better recognising the contribution of informal carers in keeping people safe and well	Update Carers Strategy to enhance access to carers support	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
			Improve carer access to information and advice	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
			Review reporting and collation of carers unmet need	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
	<p>How will we know we have achieved these outcomes?</p> <ol style="list-style-type: none"> I. Carers Strategy will be developed which will include a Carers Plan, with input from all stakeholders and approved by the IJB, the Strategy and plan will be made available on the HSCP webpages and promoted across East Dunbartonshire to identify hidden Carers. II. Creation of new and updated information if required (using the criteria of, credibility, content, disclosure, links, design and interactivity) published information disseminated. III. PSUC group to engage with the HSCP and Carers and identify where unmet need is collated, report and publish findings with recommendations if required. 				
Improving mental health and recovery	Improving adult mental health and alcohol and drugs recovery	Mental health services	Review of all leaflets and patient information with input from staff and users of service.	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
			PCMHT – review service to re-establish ‘out of working hours’ clinics	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
			Aim to develop a programme to improve access to Psychological Therapies for women in the antenatal period	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
			The Workstream Group to review and implement a ‘Benchmarking Tool’ with all partners involved	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
How will we know we have achieved these outcomes?					

	<p>I. Creation of new and updated information if required (using the criteria of, credibility, content, disclosure, links, design and interactivity), published information disseminated.</p> <p>II. Needs assessment completed, planning and monitoring in place, service re-established and patient feedback received.</p> <p>III. Programme in place, with an annual evaluation, Inc patient feedback.</p> <p>IV. 'Benchmarking tool' produced with recommendations.</p>				
		Alcohol and drug services	Update Alcohol and drug Strategy to enhance access to support and recovery		
How will we know we have achieved this outcome?					
<p>I. Alcohol and Drug Strategy developed and approved by the IJB, the Strategy will be made available on HSCP webpages and progress will be reported on regular intervals to IJB.</p>					
Workforce and Organisational Development	Supporting staff to improve knowledge and be better engaged with the communities they provide services to.	Equality Impact Assessments (EIAs) and equality and diversity is promoted.	The HSCP will carry out EqlAs on all strategies, policies and service redesigns	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
			EqlA training will be offered to staff and training will be sourced by the HSCP through GGC / EDC.	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
			Staff across the HSCP will have opportunities to improve their knowledge, understanding and skills around equality and diversity and the public sector equality duty and its relevance to their roles	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
			The HSCP will aim to source and introduce the LGBT+ charter	1, 2, 3, 5, 6, 7 and 8	1, 2, 3, 4, 5, 6, 7, 8 and 9
How will we know we have achieved these outcomes?					
<p>I. Completed EqlAs will be found on the HSCP webpages, with full accessibility and ease of access.</p>					

- | | |
|--|--|
| | <ul style="list-style-type: none">II. Training courses sourced and completed will be published on the HSCP webpages, with an annual report to the IJB.III. Staff uptake will be monitored on NHS Turas and EDC health and social care training portal.IV. LGBT+ Charter training will be sourced and approved by the IJB, the LGBT+ Charter will be promoted on HSCP webpages and progress will be reported on regular intervals to IJB. |
|--|--|

DRAFT



Chief Officer
Caroline Sinclair
AGENDA ITEM NO:

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:

REPORT REFERENCE:

CONTACT OFFICER:

SUBJECT TITLE:

1.0 PURPOSE

2.0 RECOMMENDATIONS

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

3.0 BACKGROUND/MAIN ISSUES

4.0 IMPLICATIONS

- 4.1 Relevance to HSCP Strategic Plans 2022-2025 Priorities**
- 4.2 Frontline Service to Customers**
- 4.3 Workforce (including any significant resource implications)**
- 4.4 Legal Implications**
- 4.5 Financial Implications**
- 4.6 Procurement**
- 4.7 ICT**
- 4.8 Corporate Assets**
- 4.9 Equalities Implications**

4.10 Sustainability

4.11 Other

5.0 MANAGEMENT OF RISK

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

6.0 IMPACT

6.1 STATUTORY DUTY

6.2 EAST DUNBARTONSHIRE COUNCIL

6.3 NHS GREATER GLASGOW & CLYDE

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH

7.0 POLICY CHECKLIST

8.0 APPENDICES

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Protected Characteristics:

<p>Age</p>	<p>The Equality Act 2010 protects people of all ages.</p>	<p>Disability</p>	<p>Disability includes people with physical, learning and sensory disabilities, people with a long term illness and people with mental health problems.</p>
<p>Race</p>	<p>Under 'The Equality Act 2010' 'race' includes, colour, nationality and ethnic or national origins. It also includes Gypsy Travellers.</p>	<p>Religion or Belief</p>	<p>In The Equality Act 2010, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief.</p>
<p>Sex</p>	<p>Both males and females are protected under The Equality Act 2010.</p>	<p>Pregnancy and Maternity</p>	<p>The law covers pregnant women or those who have given birth within the last 26 weeks, and those who are breastfeeding.</p>
<p>Sexual Orientation</p>	<p>The Equality Act 2010 protects lesbian, gay, bisexual and heterosexual people.</p>	<p>Gender Reassignment</p>	<p>The Equality Act 2010 provides protection to someone who proposes to, starts or has completed a process to change his or her gender.</p>
<p>Marriage and Civil Partnership</p>	<p>Marriage is defined as a union between two people of different or of same sexes. In addition to same sex marriage, same sex couples can also have their relationship legally recognised as 'civil partnerships'.</p> <p>This category only applies to eliminating unlawful discrimination in employment.</p>		

Abbreviations

Abbreviation Definition

ASP	Adult Support and Protection
ASD	Autistic Spectrum Disorder
CLW	Community Link Worker
EDC	East Dunbartonshire Council
GP	General Practice
IJB	Integration Joint Board
LPG	Locality Planning Group
TSI	Third Sector Interface

Abbreviation Definition

ADP	Alcohol and Drug Partnership
CAMHS	Child and Adolescent Mental Health Services
EHRC	Equality and Human Rights Commission
EqIA	Equality Impact Assessment
HSCP	Health and Social Care Partnership
LAAC	Looked After and Accommodated Children
NHS	National Health Service

Available in other formats

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact East Dunbartonshire Council's Communications Team at 0300 123 4510:

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

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

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

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

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

East Dunbartonshire Health & Social Care Partnership

Equality and Diversity Mainstream Report and Outcomes (2023-2027)

Communication, Engagement & Participation Plan

1 PURPOSE

- 1.1 This Communication, Engagement & Participation Plan is designed to set out how the East Dunbartonshire HSCP will communicate, engage and consult with staff, partners, the third sector, stakeholders and the general public on the preparation and content of its new Equality and Diversity Mainstream Report and Outcomes (2023-27).

2 EQUALITY AND DIVERSITY MAINSTREAM REPORT

- 2.1 Health and Social Care Partnerships (HSCPs) were introduced in 2015 to bring together a range of community health and social care services. The HSCP Board has a responsibility for organising these services which previously lay with Local Authorities and Health Boards, but now sit with HSCP Boards (sometimes called Integration Joint Boards). The HSCP also has the responsibility to produce an Equality and Diversity Mainstreaming report every four years.
- 2.2 This report is an opportunity to reflect on how the HSCP have incorporated equalities into our services and culture. The HSCP will also provide evidence of best practice, areas which could be developed and set priorities for which the HSCP is committed to addressing over the next four years.
- 2.3 The public sector equality duty is referred to as the 'general equality duty' which is part of the Equality Act (2010). The general equality duty applies to East Dunbartonshire Integration Joint Board, which has a legal obligation to pay due regard to meet the need to;
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not.

These three elements are referred to as the three 'needs' of the general equality duty.

- 2.4 East Dunbartonshire HSCP has produced two previous Equality and Diversity Mainstream Reports. The new Equality and Diversity Mainstream Report

must be produced by August 2022 and will cover the four year period 2022 to 2026.

3 ENGAGEMENT AND PARTICIPATION

3.1 In pursuit of our Vision, Values, Principles and Policy Priorities, the HSCP will actively seek the involvement of our staff, the community and all stakeholders in its decision making. It will do this in line with the National Standards for Community Engagement and by the deployment of the following ladder from the HSCP's Participation and Engagement Strategy (2020-23) which is used in conjunction with the participation and engagement frameworks.

3.2 In order to be effective, community engagement must be relevant, meaningful and have a clearly defined focus. NHS Boards, Local Authorities and Integration Joint Boards should engage with the communities they serve following the principles set out in Scottish Government Guidance states:

'Services should be planned and led locally in a way which is engaged with the community' (including those who look after service users and those who are involved in the provision of health and social care). Locally, this means that patients, service users, carers and their families, the Third and Independent sectors and HSCP staff will be embedded in the process as key stakeholders in the shaping and the redesign of health and social care services.'

3.3 Due to the current pandemic, consultation and engagement with communities can pose a major challenge. The learning from the previous two years regarding participation, engagement and consultation is to offer a safety first approach. This will ensure that our engagement to develop and shape the Equality and Diversity Mainstream Report is as robust and effective as possible, we must prioritise people's health, safety and welfare. In order to do this, the HSCP will use a blended approach as we emerge from the pandemic, by using a virtual, electronic and if appropriate a face to face approach.

4 APPROACH

Phase 1

4.1 The HSCP (SMT?) has both an oversight and scrutiny role and will be advised the progress of the report incrementally. The consultation will also use the existing governance mechanisms within the HSCP to support the

extended engagement process. In East Dunbartonshire, we will also engage with the general public as a whole, through a range of inclusive approaches.

- 4.2 The preparation of the Equality and Diversity Mainstream Report is designed to follow 4 phases, which will adhere to legal engagement requirements as well as supporting guidance.
- 4.3 The HSCP officer will carry out initially a desktop analysis to scope guidance and national and local policy.
- 4.4 It is essential though that the Equality and Diversity Mainstream Report should also be fully reflective of (and sensitive to) local needs. This will be done through two main approaches:
 - i. Analysis of East Dunbartonshire's population profiles, its health and wellbeing and its particular needs will be undertaken to ensure that the Equality and Diversity Mainstream Report identifies and prioritises these local needs.
 - ii. Collaborate with colleagues in NHS Greater Glasgow and Clyde and East Dunbartonshire Council to identify, benchmark and cross reference local communities of interest and then create papers (press release, questionnaire and associated papers) that can be distributed to staff, partners, the third sector, stakeholders and the general public to make them aware of the commencement of the consultation period.

Phase 2

- 4.5 A programme of participation and engagement will be undertaken to ensure that staff, partners, the third sector, stakeholders and the general public will have the opportunity to influence and shape the new Equality and Diversity Mainstream Report.
- 4.7 By the end of Phase 2, we will aim to have distributed the questionnaire, met communities of interest and received key feedback from all stakeholders and

agreed the draft key points and the areas for inclusion in the Equality and Diversity Mainstream Report.

4.8 Phase 3

4.9 Phase 3 will involve creating Equality and Diversity Mainstream Report draft one based on the feedback received from:

- East Dunbartonshire HSCP Planning and Performance Team
- East Dunbartonshire HSCP Service Managers
- East Dunbartonshire Council Equalities Team
- NHS Greater Glasgow and Clyde Equalities Team
- East Dunbartonshire Council Corporate Performance and Research Team
- Social care and health professionals
- Users of health and/or social care services
- Carers of users of health and/or social care services
- Commercial providers of health and/or social care
- Non-commercial providers of health and/or social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care
- Other HSCPs

4.10 The HSCP Senior Management Team has both an oversight and scrutiny role and will be advised to the progress of the report incrementally. The consultation will also use the existing governance mechanisms within the HSCP to support the extended engagement process. In East Dunbartonshire, we will also engage with the general public as a whole, through a range of inclusive approaches.

4.11 The Gantt chart and Communications timeline below gives the mechanisms that will be used for planning the communication and engagement process and the completion of the Equality and Diversity Mainstream Report 2022-26.

Phase 4 (Update and Final Actions)

4.12 As described in the synopsis provided to the SMT (**Appendix 1**). On the 22 September 2022, the HSCP officer attended an event hosted by the Equality and Human Rights Commission (EHRC). The events aim was to provide an overview of the EHRC programme on Public Bodies Equalities Mainstreaming and the outcome setting approach that they require. The event had a specific focus on health and social care and the Equality Reporting requirements by law.

4.13 The EHRC stressed that they will no longer accept outcomes that are vague, generic and non-specific. They also strongly recommended that the HSCP outcomes should be linked to the HSCP Strategic Plan and that they are SMART and clearly meet the requirements of the Public Sector Equality Duty.

The EHRC also extended the deadline for completion of the Equalities Mainstreaming Report to the 31 January 2023.

4.13 Due to this guidance, the HSCP officer then looked to re-examine the current draft document and scrutinise the proposed content and outcomes of the HSCP Equalities Mainstreaming Report (2023-2027). The HSCP officer further scoped the updated guidance and the EHRC policies to fully reconsider and adjust the themes and outcomes, while recalibrating the communication, participation and engagement plan. This has resulted in a draft document that is more aligned to the requirements of the EHRC, and to the HSCP Strategic Plan (2022-2025). (**Appendix 2**)

4.15 As described below (Gantt chart and Communications Plan), the next stage of the Draft Equalities Mainstreaming Report (2023-2027) is the final phase of the plan. This requires agreement on the:

- Proposed draft SMART outcomes (Nov 2022)
- Final consultation with stakeholders (Nov/Jan 2023)
- IJB approval (Dec/Jan 2023), and;
- Publication and notification to the EHRC (31 Jan 2023).

5 East Dunbartonshire HSCP – Equalities Mainstream Report 2023-27 Gantt chart

The Equalities mainstream Report 2023-27 will allow us to manage the project activities with associated timescales and resources.

Stage	Task	Target (Measure to indicate task is completed)	Resource	May/June 2022				July/August 2022				September/October 2022				November/December 2022				January 2023			
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	Preparation	Approval of communication and engagement plan. All associated papers (Questionnaire, press release, communications) completed).	People / staff time	←————→																			
2	Conversation	Launch of engagement process. Press release, Questionnaires and engagement events.	People / staff time																				
				←————→																			
3	Draft Report	Draft Equalities and Mainstream Report based on consultative feedback	People / staff time																				
												←————→											
4	Completion	IJB Approval Equalities Mainstream Report 2022-26 launched / EHRC notified	People / staff time																				
																				←————→			

6 COMMUNICATIONS AND ENGAGEMENT PLAN TIMELINE

6.1 The Communications Plan timeline will be ongoing from May 2022 to Jan 2023 and may be updated periodically.

DRAFT

Date	Phases	Communications Action	Key Message	Audience	Completed
May – June 2022	Phase 1: Preparation	<ul style="list-style-type: none"> • Approval of Review of Equality and Diversity Mainstream Report By HSCP SMT • Sharing of draft Comms and Engagement Plan with SMT membership for comment. • Communication and scoping with NHS GGC and East Dunbartonshire Council on the Equalities Mainstream Report development process and timescales • Creation of Equalities questionnaire, methodology paper and press release. • Engage with NHS GGC and EDC communications teams to agree on the promotion of the Equality and Diversity Mainstream Report consultation process • Communication with staff, partners, the third sector, stakeholders and the general public 	<ul style="list-style-type: none"> • Commitment to collaborative approach • Outlining high level nature of the Equalities Mainstream Report • Providing confidence in the process and engagement with staff, partners, the third sector, stakeholders and the general public. 	All HSCP partners and stakeholder representative groups	Completed by June 2022

Date	Phases	Communications Action	Key Message	Audience	Completed
July - August 2022	Phase 2: Conversation	<ul style="list-style-type: none"> Main focus on launch and delivery of initial consultative exercise. Press release shared with elected members and HSCP colleagues Questionnaire launched with timescales adhering to the national standards of community engagement Consultations and engagements arranged with interested parties and groups who wish to be involved. 	<ul style="list-style-type: none"> All partners, stakeholder and the general public are invited to become involved in a conversation about Equalities We want to find out what people think are the Equalities priorities for improving and developing health and social care services over the next 4 years that reflect local needs and are sustainable. 	<ul style="list-style-type: none"> All HSCP partners and stakeholder representative groups. All prescribed consultees The general public 	Completed by August 2022
September / October 2022	Phase 3: Draft of Equalities Mainstream report	<ul style="list-style-type: none"> Draft 1 completed 	<ul style="list-style-type: none"> Draft Equalities and Mainstream Report prepared based on consultation feedback Input from HSCP SMT and Leads on content of the draft HSCP Launch of Equalities and Mainstream Report 2023-27 	<ul style="list-style-type: none"> HSCP SMT and lead officers HSCP staff teams 	Completed by 14 October 2022
November / December 2022	Phase 4: final engagement / consultation and IJB approval	<ul style="list-style-type: none"> Final Input on Equalities and Mainstream Report 2023-27 	<ul style="list-style-type: none"> Opportunity to comment on the final HSCP Launch of Equalities and Mainstream Report 2023-27 IJB approval 	<ul style="list-style-type: none"> NHS GGC/EDC All HSCP partners and stakeholders and representative groups. The general public IJB 	
Jan 2023	Phase 5: Launch and Publication of final Equalities Mainstream report	<ul style="list-style-type: none"> Publication of report on HSCP website and Social media Confirmation to the Equalities and Human Rights Commission of Final report (31/01/2023) 	<ul style="list-style-type: none"> Equalities Mainstream Report published with Outcomes 	<ul style="list-style-type: none"> IJB NHS GGC/EDC All stakeholders and the general public. EHRC 	

Appendix 1 (EHRC Public Bodies Event - Synopsis)

Equality and Human Rights Commission Seminar Report – October 2022

Purpose of Report

1. The purpose of this report is to present to the HSCP Senior Management Team (SMT) the programme and outcomes of the recent Equality and Human Rights Commission (EHRC) event that was held on the 22nd of September 2022. The aim of the event was to assist the HSCP on the content, outcomes and ongoing reporting that the EHRC require in the delivery of the HSCP Equalities Mainstreaming Report (2022-2026). The EHRC also stressed the importance of compliance and the ongoing commitment required by the HSCP.

Background

2. Under the Equality Act 2010, the EHRC stated that the HSCP is legally required to meet the Public Sector Equality Duty to:
 - Eliminate unlawful discrimination, harassment and victimisation;
 - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
 - Foster good relations between people who share a protected characteristic and those who do not.

The relevant protected characteristic groups identified in the Act are:

- age
- disability
- gender reassignment
- race
- religion or belief
- sex (gender)

- sexual orientation
- pregnancy and maternity, and;
- marriage and civil partnership (in employment only)

The Report

3. The HSCP representative attended an event hosted by the Equality and Human Rights Commission (EHRC) which provided an overview of the EHRC programme on Public Bodies Equalities Mainstreaming and the outcome setting approach required. The event had a specific focus on health and social care and the Equality Reporting requirements by law. The event attendees was made up of 42 health and social care leads and staff and 3 EHRC members.

The event consisted of three presentations by EHRC staff and two workshops. The EHRC staff who presented and the topics where:

- Bill Stevenson (EHRC - Compliance) Presentation 1 - Equalities outcomes & measurement overview
- Mark Borthwick (EHRC- Compliance) Presentation 2 - EHRC equalities research evidence and outcome setting, and;
- James Campbell (EHRC-Legal) Presentation 3 – Public Sector Legal Duty and non-compliance.

The EHRC presented that the HSCP is required to develop and publish equalities outcomes at least every 4 years (with 2yr reporting) that will enable the HSCP to better perform the Public Sector Equality Duty and these should:

- Take reasonable steps to involve people from equality groups, and;
- Consider all relevant and well sourced equality evidence.

Workshop 1

4. The EHRC provided guidance on equality outcome setting and covered the main thematic areas of inequality between protected characteristic groups, according to their research, as follows:

Age:

Issues:

- Older people are more vulnerable to social isolation and reduced mental wellbeing as a result of service closures due to Covid-19.
- Older people may feel disconnected due to closure of services.
- Older people have reduced access to facilities.
- Older people are more likely to be digitally excluded.
- Lack of mental health support for young people.

Disability:

Issues:

- Increased impact of closure/reduced opening hours of services as a result of the pandemic and reduced access to facilities and services.
- Reduced access to mental health and wellbeing services in relation to alternative formats of leaflets, letters and other publications.
- Those with a disability or long-term health condition are the highest proportion of users of money advice and welfare services.
- Adults with a learning disability are less likely to be in employment than the national average.

Race:

Issues:

- Reduced access to mental health and wellbeing services in relation to alternative language provision and communication methods.
- Reduced representation in public life and ability to influence decision making
- Direct, indirect, and institutional racism.
- Highest national rate of minority ethnic residents seeking money advice and welfare support.
- A disproportionate number of minority ethnic women and children experience domestic abuse, and are supported in refuges

Gender:
<p>Issues:</p> <ul style="list-style-type: none"> • Increased concerns about mental health and wellbeing as a result of the pandemic amongst more women than men. • Women much more likely to experience domestic abuse than men. • Woman more likely to be carers and be in the older population cohort.

Sexual Orientation:
<p>Issues:</p> <ul style="list-style-type: none"> • Homophobic attitudes in workplaces. • Homophobic bullying and attacks. • Lack of understanding about mental health concerns for LGBT+ young people. • LGBT+ people are much more likely than others to feel isolated and/or lonely. • LGBT+ people are at much higher risk of mental health problems than heterosexual people. • LGBT+ people more likely to have poorer health outcomes.

Workshop 2

5. The EHRC discussed the pitfalls that Public Bodies can make when producing their Equalities Mainstreaming Reports. The EHRC then stressed that they will no longer accept vague, generic and non-specific outcomes. They also touched upon the legal requirements and the consequence of non-compliance.

Equality outcomes should :	Equality outcomes should not :
<ul style="list-style-type: none"> • Bring practical improvements in the lives of those who experience discrimination and disadvantage. • Change things for individual's communities and society as a consequence of your work. 	<ul style="list-style-type: none"> • Improve the lives of everyone (not everyone is in a disadvantaged group). • Duplicate other specific duty requirements. • Duplicate existing equality obligations.

<ul style="list-style-type: none">• Be bold and ambitious.• Reduce or remove the biggest inequalities experienced by particular groups.	
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Conclusions and Recommendations

- i. The outcomes in the Equalities Mainstreaming Report should be SMART (Specific, Measurable, Achievable, Relevant, Time-bound) and should clearly meet the requirements of the Public Sector Equality Duty, i.e. eliminate discrimination, advance equality of opportunity, or foster good relations. They will no longer accept non-specific outcomes or as they said 'woolly.'
- ii. The outcomes should be linked to and juxtaposed to the HSCP's Strategic Plan (should be targeted, carefully studied, with ongoing measurement and publish an outcome report every two years to the EHRC).
- iii. The EHRC will accept a more concentrated quantity of outcomes, but only those that are specifically targeting protected characteristic groups and that they are tangible and clearly articulated. But they must show that they will have a greater impact on the communities that the HSCP work with.
- iv. The measurement and reporting of all outcomes are to be robust, continually evaluated and show evidence of improvement, they will accept outcomes that bridge into future Mainstreaming Reports, but this must be comprehensively detailed in the report, again with ongoing evaluation and reporting.
- v. Equalities Mainstreaming Report, outcome reports, updates and all associated papers should be available on our web pages, be accessible to all and easy to source.
- vi. The EHRC finally stated that they are here to support public bodies and to assist them to create equality outcomes that will benefit their communities. They did stress that although they are here to assist they have undertaken enforcement action work in the past and will continue to do so for non-compliance. I.e. they have authority to put organisations under special measures.

Agenda Item Number: 4c

Appendix 3

**Phase 4: Delivery of the East Dunbartonshire HSCP EHRC
Equality Mainstream report**

Action	Timescale	Comments
Final phase of Equality Mainstreaming report consultation and engagement process.	January 2023	Final comments / amendments (if any) added to Report.
Present the Equalities Mainstreaming Report & Equality Outcomes for approval at IJB.	January 2023	Meeting date is 19 January 2023 (Next meet is 23/03/2023)
Approved reports to be published on the HSCP webpages and EHRC to be notified with a link.	January 2023	Following approval at IJB, the reports can then be published on the HSCP website.
The EHRC EqIA monitoring template (Appendix 3) for all past and present EqIA's to be adopted and all completed EqIA's added.	March 2023	Following approval, all completed EqIA's to be added to template. This will comply with Reg 10 of the Public Sector Duty regarding accessible manner.
A new webpage is to be created / added to the HSCP webpages, for all completed reports / outcomes / updates / EqIA's assessments to be uploaded and stored.	March / April 2023	This will ensure that all equalities info and EqIA assessments are easily accessible on the HSCP website.
SMT to notify all Leads and Managers of the importance that all plans and strategies must have an EqIA accompanying and completed (good quality).	March 2023	Explain importance of reason (EHRC can place HSCP under 'special measures').
Additional training to be sourced for staff on how to complete an EQIA.	June 2023	Additional training will be offered to ensure staff are confident in completing EQIA's. (NHS GGC)
Equalities Forum to be created in conjunction with EDC equalities staff? If unworkable, Clinical Governance Group create agenda item to monitor EqMR and outcomes.	August 2023	Aim to embed equality and fairness of opportunity across the HSCP, and to contribute to ongoing Outcomes progress and future Mainstreaming Reports.

Equality Outcomes progress reports to be drafted – 2 yearly and uploaded to HSCP webpages, notification sent to EHRC.	January 2025	Progress reports will be presented to the IJB then published on the HSCP webpages every 2 years.
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EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/05

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233

SUBJECT TITLE: SOCIAL SUPPORT FOR OLDER PEOPLE STRATEGY 2023-2028 AND SERVICE DELIVERY MODEL

1.0 PURPOSE

1.1 The purpose of this report is to request approval to publish and enact the finalised Social Support Strategy for Older People and seek approval for the preferred delivery model for delivering centre based day care services following the conclusion of extensive consultation and options appraisal.

2.0 RECOMMENDATIONS

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

- 2.1** Approve the five year Social Support for Older People Strategy, and associated Strategic Needs Assessment (**Appendix 1**), and publish these;
- 2.2** Note the content of the Equalities Impact Assessment undertaken on the Strategy (**Appendix 2**), and the intention to undertake a further EQIA on the proposed service delivery model;
- 2.3** Approve the officer recommended service delivery model for centre based day care for older people option set out in 3.14 and within **Appendix 3**;
- 2.4** Instruct Officers to commence activities associated with implementing the preferred option and taking forward the necessary service change and commissioning activities required; and
- 2.5** Approve the directions set out in **Appendix 4**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** In April 2021 the Health and Social Care Partnership (HSCP) re-commenced work to review formal and informal social supports for Older People which had been on pause since 2020 due to the Covid-19 pandemic. This work included delivering a Strategic Needs Analysis and undertaking significant engagement with interested parties. The aim of the review, recognising changes in the way in which people can be supported and occupancy of current day services, was to determine how best to shift towards, encourage and make use of early, preventative, and community led services.
- 3.2** As well as reviewing formal social support, in the form of day centres and one to one alternatives to day care funded support, the review also considered informal social supports delivered by the previously available abundance of local groups and clubs - many of whom only re-commenced in May 2022 after an extended closure period due to Covid-19. Unfortunately, we regret to inform that a number of local community resources have also taken the decision, during the extended closure, to cease permanently.
- 3.3** In June 2021, and following provision of the Strategic Needs Analysis and outline of the rationale for undertaking a strategic review of social support for Older People living in East Dunbartonshire, the IJB, authorised the development of a five year Social Support Strategy for Older People.
- 3.4** The vision for the five year Strategy is to develop more flexible, responsive and sustainable models of Social Support. The Strategy aims to develop a model of person-centred, community-led support that encourages a feeling of connectedness to others, a feeling of being an active participant in an individuals' own community, strengthening social inclusion and equality. The Strategy also aims to facilitate a shift towards an emphasis on community led support for Older People, for those who are able to be supported at such activities - in place of the current default position of formal in-house or commissioned, centred based day care.
- 3.5** The provision of formal social support opportunities for those Older People who are most vulnerable due to physical frailty and/or increasing levels of confusion caused by Alzheimer's, Dementia or any other mental health illness will always have a place within the Strategy, but this should not be seen as the primary means of support, and should be targeted in line with assessed needs and delivered in a way that best represents person-centeredness and value for money, in line with the vision set out above.
- 3.6** Following a period of consultation regarding potential models of delivery and options appraisal sessions with key stakeholders, the draft Strategy was presented to the IJB in June 2022. The options considered as part of that consultation were:
- a) Option 1 - The HSCP continues to provide three building based Day Centres as is the current arrangements, with one Centre dedicated to providing day centre support for Older People from the BAME community. This is the status quo option. It would sit alongside ongoing support to promote existing and new community led supports for Older People via the Older People Local Area Co-ordinators Team and third sector partners. This is already in place and core funded.
 - b) Option 2 - The HSCP changes its approach to deliver formal building based Day Centre support from two, not three, buildings, one in the West and another in the East. This option includes developing a number of community led support

initiatives in the East and West localities, bespoke to the specific needs to people in these communities, including BAME individuals and others who have protected characteristics.

- c) Option 3 - The HSCP moves to deliver formal building based Day Centre support from one building (locality to be determined). The remainder of the activities associated with this third option are equivalent to Option 2, including the development of other community led support initiatives.

- 3.7** The majority of stakeholders involved in the consultation process indicated a preference for Option 2 - delivery of formal social supports from two geographical locations with enhanced community led support, bespoke to local communities.
- 3.8** Subsequently, the Board authorised progression to the next stage of the review process which involved publishing the draft Strategy for consultation and comments, and; commencing an Options Appraisal Service Review - via an Older People Day Care Delivery Review Group, essentially to help identify, amongst other things, the delivery/commissioning model underpinning Option 2. An Equalities Impact Assessment on the approved draft strategy was undertaken at this time, and the input of expertise from Equalities Officers from both East Dunbartonshire Council and NHS Greater Glasgow and Clyde was sought. The outcome of the Equalities Impact Assessment on the Strategy is appended to this report (**Appendix 2**)
- 3.9** The draft Strategy was published on the Council website and advertised to key stakeholders via a variety of communication methods including a targeted social media campaign. There were very few comments received regarding the finalised content and preferred option contained within the Strategy document. The main change noted was the inclusion of additional detail showing the golden thread in respect of the connections between the Social Support Strategy, the HSCP's Strategic Plan and the addition of a glossary in the Strategy's accompanying appendix documentation.
- 3.10** A key group of Officers from both the HSCP and the Council formed the Older People Day Care Delivery Review Group which commenced weekly meetings from 24th August 2022 to 14 December 2022. Membership included representatives from HSCP senior and operational management, Chief Finance and Resources Officer, Strategic Commissioning Team, Human Resources, Finance, and Trades Union organisations.
- 3.11** The purpose of the Older People Day Care Delivery Review Group was to undertake a ten stage service review process with the intent of:
- Progressing the five year Strategic Vision for Social Supports for Older People;
 - Reviewing the analysis resulting from the Strategic Review of Social Supports for Older People that resulted in the aforementioned Strategic Vision;
 - Considering and critically analysing the efficiency, value for money, sustainability and quality of the range of service delivery models for centre based day care for Older People;
 - Undertaking an options appraisal to determine the most suitable option for recommendation to the IJB and for implementation by EDC and the HSCP thereafter;
 - Considering the workforce and HR implications of the selected delivery model option and supporting the implementation thereof, managing EDC staff interests and employment implications.

3.12 The ten stage review process comprised of :

- Stage 1: Agree Aims, Outcomes, Scope, Terms of Reference, Membership and Action Plan;
- Stages 2 to 5: Review Strategic Needs Analysis and Strategic Vision Document including benchmarking, PEST and SWOT analysis and outcomes.
- Stage 6: Service design including development of options for delivery of two day care centres (in-house, commissioned or combination);
- Stage 7; Options appraisal of options developed at Stage 6 including financial appraisal and best value;
- Stages 8 and 9: Determination of resourcing, workforce and core specification of preferred option from Stage 7;
- Stage 10: Conclusion of process and outcome reporting to governance structure

3.13 The ten stage review process considered options ranging from status quo through to one day care centre only delivered via a commissioned route. The process concluded that the officer recommended option for implementation of Option 2 in the strategic vision process (2 day care centres – one in the East, One on the west – and an increased infrastructure of community alternatives) be delivered via a commissioning approach with the two day centres being delivered by externally contracted organisations.

3.14 The preferred service delivery model comprises two day care centres - one in the East (136 places) and one in the West Locality (100 places) to be delivered through a commissioned model from the independent / private sector. The current Milan service will be incorporated within one of the commissioned services in the East or West and the service specification for these services will include specific cultural provision to meet all dietary and language requirements for service users attending these services. The details of the process, options appraisal and preferred delivery model are articulated in **Appendix 3** along with the supporting financial and workforce requirements.

3.15 Trades Union partners participated fully in the service review process. As is expected their position is clear that they seek to maintain or increase council run service provision and EDC workforce. Thus, they are not able to advocate for the officer recommended model but have not opposed this and accept the outcome of the review process as fair and transparent.

3.16 Following approval and authorisation to proceed by the IJB, the following actions will be required from 23rd January 2023 to 31st March 2024:

- Implement Communication Strategy informing key stakeholders of the outcome of the service delivery review outcome in line with the Strategic Vision
- Publish by 1st April 2023 the approved Social Support Strategy for Older People and description of the approved delivery model of the two building based day care provisions;
- Establish Commissioning Delivery Plan outlining agreed commissioning actions, inclusive of;
 - plan outlining all commissioning intentions required to support delivery of approved strategy (day centres, community services, actions, timescales, etc.)

- Application of market / risk assessment to determine procurement route and future contracting arrangements
- Formal notice to current providers re current and future arrangements)
- Specification and contract development
- Financial underpinning
- Complete Equality Impact Assessments (EQIA's) to ensure future service provision (specifications) comply with current legislation and take due regard to the needs of affected people with protected characteristics as outlined in the Equalities Act (2010)

3.16 Subject to IJB approval, the new service delivery model for building based day care in two centres would 'go live' on Monday 3rd April 2024. Current service delivery models would run for the remainder of 2022/23 and all of 2023/24 to afford appropriate time for person centred transition.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

1. Promote positive health and wellbeing, preventing ill-health, and building strong communities
3. Keep people out of hospital when care can be delivered closer to home
5. People have a positive experience of health and social care services
7. Improve support for Carers enabling them to continue in their caring role

The provision of social support to older people living in East Dunbartonshire supports the achievement of the HSCPs Strategic Priorities as detailed in the Strategic Plan 2022 – 2025:

4.2 Frontline Service to Customers – the Strategic Vision advocates for the maintenance of specialist building based day care in two geographic locations, rather than three for those assessed as requiring it and the expansion of options for informal and community based social support to promote prevention, early intervention and enablement. The officer recommended service delivery model deemed the best fit to deliver on the Strategic Vision would result in the re-provisioning of services for older adults from the BAME community who use the Milan Service through the two commissioned services. This more equally meets the needs of all older people requiring centre based day care, but removes a bespoke dedicated resource which has been in place for one specific group in the East Dunbartonshire communities.

4.3 Workforce (including any significant resource implications) – The current provision of formal and informal social support opportunities for older people is via a mixed market across the Council, the private and the third sector. The officer recommended option for service delivery would result in changes to the distribution of commissioning activities across all these sectors and results in changes to the workforce needed to support day care, to be managed in line with EDC policies and procedures for EDC staff

and the relevant policies pertaining to the workforce of relevant currently commissioned services.

- 4.4** Legal Implications – Legal implications arising from the officer recommended delivery model, including the commissioning of services from the market, will be addressed via the EDC Contracts Standing Orders and relevant procurement legislation.
- 4.5** Financial Implications – The financial framework underpinning this Strategy is, aligned to the HSCP’s Medium-Term Financial Strategy (MTFS) and establishes the current and projected level of resources required to support delivery of agreed priorities over the next five years.

The budget (2022/2023) for Social Supports is £1,568,423 without Local Area Co-ordinators (LACs) or £1,636,046 with LACs, and extends across the following commitments:

- Building Based Day Care - £1,189,629
- Community Based Support - £253,048
- Third / Voluntary Sector Organisations - £125,756
- Local Area Co-ordinators - £67,623

In Year 5 of the Strategy (2028/2029), the budget requirement is projected to increase to £1.7m assuming we move to the preferred model. This is in line with inflationary and pay uplift assumptions, which may vary as the years progress. Working within this financial envelope and assumptions for future years, informed by the conclusion of the Service Review and wider considerations including: fluctuating demand and occupancy levels, demographic challenges, financial constraints, Scottish Living Wage uplifts and assessing the medium to longer term impact of Covid-19. A financial framework has been developed covering the 5 years of the Older People Social Support Strategy. In the event we remain with the status quo, the budget requirement would be £2m.

- 4.6** Procurement – See legal implications above
- 4.7** ICT – None.
- 4.8** Corporate Assets – One day care centre is currently delivered in a Council owned asset. No implications are anticipated in respect of this asset.
- 4.9** Equalities Implications – A full Equality Impact Assessment has been approved by both Equalities Officers from NHS GG&C and East Dunbartonshire Council in respect of the Strategic Vision with both Officers noting no equalities issues of concern arising from the Strategic Vision. However both instructed the HSCP to be mindful of the need to ensure any new service model resulting from the review is culturally sensitive to all users and that specific support is put in place for any service users that are likely to experience significant change to their current models of support, as well as promoting integration of communities.

Additional Equality Impact Assessments will require to be completed in respect of the officer recommended service delivery model and service specifications for the commissioned building based day care provision to ensure the needs of those from protected characteristic groups are appropriately addressed.

- 4.10** Sustainability – The demographics for East Dunbartonshire, previously reported to the Board, show that East Dunbartonshire continues to face an above average increase in older residents, particularly those 85 years and older. The Strategic Vision seeks to address ways that Older People can be identified at an earlier age to encourage uptake of and participation in local informal community groups and peer support. Research has shown that participation in community supports at an earlier stage in the person’s physical and/or mental deterioration can delay progression into formal support services. The Strategic vision seeks to address a range of models that can support older people through the time continuum of social and peer support.
- 4.11** Other – Economic – The officer recommended service delivery model and Strategic Vision supports the local labour market across registered and informal social care provision and volunteering.

5.0 MANAGEMENT OF RISK

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

- 5.1** There are some possible risks associated with building a Strategy which develops and relies heavily on community led groups with volunteer support. Any increase in risks associated with the ageing population can direct individuals to need formal support in an environment that is safe and secure. The Strategy will need to ensure that these later types of supports are targeted appropriately at those individuals who are most at risk and most vulnerable. However, without access to early intervention and prevention models of social support, there are risks associated with increased need due to exacerbation of individuals’ physical and/or mental health needs.

While the financial framework for the delivery of the strategy has been set, risks may arise as a result of as yet unknown cost increases which will have to be mitigated through the lifetime of the strategy. There is a risk that higher level needs outstrip the capacity we have within day centre provision requiring one –to –one community based support (more expensive model) or individuals will require to be on a waiting list for access to places as they become available meaning we carry more risk within our communities.

6.0 IMPACT

- 6.1 STATUTORY DUTY** – There is a statutory duty to assess and provide social care support to individuals who meet the HSCPs Eligibility Criteria under the Social Work (Scotland) Act 1968 and the Community Care and Health (Scotland) Act 2002. However, there is no statutory requirement to deliver the social care support to meet eligible social support needs in a building based provision.
- 6.2 EAST DUNBARTONSHIRE COUNCIL** – There are implications for East Dunbartonshire Council pertaining to this report relating to changes to the service delivery landscape. All of which are outlined in the Officer recommended service delivery model (Appendix 4) and will be subject to detailed engagement, with East Dunbartonshire Council.
- 6.3 NHS GREATER GLASGOW & CLYDE** – There are no implications arising from this report for NHS Greater Glasgow and Clyde.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – Direction is required for East Dunbartonshire Council.

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1: Social Support for Older People in East Dunbartonshire 5 Year Strategic Direction 2023-2028

8.2 Appendix 2: Strategy Equality Impact Assessment

8.3 Appendix 3a&3b: Officer Recommended Service Delivery Model and Financial Framework

8.4 Appendix 4: Direction

Social Support for Older People in East Dunbartonshire: 5 Year Strategic Direction 2023-28



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Section 1: Foreword

In early March 2020 older people living in East Dunbartonshire were benefitting from an abundance of informal and formal social support opportunities. Many were attending local clubs and groups, run by volunteers, taking place in a variety of settings such as Churches and Town Halls. The provision of formal Day Centres and one to one support enabled those with increased care needs to remain active members of their communities, where informal support was not appropriate.

In mid-March 2020, the world changed; we all stopped what we were doing and remained at home to fight a worldwide pandemic. Clubs and groups, Day Centres and communities were closed for the foreseeable future. Volunteers and Day Centre staff continued to support older people with doorstep visits, providing limited but extremely valuable human interaction.

It has been a long and difficult couple of years for everyone in the fight against the COVID-19 pandemic but it certainly confirmed that the majority of us are social beings, requiring human contact. Research has shown that the benefits of social support and interaction with others is wide and varied including reducing stress, alleviating anxiety and depression, reducing the risks of physical and mental health illnesses, improving memory and life longevity. Social support provides us with the opportunity to have and nurture friendships with our peers and enhances the quality of our lives. While many people turned to technology to maintain contact with the outside world, for many others, virtual means of communication did not provide that much needed interaction and social contact.

Why has East Dunbartonshire Health and Social Care Partnership (HSCP) decided to produce a five year Social Support Strategy for Older People? We want to be ambitious about the opportunities for older people in our communities; we want to rebuild the previous abundance of social opportunities that our older residents had access to and grow more of these informal supports. This Strategy comes at a time when East Dunbartonshire is experiencing a predicted increase, above average, in the number of older people living in our local communities. It is important that we provide social support opportunities at earlier stages in older people's lives to take advantage of the benefits that it provides to prevent unsustainable demand on formal supports where these can be mitigated.

Following an extensive engagement period with all stakeholders, this Strategy articulates East Dunbartonshire HSCP's vision for meeting the social support needs of older people in our communities through reduced reliance on building-based day care and promotes the enhancement of social support at all levels for our older residents over the next five years focussed in enabling and reabling older people to remain active and independent in their communities.

Caroline Sinclair
Chief Officer, East Dunbartonshire Health and Social Care Partnership

Section 2: What is our Vision?

2.1 Our Vision for Social Support for Older People

Our Vision is that older people are supported to maximise their opportunities for social interaction for as long as possible, as independently as possible. The Strategy aims to develop a continuum model of person-centred, community-led social support that encourages a feeling of connectedness to others, a feeling of being an active participant in an individual's own local community, social inclusion and equality.

This Strategy sets out our vision for the future of informal and formal social support, developing more flexible, responsive and sustainable models tailored to the needs of older people and their communities. This vision sees a reduction on our use of formal building based day care in favour of more informal and community led support options tailored to the aspirations of local older people and their carers.

Prior to the onset of the COVID-19 pandemic in March 2020, the HSCP had plans to undertake a full strategic review of social support for older people living in East Dunbartonshire. Due to the pandemic the HSCP's plans for this review were placed on hold. As we move out of the pandemic, as local community assets and day centres restart and re-invigorate their memberships, the HSCP have, in partnership with all sectors, recommenced the development of this five year Strategy with a view to learning the lessons experienced during the pandemic and focusing on re-building both informal and formal social supports for older people.

2.2 Strategic Objectives

The objectives of the Strategy are to:

- review how we deliver and meet personalised outcomes for older people living in East Dunbartonshire;
- Develop a continuum model of person-centred, community-led social support opportunities for older people;
- Deliver formal social support opportunities for those older people who are most vulnerable in respect of physical and/or mental health, in two locality focussed centres in the East and West of East Dunbartonshire.

The HSCP intends to achieve those objectives by:

- Articulating a tiered approach to the delivery of informal social support and when applicable, formal services, in line with agreed eligibility criteria.
- Developing a range of information/advice/guidance about the informal and formal social support opportunities available within local communities.
- Exploring ways to deliver, in partnership with all stakeholders, social opportunities at different times of the day including weekends.

- Developing a range of social support opportunities delivered by third sector organisations across East Dunbartonshire, to create opportunities for the development of innovative, and creative social opportunities through the growth of local groups with communal interests.
- Producing a consistent eligibility criteria, in line with the HSCP's Fair Access to Community Policy, for older people whose critical needs require a formal social support service.

2.3 Links to East Dunbartonshire HSCP Strategic Plan 2022 – 2025

This Strategy is designed to take forward key objectives that are set out in the East Dunbartonshire HSCP Strategic Plan 2022 – 2025. In particular it aligns to the HSCP's strategic priorities and enablers:

- Empowering People;
- Empowering Communities;
- Prevention and Early Intervention;
- Supporting carers and families;
- Improving mental health and recovery;
- Post-pandemic renewal, and;
- Collaborative commissioning and whole system working.

The actions that are set out in this older people's social support strategy will be taken forward as part of the overall implementation of the HSCP Strategic Plan.

2.4 Guiding Principles

2.4.1 Ethical Commissioning

As we progress the development and delivery of formal and informal social supports to older people in East Dunbartonshire in partnership we will adhere to the principles of Ethical Commissioning whenever we engage providers to deliver services and supports on behalf of the HSCP. Ethical Commissioning goes beyond price and cost and provides the bedrock for a fairer, rights based, improved social care support system, underpinned by a relentless focus on quality, terms and conditions of the workforce, and, provider investment in staff training, support and working environment. Inevitably, this will drive up standards and improve outcomes for people using services as well as improving staff experience. As our shift in commissioning progresses, Ethical Commissioning and fair work practice will form the cornerstone of all future contractual relationships, with a view to ensuring the commissioned workforce is engaged, valued, rewarded and supported. In return, this approach will yield a more robust, sustainable, high quality and high performing market.

2.4.2 Collaborative Commissioning

Building on current practice, anchored by the recommendations in the Feeley Report, and in line with the HSCP Strategic Plan 2022 – 2025, the HSCP plans to maximise opportunities for Collaborative Commissioning with the aim of improving services, outcomes, processes and efficiency.

Collaborative Commissioning essentially requires a “paradigm shift” from the traditional commissioner / provider role to one of a more joined up, integrated approach. The key aim of Collaborative Commissioning is to achieve better outcomes for people using services and improve the experience for staff delivering them. Wider benefits include pooling of knowledge and expertise to draw upon, foster innovation, reduce and/or mitigate known service risks and engage more productively with people who have lived experience, carers, local communities, providers and other professionals. Collaborative Commissioning requires this level of engagement and participation at all levels of commissioning from the strategic planning end of the spectrum through to any procurement of individual services and supports. This approach will however require providers to be more open and transparent around areas such as standards, quality, staff wellbeing and costs.

The HSCP is keen to learn, and better understand, the benefits of relatively new and un-tested commissioning models such as, Public Social Partnerships (PSP’s) and Alliancing and subsequently, is proposing, in partnership with key stakeholders, to explore these models further, with the dual aim of developing new and sustainable models of social support for older people, whilst strengthening the collaborative approach. How we move forward with the delivery of social supports for older people, in line with this Strategy, will be underpinned by a collaborative commissioning approach.

Section 3: Why do we need to change?

3.1 The Case for Change, Current and Future Challenges

While formal day care settings have an important role to play in supporting those individuals who are most at risk due to physical and/or mental wellbeing challenges to maintain contact in their communities, it is important that we encourage older people to adopt and/or maintain socialisation at an earlier stage in their life journey through interaction and peer support offered at informal social settings within their local community.

East Dunbartonshire experiences a higher than average number of older people living in good physical health in our local communities. This is a real positive, to be celebrated. However, demographics show an increase in the number of older people remaining in the community with increased physical frailty resulting in subsequent increases in demand. It is imperative that we start the journey of social integration and peer support at the earliest stage in the older person’s life in order to enjoy the benefits that brings both physically and mentally, and delays the need to move from informal to formal social support. The HSCP aspires to develop pathways which connect the wider social support journey that older people take through the provision of informal and formal opportunities available. Building-based Day Care can provide a short-term input to support an individual through a period of rehabilitation and confidence building until they are able to reintegrate to the wider community setting, as well as provide care on a longer term basis in line with assessed need.

The HSCP is committed to ensuring a more sustainable continuum of care with its partners and communities. To meet anticipated increased demand we recognise the importance of encouraging older people to remain active in their communities, maintaining contact with their peers, and aim to challenge the view that social support can only be provided in formal building based services.

When older people transition too early to formal support models can result in a loss of skills, confidence, interests and independence, resulting in the individual becoming dependent upon formal care too soon in their pathway. As well as the negative impacts for older people becoming over-dependent on formal care too early, there are financial implications too. There continue to be constraints on the public purse and in order to ensure that formal support is targeted to those individuals who are most vulnerable, physically and/or mentally, investment needs to be targeted towards the provision of early intervention and preventative support led by the community. This can only be achieved in partnership with the third and independent sector, and with local people themselves.

The Strategic Needs Analysis for this Strategy, Appendix 1, articulates why change is needed both from a strategic perspective but to also better meet outcomes and policy direction, and achieve best value for the public purse. There is an under-utilisation of the current available service-base across our three Day Centres. Whilst interim commissioning has been undertaken for 2022/23 and 2023/24 to ensure continuity of service, there is a need for change to ensure that future provision is better matched to forecasted need, in the content of the refreshed strategic direction set out in this Strategy.

3.2 Policy and Research

There is a plethora of policy, which you can read more about in Appendix 2 that directs us towards the intentions described in this Strategy. In addition much has been written about the benefits of social support and the impacts on people's physical and mental wellbeing if they experience social isolation, more so this has recently been highlighted and exacerbated by the pandemic.

All the research shows that social isolation can have adverse effects on an individual's health and wellbeing, both physically and mentally. Studies have shown that those individuals who participate in social activities with others identified benefits not only for themselves but also for their carers.

NHS 'Loneliness in Older People' <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/loneliness-in-older-people/> highlights that older people find it hard to reach out to others when they experience loneliness and are reluctant to ask for help.

Age Scotland 'Tackling Loneliness' <https://www.ageuk.org.uk/scotland/what-we-do/tackling-loneliness/#> describes loneliness as a "public health crisis" highlighting that it can lead to stress, anxiety and depression and can contribute to an individual's risk of getting dementia. The organisation states that

loneliness can impact physical health similar to a person smoking 15 cigarettes per day.

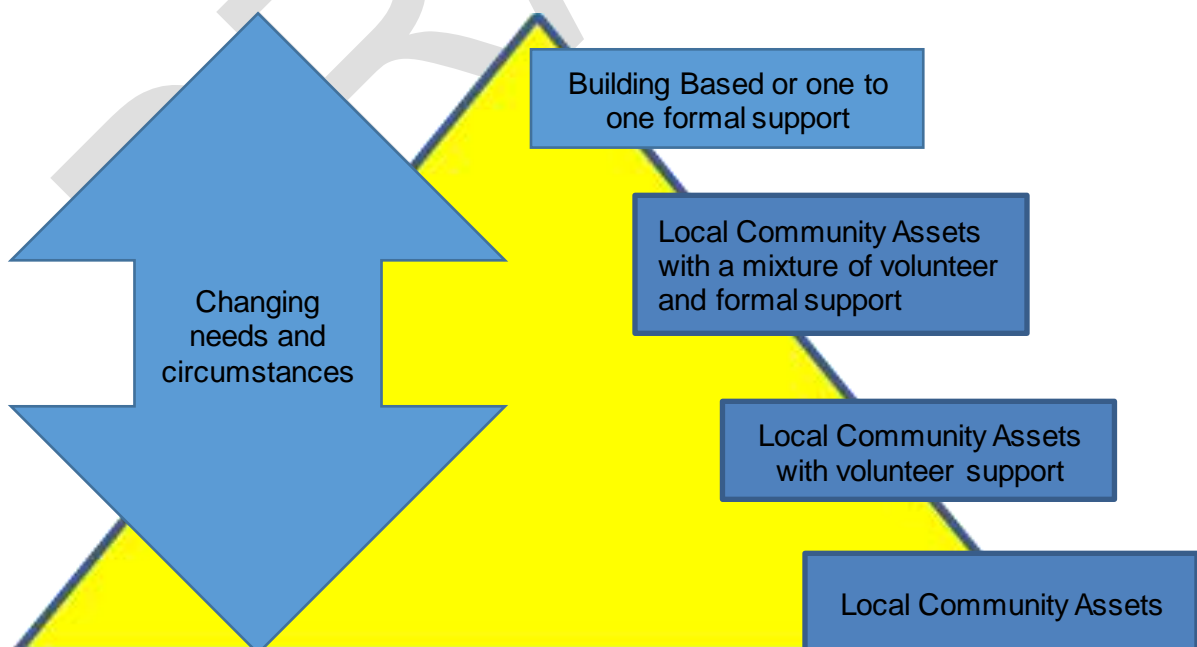
The published impacts of social isolation on older people’s physical and mental wellbeing underpin the need for this Strategy. The HSCP want to deliver informal and, where eligible, formal social support in a socially inclusive way with our third sector partners.

Older people in our community should, where possible, be encouraged and supported to enjoy the same opportunities as other citizens with active participation in community clubs, groups, networks and organisations.

Section 4: What does change look like?

4.1 The Tiered Approach and Road Map

The diagram and appendixes below demonstrate that the larger proportion of our local older people do not require to access formal social support and that their needs and outcomes would be best met in informal settings. However, it also demonstrates the need for a fluid approach to the delivery of social support across the continuum. We want to support people flexibly to experience that continuum so that people can access the right type of support that best meets their needs, focussed at all times on enabling and reabling people to maintain or regain their independence to be active in their communities for as long as possible.



Appendix 1a. Social Support for Older People: Tiered Approach (available in the accompanying Appendixes document).

Appendix 1b. Social Support for Older People: Road Map (available in the accompanying Appendices document).

Section 5: What do we know about demand and current provision of Social Support?

5.1 Demand

During 2021/22 there were 214 referrals for social support for older people. As at 31st March 2022 the total number of centre based day care places available, for older people, in East Dunbartonshire was 360 places. The total number of service users attending centre-based day care was 190 accessing a total number of 253 places. The figures for 2021/22 show an under-utilisation of the total places available. This was, in part, as a result of reduced numbers related to social distancing requirements. However, as at 31st March 2022, there was no waiting list for placement at any of the three Day Centres. As at 31st March 2022, there were 49 customers who could not attend a day centre building or had chosen alternative types of formal social support.

5.2 Financial Framework

The financial framework underpinning this Strategy is, aligned to the HSCP's Medium-Term Financial Strategy (MTFS) and establishes the current and projected level of resources required to support delivery of agreed priorities over the next five years.

The budget (2022/2023) for Social Supports is £1,506,436m, and extends across the following commitments:

- Building Based Day Care - £1,052,207 million
- Community Based Support - £253,047
- Third / Voluntary Sector Organisations - £125,745
- Local Area Co-ordinators - £75,437

In Year 5 of the Strategy (2027/2028), the budget is, projected to increase to £1.6m - in line with inflationary uplifts.

5.3 Market Oversight

The Older People's social support market offers a diverse range of providers and support services spanning all sectors including third/voluntary, independent and private sectors, augmented by the HSCP's in-house Local Area Co-ordinator (LACs) and day care provision, collectively known as a "mixed economy" market. The market includes a variety of commissioned and non-commissioned service delivery models, including centre-based day care, alternative to day care and support, voluntary support and group services, providing a combination of informal and formal social support across the authority

The full detail of current demand for older peoples' social support, current delivery arrangements and the existing financial framework is contained in the Strategic Needs Assessment at Appendix 1

Section 6: What do we mean by Social Support?

6.1 What is Social Support?

'Social Support' can mean different things to different people. People have different amounts of assets such as family, friends, and circles of support but everyone benefits from some kind of social support in their lives. It can mean having friends, family or peer support. It provides opportunities to have others to turn to in times of need or crisis. Social support can enhance one's quality of life.

Social support can mean being part of a social network which offers companionship but social support can be emotional, offering physical comfort, a listening ear or providing empathy. It can be informational in its delivery, sharing similar issues, giving and sharing information, offering advice. It can also be about shared interests, strengthening your own and others skills, sharing those skills with others, providing mentoring and teaching opportunities to others and opportunities to learn new skills.

Both informal and formal social support opportunities provide mental and physical stimulation, feelings of independence, rehabilitation and can be the lynch pin that helps an older person remain living in their own home in their own community.

6.2 How can you improve your social support opportunities?

There are lots of ways that people can improve their social support opportunities and there are various organisations that can provide you with information and advice.

Individuals can improve their own social support opportunities by:

- Exploring the use of technology;
- Following your interests;
- Being pro-active, seeking out people or groups;
- Getting together a group of like-minded people with similar interests;
- Improving your own strengths or skills.

6.3 Informal Social Support and Community Assets

The main aim of 'informal social support' is to provide person-centred, community-led social support that encourages social inclusion and equality. They provide informal opportunities for socialisation and activity based support to people who are relatively independent. Emphasis of informal support should be on building natural communities and community opportunities.

Informal 'social support' is seen as early intervention and preventative opportunities to support people to maintain social contact, thereby reducing isolation and loneliness. It can assist individuals to maintain their independence while also promoting health and wellbeing opportunities. Informal social opportunities can be more flexibly tailored to the needs and interests of the individual.

These types of support, often referred to as Community Assets, are owned by the community; managed by community organisations and provide a wide spectrum of activities and events held in a variety of settings which could include community centres, sport centres, libraries, churches etc. Assets are developed to create strong, vibrant and resilient communities. They are people-led, strengths based and help to keep communities connected while promoting health and wellbeing. They could be run by local community groups, voluntary organisations, and church groups to name but a few. These types of activities are aimed at older people who have lower level support needs that do not meet the HSCP's Eligibility Criteria. These activities can be accessed independently by older people, or from referral via the Local Area Co-ordination Service or our third sector partners.

The outcomes derived from informal social support include:

- social contact and stimulation, reducing isolation and loneliness;
- opportunities for older people to increase their confidence and maintain their independence;
- opportunities for older people to remain active citizens within their communities;
- Increased mental wellbeing and improved physical health;
- achievement of older people's goals and aspirations;
- opportunities to participate in activities;
- Improved wellbeing through physical and mental stimulation.

6.4 Local Area Co-ordination for Older People

East Dunbartonshire HSCP introduced a new role of Local Area Co-ordinators in March 2019 to specifically work with older people. Part of the role was to work with individuals exploring whether community supports could meet the person's needs or whether more formal social supports were required. The Local Area Co-ordinators were also tasked with building up a strong understanding of the challenges being faced by older people and their carers.

The Local Area Co-ordinators are committed to enhancing the lives of older people and support capacity building at an individual, family and community level. Local Area Co-ordinators identify, connect, develop and lead strong partnership working with local communities, fostering links with voluntary organisations, statutory agencies and other stakeholders to improve connections and develop pathways within local communities.

The Local Area Co-ordinators will work alongside individuals, using an enabling approach to support the person to engage with community resources. Where

appropriate, they will also signpost or refer the individual to other services. The aim of local area co-ordination is to ensure that older people receive early intervention and preventative support in order to support the person's independence within the community.

They will support the older person to identify issues that affect their ability to live well and will work with individuals to help them access services that would best meet their needs. Local Area Co-ordination focuses on moving away from a reliance on formal social support to the use of local community assets. Local Area Co-ordinators can help the person become connected into the community using local informal community resources benefiting those older people who are socially isolated and lonely.

Where an older person does not meet the eligibility criteria for formal social support, the Local Area Co-ordinator will help to identify suitable local resources and assets and connect the person to their community. This involves the Local Area Co-ordinators developing strong partnership working with local communities groups and third sector organisations. The Local Area Co-ordinator helps the older person to identify issues that affects their ability to live well and works with that individual to help them access community assets that would best meet their needs.

An example of an older person being supported to access a local community asset for social support can be found at Appendix 3.

6.5 East Dunbartonshire Community Assets Map

East Dunbartonshire HSCP has a 'Community Assets' Map which is hosted and administrated by our third sector partners. The Community Assets Map provides details of local clubs and groups that can be accessed directly by individuals. The Asset Map provides contact details for each 'asset' and is arranged geographically to allow easy identification for local community groups.

The Community Asset Map can be found at <https://www.eastdunassets.org.uk/>

If you would like more information about local community assets for older people you can contact the Local Area Co-ordination Team:

<https://www.eastdunbarton.gov.uk/health-and-social-care/services-adults-and-older-people/local-area-co-ordination-older-people>

6.6 Formal Social Support

The term 'formal day services' covers a range of services and activities, catered to support individuals who have a range of health and social care needs. Those needs cannot be met in an informal social environment and under the HSCP's eligibility criteria meet the critical or substantial level to require the need for formal support.

Formal social support provides highly specialised support through purpose designed services for people with high care needs. These types of services are delivered in either building-based centres or provided through one to one day opportunities support and are dedicated to people whose needs are specialised.

Formal 'social support' for those individuals with increased personal care and safety needs, can provide the benefits of informal support but in an environment where access to social care support staff can meet those individual needs. In many cases this also provides an indirect and important benefit for the carers. Formal social opportunities can provide more intensive support but may be less flexible where one service/centre is required to meet the needs and interests for a group of individuals attending each session.

What do we mean by 'Centre Based Day Care'?

Centre based day care primarily provides care and support to individuals in a group within a building-based setting. It also augments the provision of personal care with opportunities to socially interact and take part in activities with peers. This type of service is designed for older people who have a range of complex care and support needs and service users who are not able due to frailty or disability/illness to access community assets with or without support. Older people accessing this type of service will have been assessed as having needs and outcomes that meet East Dunbartonshire HSCP's Eligibility Criteria.

What do we mean by 'Social Support Opportunities'?

Social support opportunities can provide older people with support on a one to one basis which can help them to access social and recreational activities within the community. This could include attending sessions at a local leisure centre; attending local clubs or supporting the older person to meet up with friends in a social setting. This type of support is designed for older people who have a range of complex care and support needs and who are not able due to frailty or disability/illness, to access community assets without one to one personal social care support. Older people accessing this type of service will have been assessed as having needs and outcomes that meet the HSCP's Eligibility Criteria.

The outcomes of formal social support include:

- To support older people at risk of institutionalisation, who have a variety of disabilities/illnesses to remain independent in their own homes;
- To enhance quality of life for older people at risk of institutionalisation;
- To provide help to older people at risk of institutionalisation to have access to personal care support while attending a social support activity;
- To encourage older people at risk of institutionalisation to socialise whilst receiving supervision and support;
- To help older people at risk of institutionalisation to avoid social isolation;
- To help older people at risk of institutionalisation to increase their mental wellbeing and improve their physical health;

- To support carers to enable them to continue in their caring role;
- To support older people at risk of institutionalisation to achieve their goals and aspirations;
- To support older people at risk of institutionalisation to participate in activities and social stimulation;
- Promote a safe, non-threatening and secure environment;
- Improve wellbeing through physical and mental stimulation;
- Preventing deterioration in physical and mental health through the provision of monitoring and supervision.

An example of an individual service user being supported to access formal social support can be found at Appendix 3.

6.7 Transport

Access to transportation can help older people to attend local groups and clubs. Transportation can reduce social isolation and it is important to an older person's quality of life, encourages a sense of freedom and helps to maintain independence.

Transport to social support opportunities can be provided in a variety of ways.

For those eligible customers attending formal day centre support, the centre provides access to those customers who are unable to access their own transport. This is usually in the form of a bus which transports a number of people at the same time to the Centre.

For those individuals who are accessing local community assets there are a number of different transportation methods that can be considered and explored with you:

- Private car or taxi
- My Bus
- Volunteer Driver Projects

Section 7: What have local people and our partners told us about our vision and case for change?

7.1 Engagement Process

During the period 1st July to 31st October 2021, the HSCP undertook a period of engagement with all stakeholders. This was via a survey, which was available in a number of different communication methods. The survey asked participants a variety of questions about aspirations for the future of social support for older people. This stakeholder engagement provided the HSCP with an opportunity to develop potential options for designing the way forward for informal and formal social support for older people.

Social Work practitioners also, during this same period, asked newly assessed, and eligible service users, about their preferences in relation to the delivery of formal social support and why these options were important.

7.2 Analysis

The majority of the survey responses were elicited from current service users and their families / unpaid carers. The highlights of the analysis included:

- Older people want to feel safe and connected to their communities;
- Older people want to meet and make new friends and take part in activities that promote their health and wellbeing;
- Older people missed seeing their families and friends, and being part of their local communities during the pandemic period;
- Older people and other stakeholders state that it is important that local community assets have access to funding, volunteers, and transport;
- The majority of older people and their families want to attend social support opportunities during the day.

Most of the respondents stated that the HSCP's strategic vision for social support for older people should focus on:

- Providing building based day care focussed on supporting those older people who are most vulnerable and at risk;

And

- Focus on supporting older people to remain connected to their communities through opportunities to attend local community groups and clubs.

A more detailed breakdown of the analysis is located in Appendix 1: Strategic Needs Analysis.

7.3 Engagement Outcomes

Following the engagement with key stakeholders (July to October 2021) and the analysis of the feedback, the HSCP was able to explore how to deliver on our vision for social support for older people in East Dunbartonshire. Three options were considered and subject to initial high level options appraisal. The details of the 'Options Appraisal' and approach can be located in Appendix 4: Strategic Needs Analysis.

The options considered for delivering on our vision for social supports for older people were as follows:

Option 1:

- The provision of three formal Day Centres for Older People, as per existing provision;
- In partnership with third sector partners, promoting and supporting existing community led support assets;
- In partnership with third sector partners, promoting and support the development of new community led support assets, exploring funding opportunities to aid establishment.

Option 2:

- The provision of two formal Day Centres for Older People, one in the West locality and another in the East locality, with opportunities for outreach support;
- Establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality;
- Employment of a development worker for one year to support the BAME community to develop locally based peer support groups;
- In partnership with third sector partners, promoting and supporting existing community led support assets;
- In partnership with third sector partners, establishing an annual grant fund to support the development and establishment of new community led assets, whilst providing support to explore funding opportunities to aid sustainment.

Option 3:

- The provision of one large formal Day Centre for Older People;
- Establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality;
- Employment of a development worker for one year to support the BAME community to develop locally based peer support groups;
- In partnership with third sector partners, promoting and supporting existing community led support assets;
- In partnership with third sector partners, establishing an annual grant fund to support the development and establishment of new community led assets, whilst providing support to explore funding opportunities to aid sustainment.

Following key stakeholders engagement sessions, during March to May 2022, it was determined that the HSCP, should adopt Option 2 as the preferred option to deliver on our vision for social support for older people:

- The provision of **two** formal building based Day Centres for Older People, one in the West locality and another in the East locality, with opportunities for outreach support – reducing from the current three centres;
- The establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality – refreshing current arrangements with community led support resources;
- Employment of a development worker for one year to support the BAME community to develop locally based peer support groups for older people – in recognition of the specific needs of one cohort of current service users, and in recognition of the existence currently of a specialist resource for this group;
- In partnership with third sector stakeholders, promote and support existing community led support assets;
- In partnership with third sector stakeholders, establish an annual grant fund to support the development and establishment of new older people community led assets, whilst providing support to explore funding opportunities to aid sustainment.

The actions associated with implementing this option will be developed in greater detail in the Commissioning Delivery Plan and/or Service Development Plan which will be an operational document to deliver on this Strategy and which will be developed in partnership with trades unions, providers, and partners and subject to the governance processes of the IJB and East Dunbartonshire Council. The ensuing Plan will be delivered as part of the HSCP's Annual Delivery Plan.

7.4 Equality Impact Assessment

An Equality Impact Assessment (EIA) was undertaken in respect of the implementation of the Social Support for Older People Strategy. An EIA is a tool used by public organisations to ensure that equality, social inclusion and community cohesion issues are considered when developing or reviewing strategies and policies which affect the delivery of services.

The EIA is a systematic and evidence-based tool, which enables us to consider the likely impact of the Strategy on different groups of people. Completion of equality impact assessments is a legal requirement under race, disability and gender equality legislation.

The EIA confirms that the 'Social Support for Older People' Strategy recognises that the models of social support will need to support all individuals to achieve cultural integration and social contact by facilitating natural community connections. Formal social support will only be accessed by individuals whose assessed need meets eligibility criteria.

Consultation with the Equalities Officers at Greater Glasgow and Clyde Health Board and East Dunbartonshire Council, in support of the HSCP, concluded that while stakeholders have requested that members of the same faith and religion are housed together in the Day Centre, the HSCP has a legal requirement to promote inclusivity and integration amongst all of the older people communities.

Section 8: Other Formats and Translations

If you would like additional information or clarification on the content of this Strategy please contact:

East Dunbartonshire Health and Social Care Partnership
Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF
Tel: 0141 777 3000
Email: customerservices@eastdunbarton.gov.uk

Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please email the Council's Communications Team at corpcommunications@eastdunbarton.gov.uk or call on 0300 123 4510.

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

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

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

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

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

Please contact the Council's Corporate Communications Team at:

East Dunbartonshire Council
Southbank Marina
12 Strathkelvin Place
Kirkintilloch
G66 1TJ
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Social Support for Older People in ED – Appendices

Appendix 1: Strategic Needs Analysis

Appendix 2: Policy and Research

Appendix 3: Examples of delivery of formal and informal social support – case studies

Appendix 4: Engagement Analysis

Appendix 5: Options Appraisal Analysis

Appendix 6: Glossary



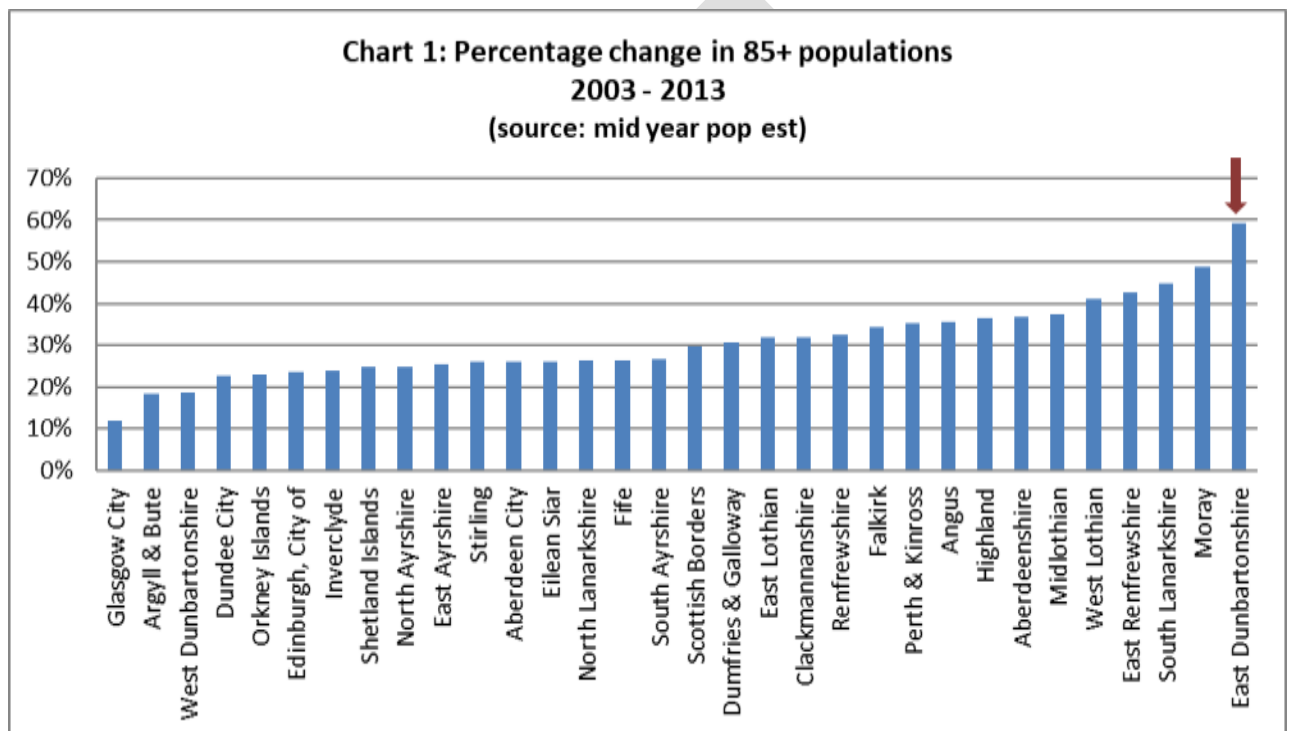
Appendix 1: Strategic Needs Analysis

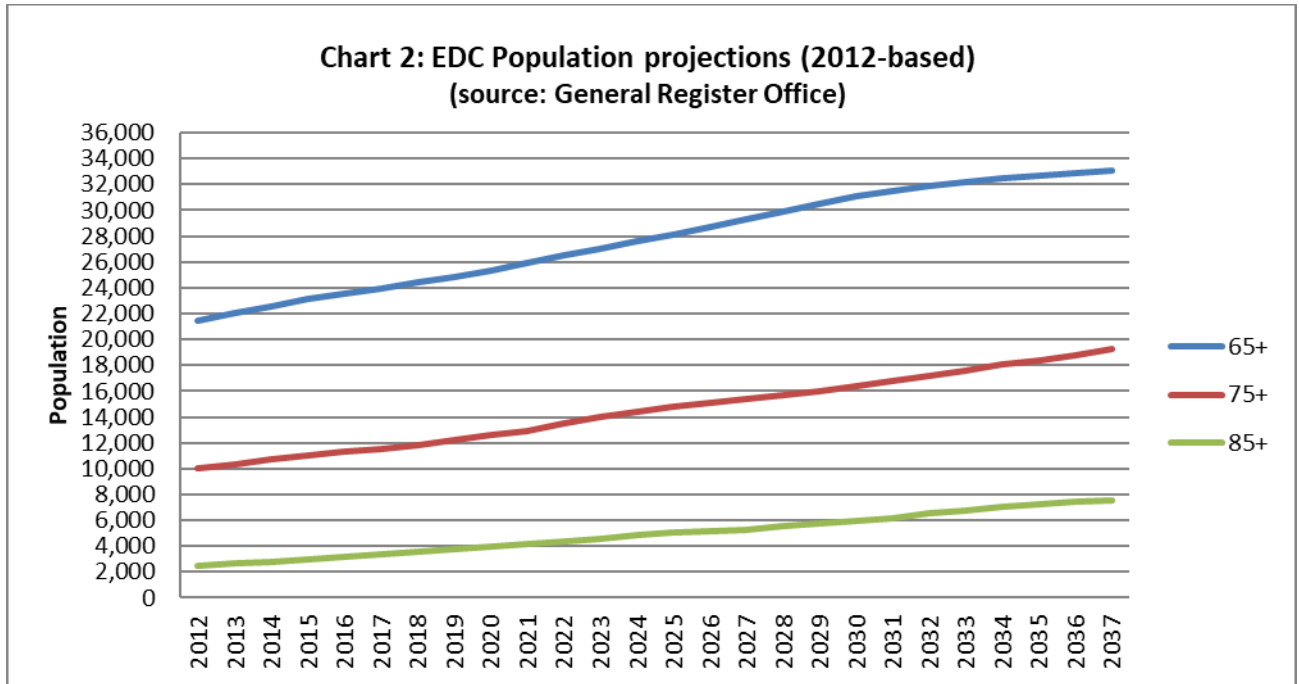
1.1 Local Demographics

East Dunbartonshire has witnessed the fastest growing increase in people aged 85 years + (59%) of any local authority area in Scotland over the last ten years.

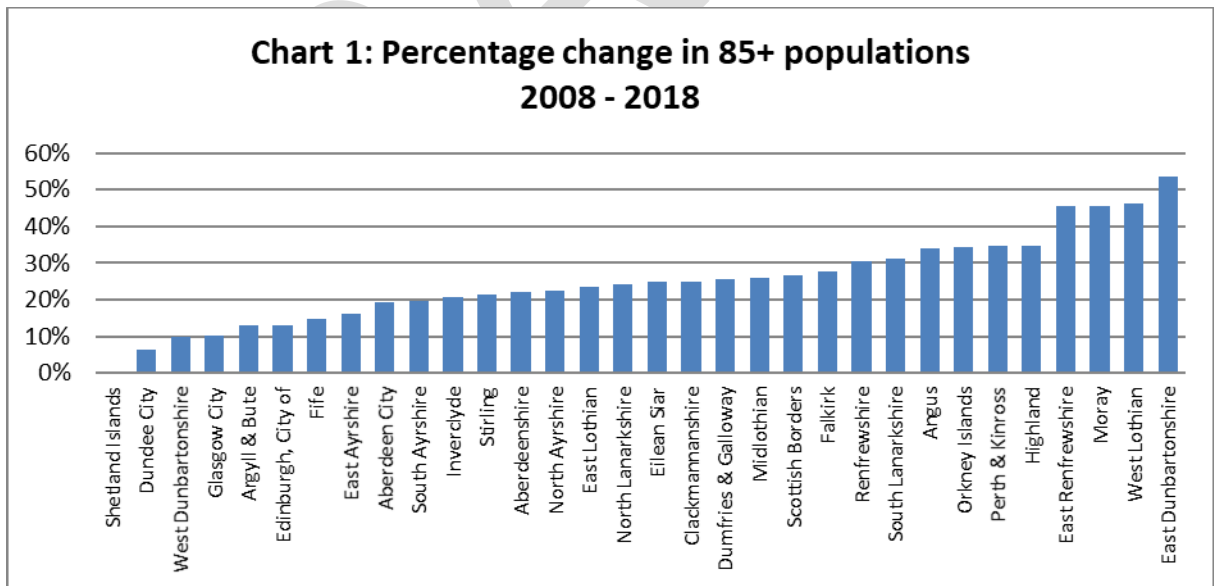
Future projections demonstrate that this growth in older people in our community will accelerate over the next ten years by a further 74%, compared to a Scottish average of 46%.

Looking even further ahead, the population of people 85 years + in East Dunbartonshire is expected to treble over the next 25 years (source: GRO population projections).

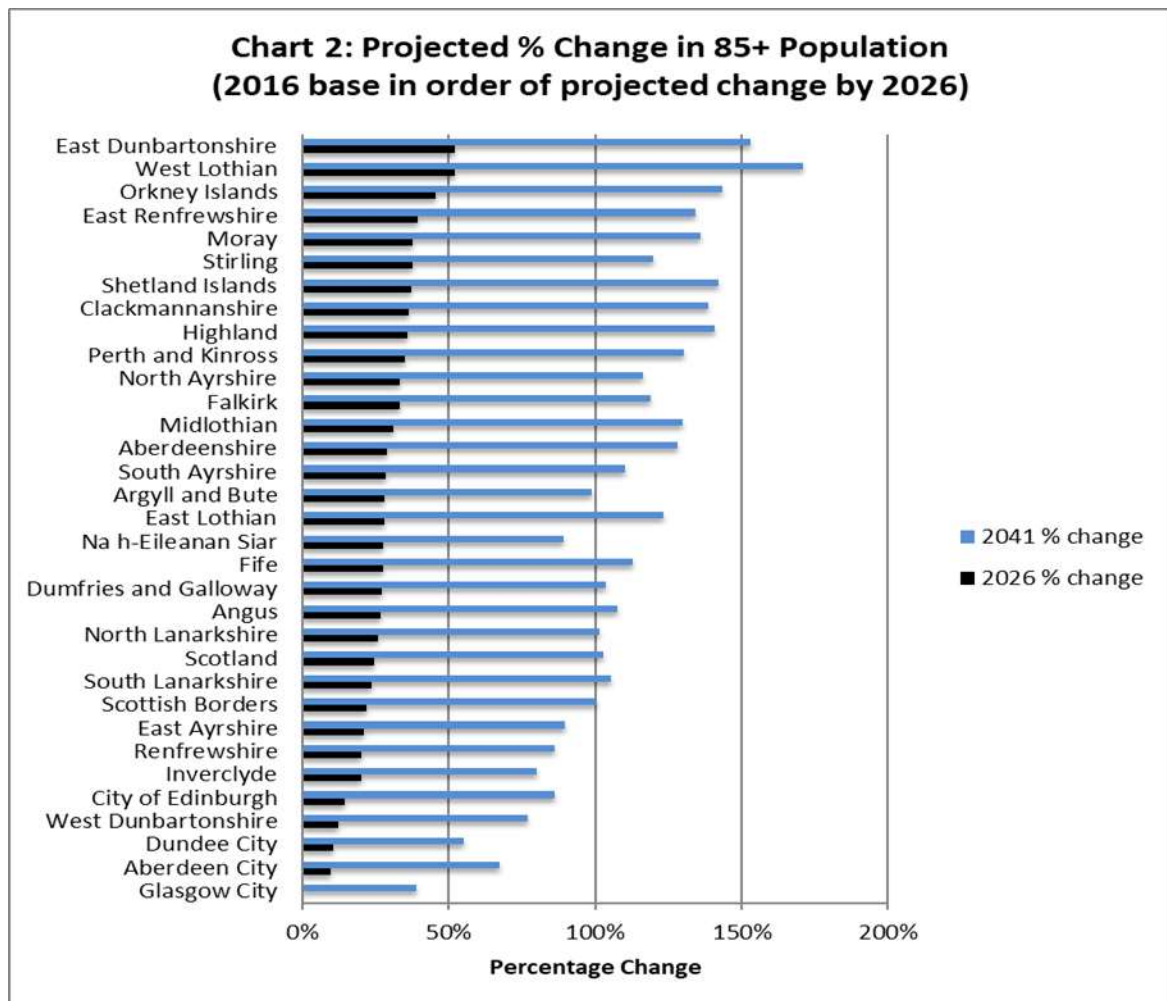




The chart below shows the change in the 85 years + population for East Dunbartonshire over the past 10 years, compared to all other HSCP areas in Scotland. In common with the demographic statistics produced in 2014, this demonstrates that East Dunbartonshire has continued to experience the largest increase in this population (by 54%).



The next chart demonstrates that in the 10 years from 2016-2026, the East Dunbartonshire 85 years + population is projected to continue to rise faster than any other HSCP area (by 52%). Looking ahead to 2041, the 85 years + population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.



Looking ahead to the next 10 years, further increases are predicted to mirror the increases over the last 10 years, resulting in a doubling of demand over the total period. It is important to stress that this only takes account of service users over age 85 years; almost as many service users receive services between the ages of 75 years and 85 years, as receive services beyond the age of 85 years.

Key factors to consider regarding the demographics contributing to the increase in the number of older people in East Dunbartonshire:

- Longer life expectancy resulting not only in more older people, but an increasing prevalence of people surviving beyond age 85 years, with correspondingly higher prevalence of limiting illnesses;
- With increased age comes increased complexity of care needs and associated costs;
- The majority of health and social care services are delivered to those aged 75 years +. In 2012-13, 68% of home care customers were aged over 75 years, with most of these aged over 85 years;
- Most of these statistics in this section relate to the 85 years + population, due to the intensive nature of the care often provided from this age

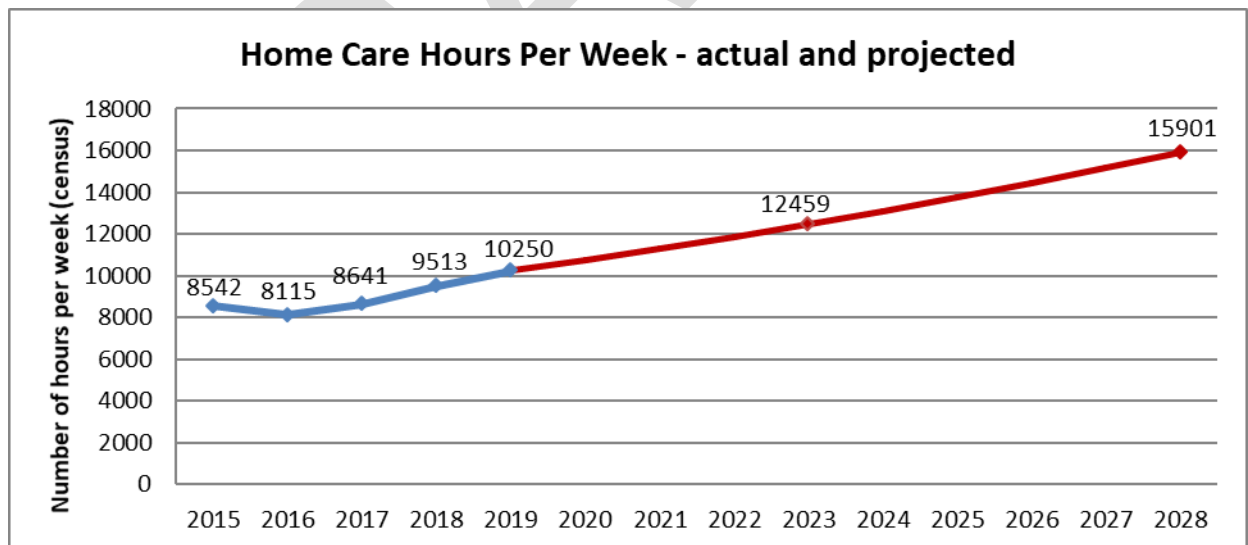
upwards. However, it is important to note that almost as many service users receive services between the ages of 75 years and 85 years as receive services beyond the age of 85 years;

- Community Care policy promotes community-based care, which in the main means care at home, or in a homely place in the community (including care homes). Day Centres or places to provide support in a safe and secure environment are considered an important aspect in supporting individuals to remain in the community.

East Dunbartonshire has felt the impact of these increasing numbers of older people and the associated pressures, perhaps more acutely than other areas in Scotland, and this trend is expected to accelerate.

1.2 Demographics v Service Demand

During 2015 – 2019, the number of customers receiving home care aged 65+ increased by 26%. Looking ahead to the next ten years, with continued increases in older people and most particularly the 85+ population expected to rise at a rate higher than any other Scottish local authority area, it is projected that East Dunbartonshire will experience a continued 5% year-on-year increase in home care demand. This has a direct correlation with referrals for formal day care or day opportunities support. Current eligibility for attending day care is that customers are in receipt of support of a personal care nature either from home care services or family.



Between 2003 and 2013, East Dunbartonshire experienced the fastest growing increase in people aged 85+ of any local authority in Scotland (from 1,672 to 2,660: an increase of 59%), with steepening future projections

(East Dunbartonshire HSCP: Demand Older People, 2019)

The majority of social care services were delivered to people aged over 75 years; around 70% of home care customers were over 75 years, with the majority of these customers aged 85 years +.

- With approximately 40% of people 85 years+ in receipt of at least one social care service in the community in 2014 (including the meals on wheels service), based on population projections at that time it was estimated that population changes would equate to up to 81 additional service users per year age 85 years+.
- The predicted rise in the population of people aged 85 years + in East Dunbartonshire has come to pass, with consequential pressure on services and resources. In the period 2008-2018, East Dunbartonshire has continued to experience the largest national increase in the 85 years + population from 2,086 in 2008 to 3203 in 2018.
- From 2016-2026, the 85 years + population is projected to continue to rise faster than any other HSCP area by 52% to 4,567. Looking ahead to 2041, the 85 years + population will continue to rise faster than all HSCP areas to 7,582 (an increase of 153% from 2016), with the exception of West Lothian (p20).
- Analysis of the Burden of Disease study indicates that years of life lost to disability and premature mortality in East Dunbartonshire is the second lowest in Scotland.
(<https://www.scotpho.org.uk/comparative-health/burden-of-disease/sbod-local-2016/>);
- Care at home demand (hours of service) has increased by 5% per year between 2015 and 2019, exactly in line with the increase in 85 years + population. Of 1,335 home care customers per week over the age of 65 years, 639 are aged over 85 years (48%), constituting 20% of our 85 years + population.
- With the direct relationship between demographic changes and cost pressures demonstrated in these areas, it can be reasonably anticipated that we will see continued 5% year-on-year increases in demand, reflecting population projections for the 85 years + age-group.
- These pressures are found to be exceptionally the case in East Dunbartonshire, which has experienced the steepest increases in the 85 years + population in the country over the past 10 years and will continue to be the steepest over the next 10 years. The analyses indicate therefore that the demand and cost challenges are going to continue to increase exponentially over the next 10 years and beyond.

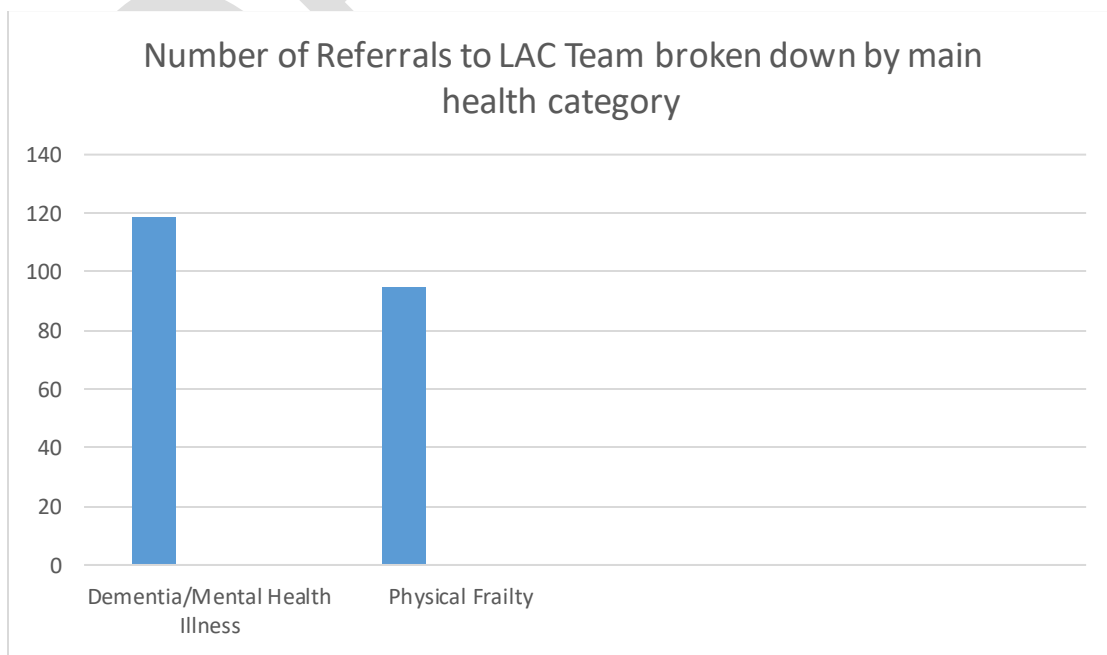
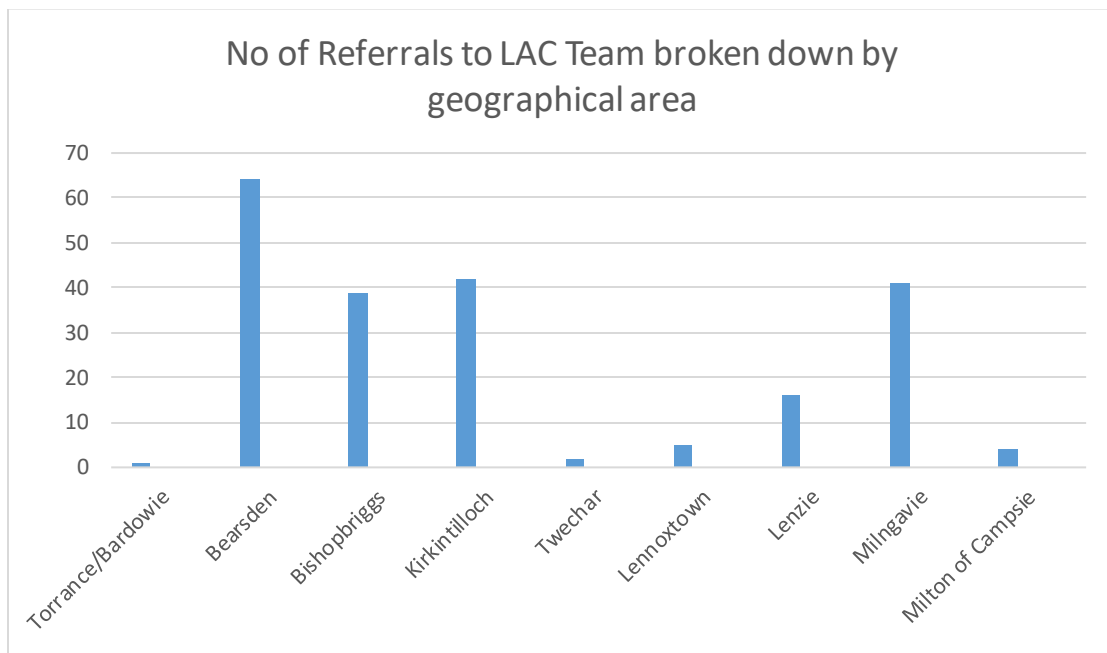
(East Dunbartonshire HSCP: Older People Demand Supplementary Report 2019)

1.3 Overview of Referrals and Provision

The statistical data for each type of formal social support is correct as 31st March 2022.

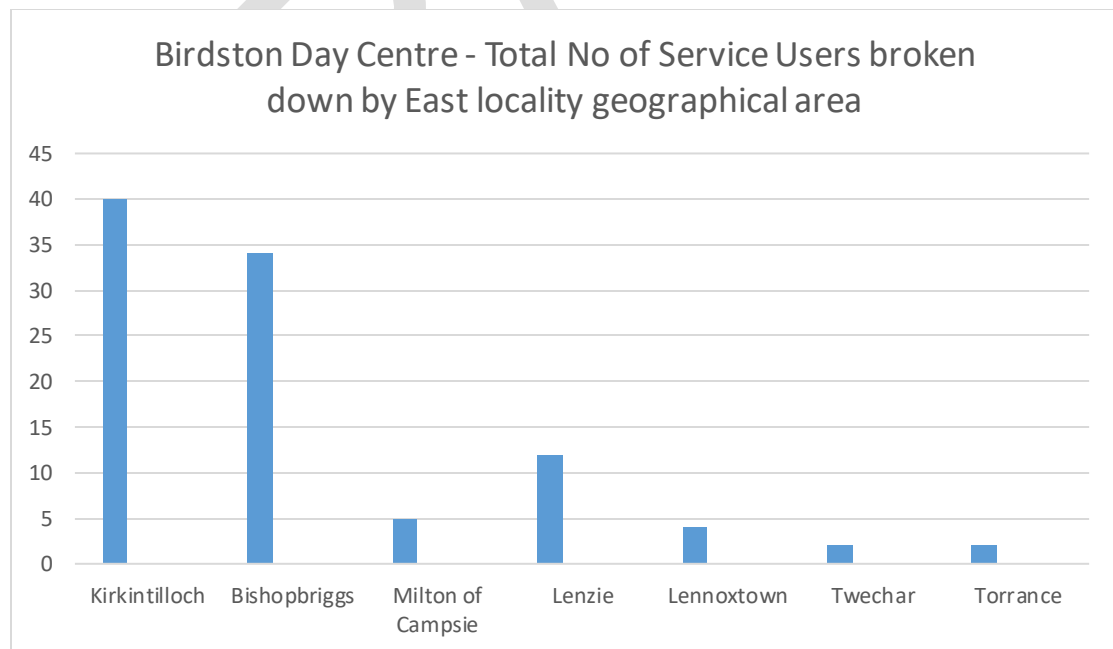
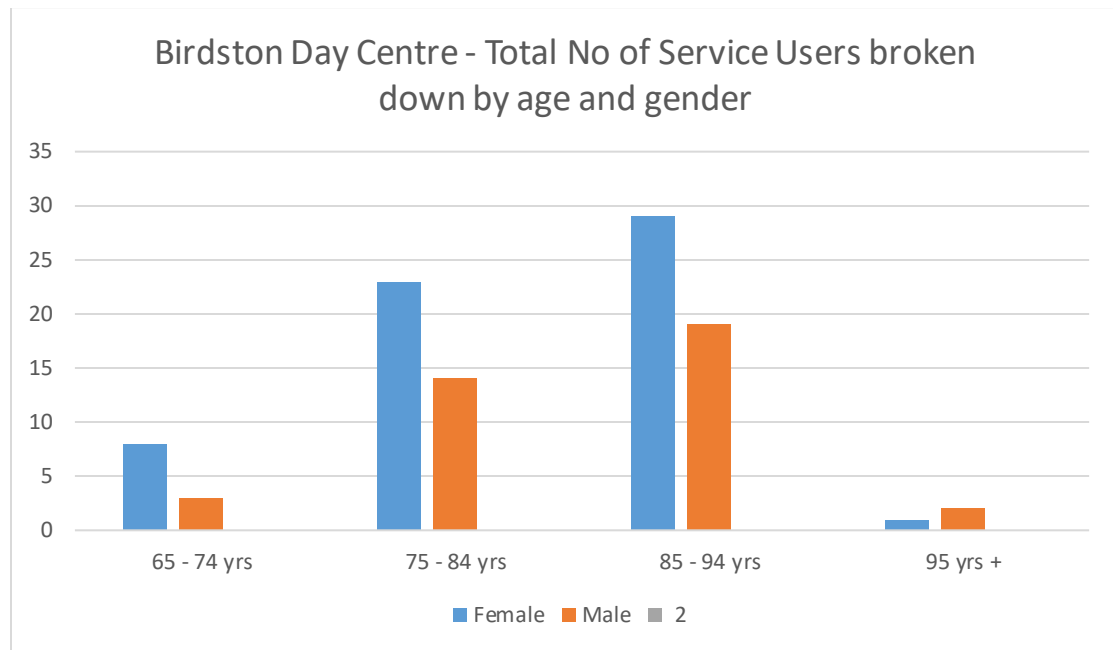
Local Area Co-ordination for Older People:

The Local Area Co-ordination (LAC) Team for Older People has received 214 referrals during the period of 1st April 2021 to 31st March 2022. The majority of customer referrals received during that period resided in Bearsden and Kirkintilloch and had a main health diagnosis of Dementia/Alzheimer's.

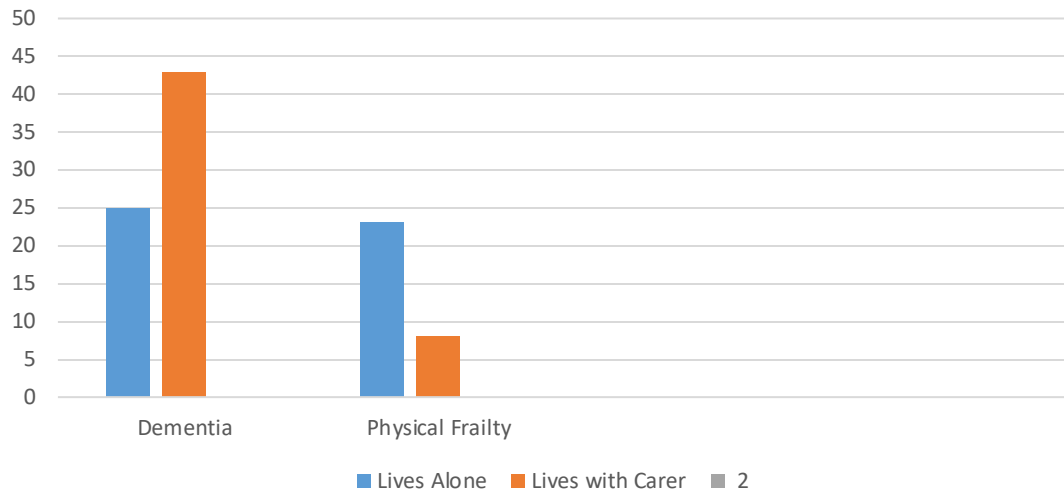


Birdston Day Centre:

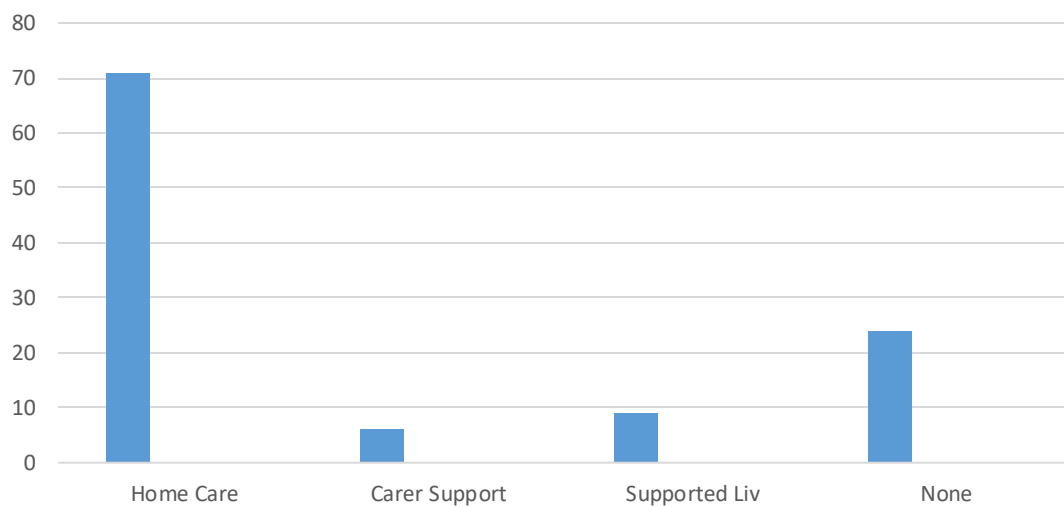
As at 31st March 2022 there are 99 service users attending Birdston Day Centre, mostly falling into the 85 – 94 years old category. Of those attending the majority are female, living in Kirkintilloch, and suffering from Dementia/Alzheimer's. Most of those attending the Centre live with an unpaid carer. All those attending the Centre have been assessed as meeting the HSCP's Eligibility Criteria.

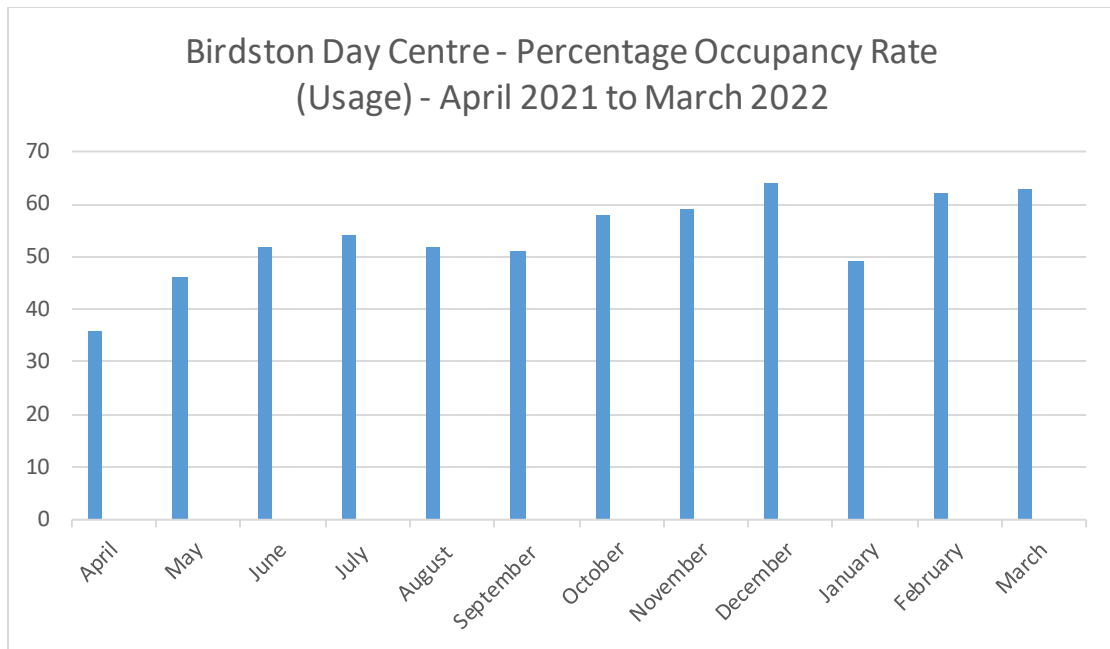


Birdston Day Centre - Total No of Service Users broken down by main health category and living composition



Birdston Day Centre - Total No of Service Users broken down by additional social care services received

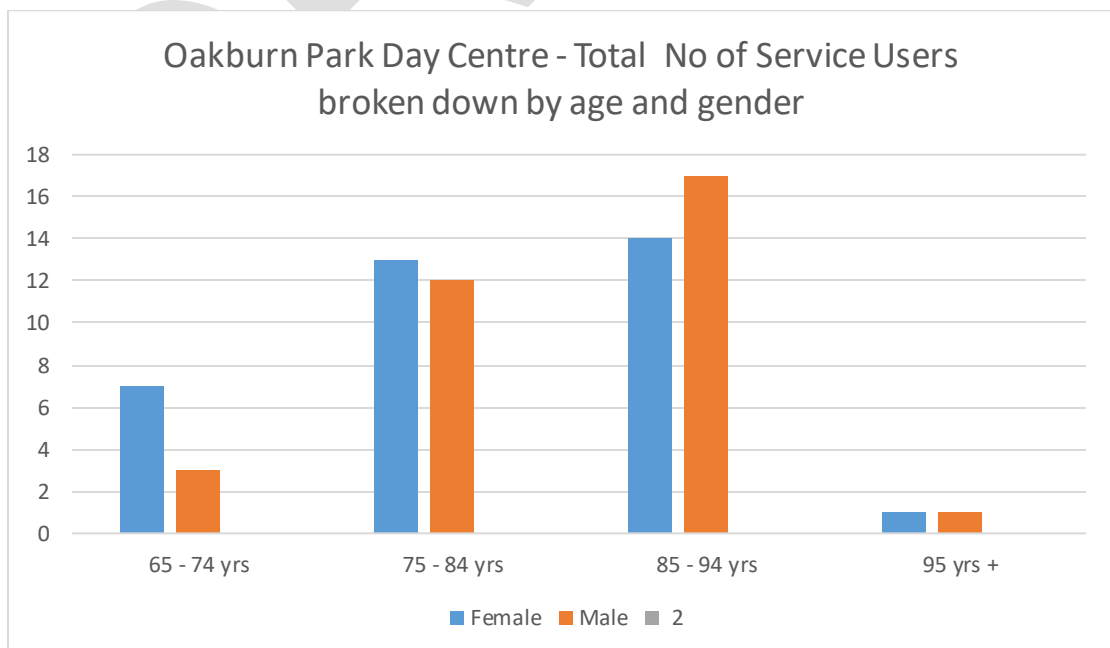


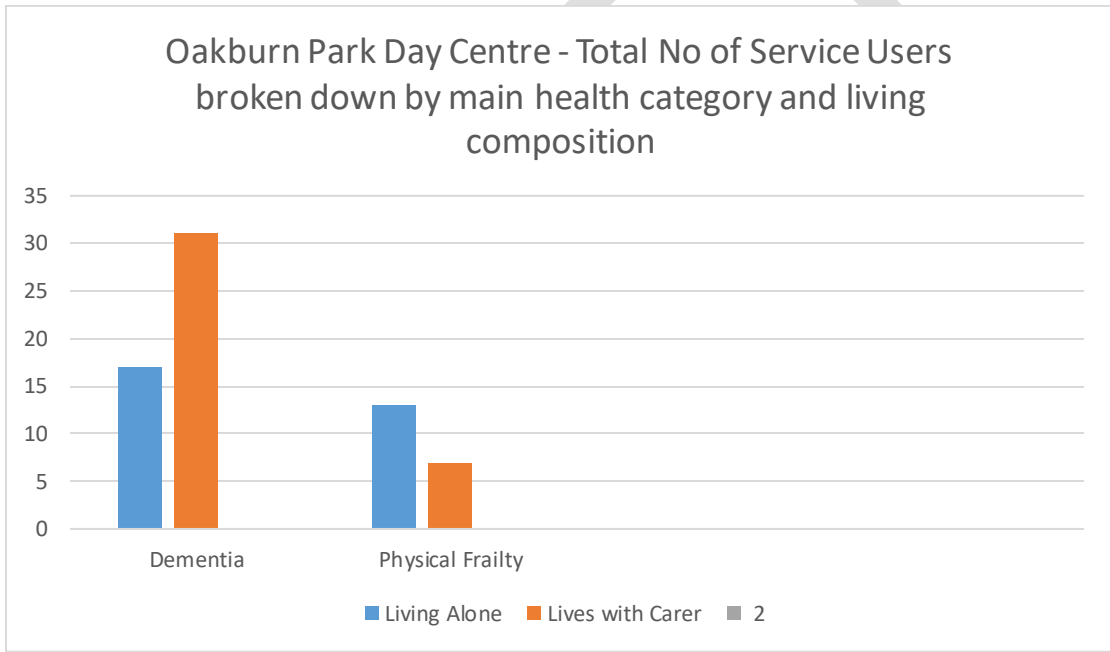
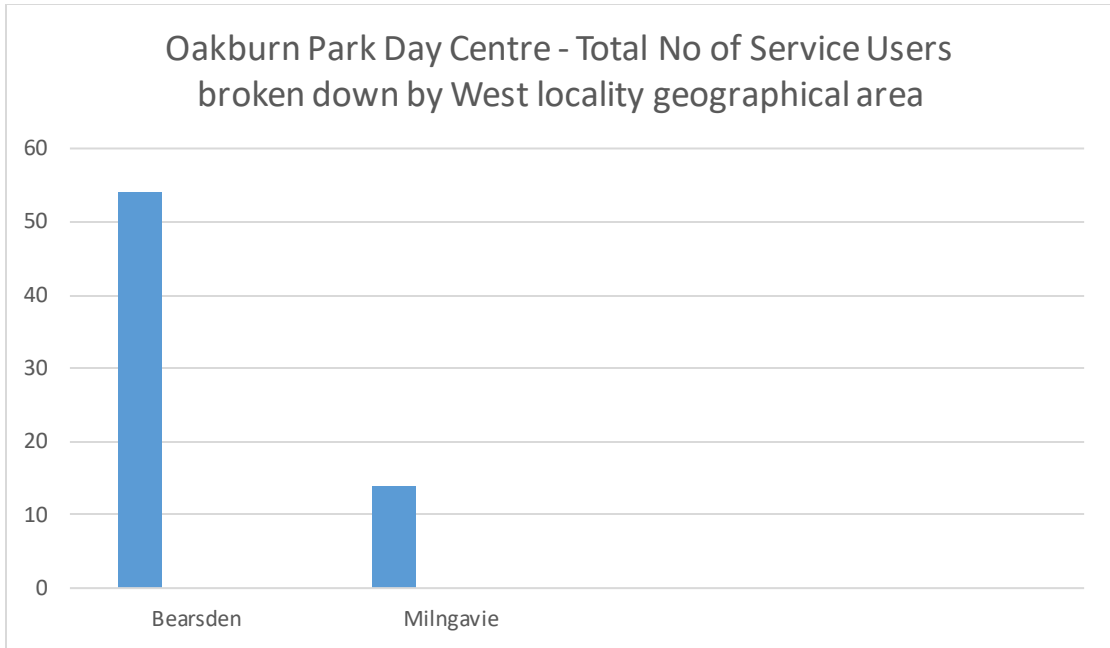


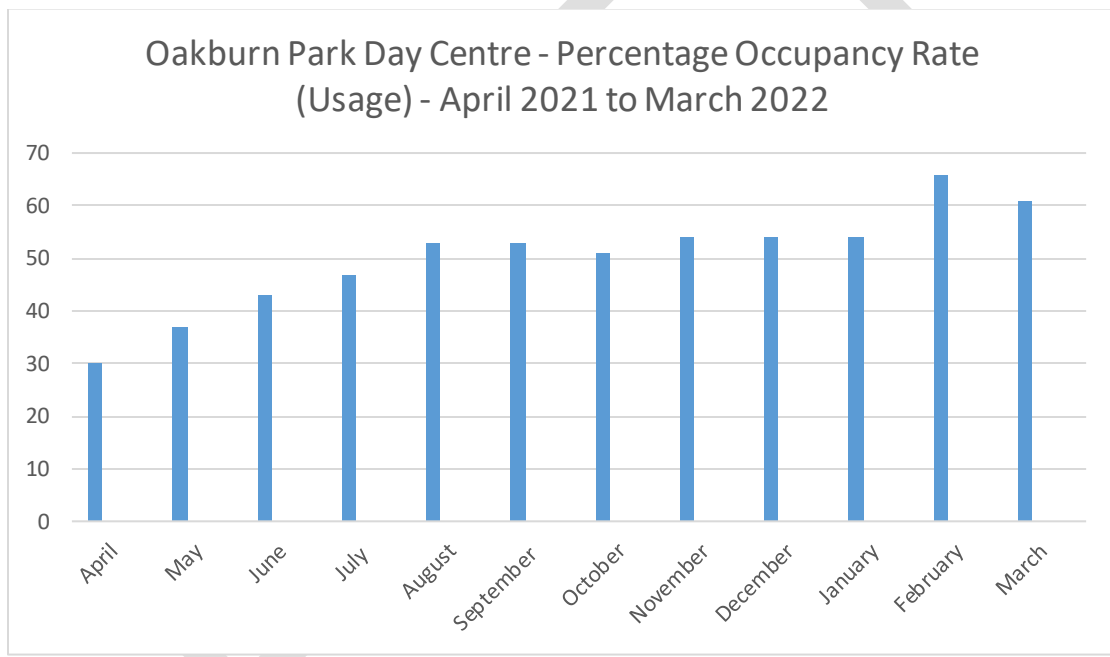
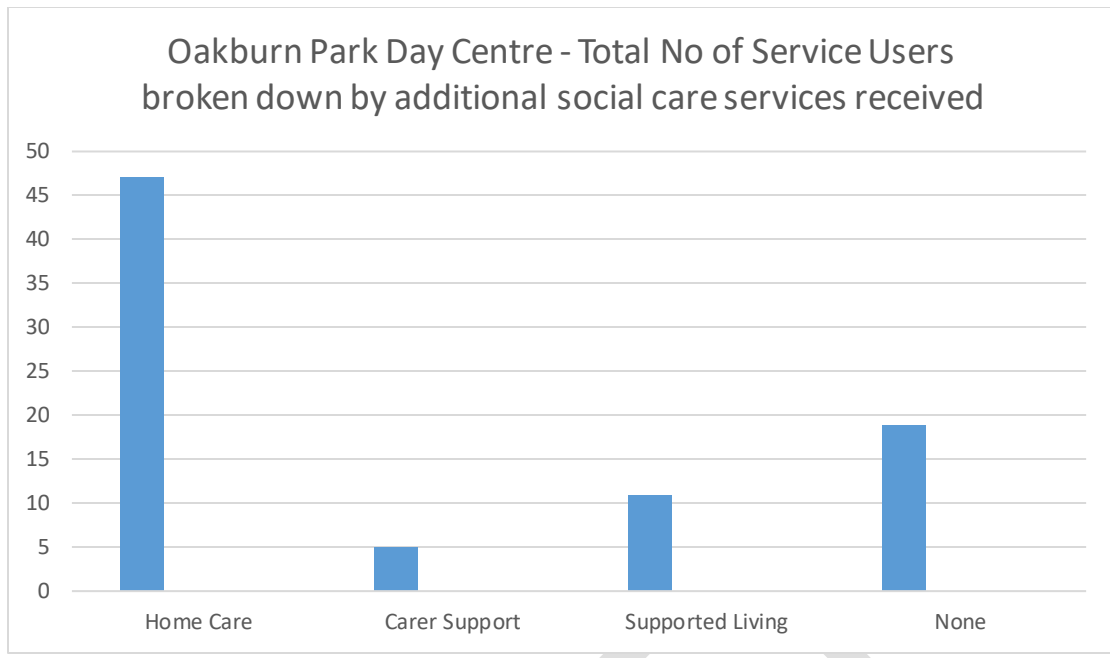
N.B: Reduced number of attendees due to social distancing requirements

Oakburn Park Day Centre:

As at 31st March 2022 there are 68 service users attending Oakburn Park Day Centre, mostly falling into the 85 – 94 years old category. Of those attending there was an even split between the numbers of males and females, however most service users lived in the Bearsden area, suffered with Dementia/Alzheimer’s and lived with an unpaid carer. All those individuals attending the Centre have been assessed as meeting the HSCP’s Eligibility Criteria.





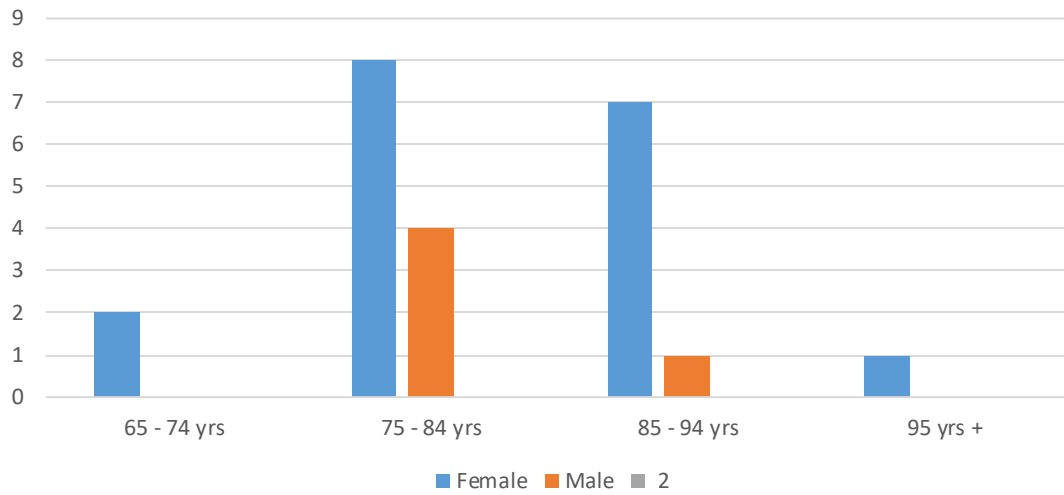


N.B: Reduced number of attendees due to social distancing requirements

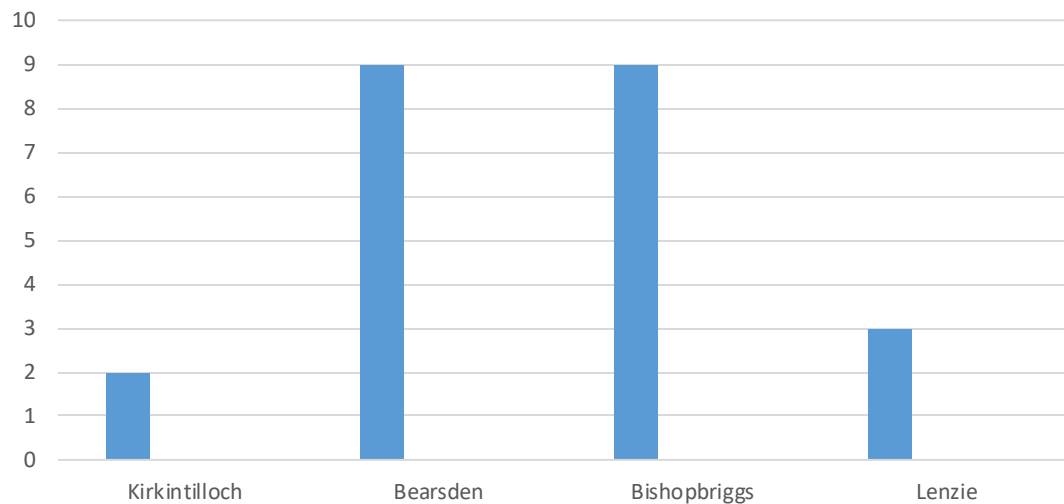
Milan Day Centre:

As at 31st March 2022 there are 23 service users from the Black, Asian, Minority Ethnic (BAME) community attending Milan Day Centre. The majority of those attending fell into the 75 – 84 years old category, however, unlike Birdston and Oakburn Day Centres, the majority of the attendees suffered from physical frailty. The majority of those attending were female, lived with unpaid carers and lived in the Bearsden and Bishopbriggs areas of East Dunbartonshire. All those attending the Centre have been assessed as meeting the HSCP's Eligibility Criteria.

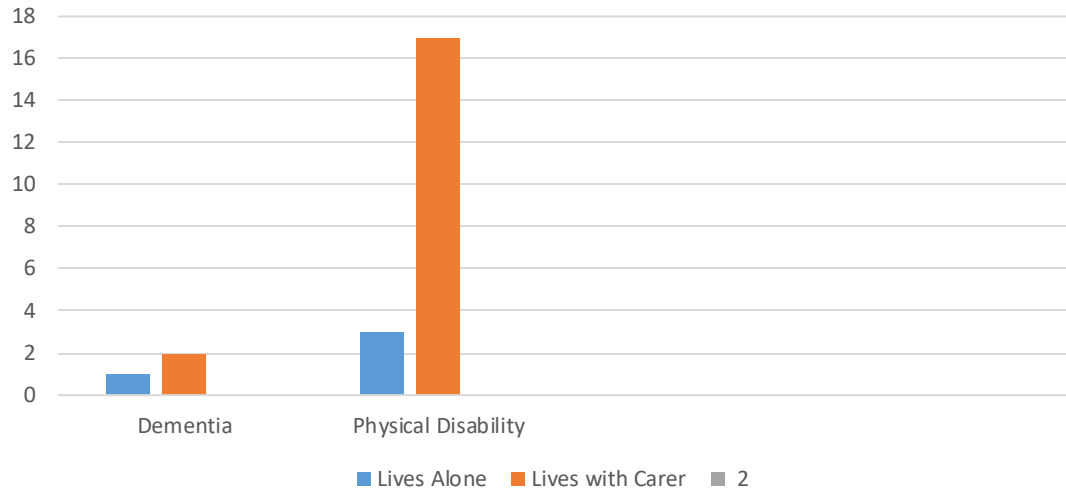
Milan Day Centre - Total No of Service Users broken down by age and gender



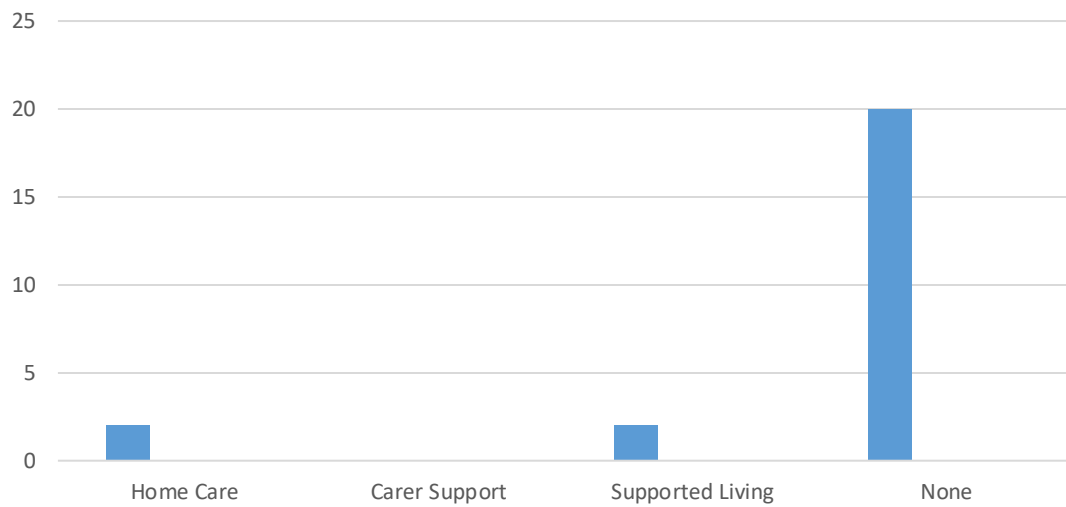
Milan Day Centre - Total No of Service Users broken down by geographical location

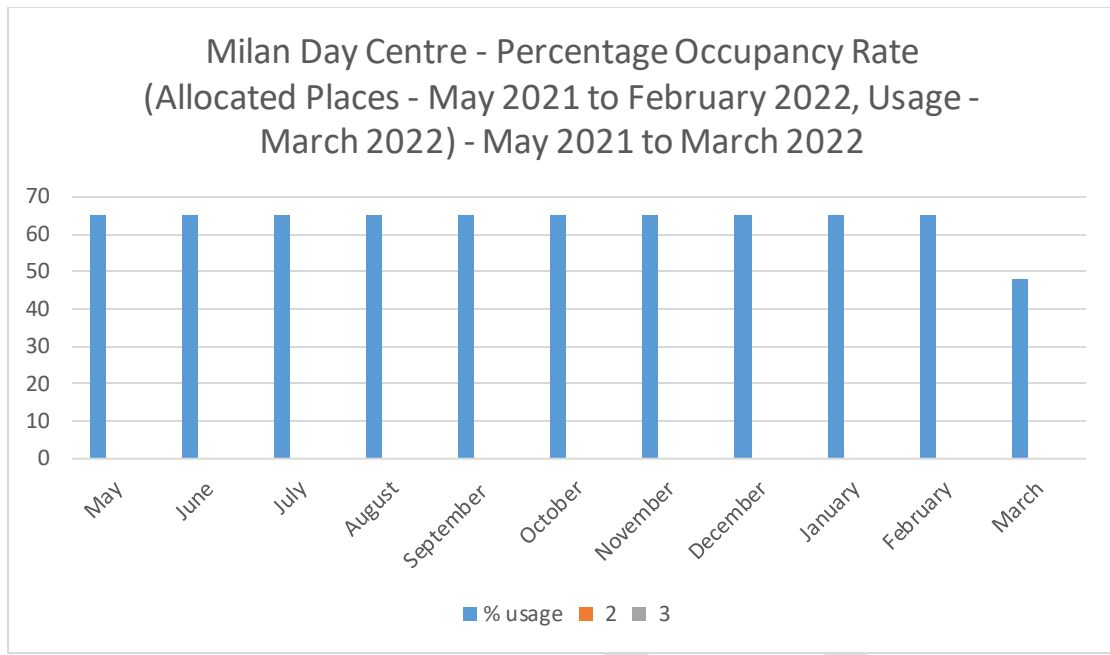


Milan Day Centre - Total No of Service Users broken down by main health category and living composition



Milan Day Centre - Total No of Service Users broken down by additional social care service received





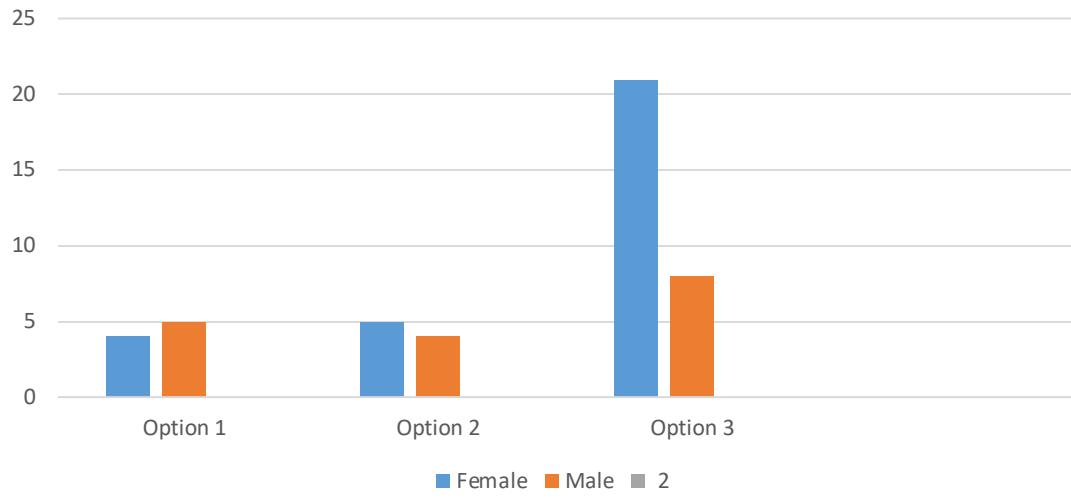
N.B: Reduced number of attendees due to social distancing breakdown
 N.B: Actual occupancy levels unavailable from May 2021 to February 2022, the percentage used was based on number of places allocated. Actual usage figures commenced March 2022.

Alternative to Day Centre:

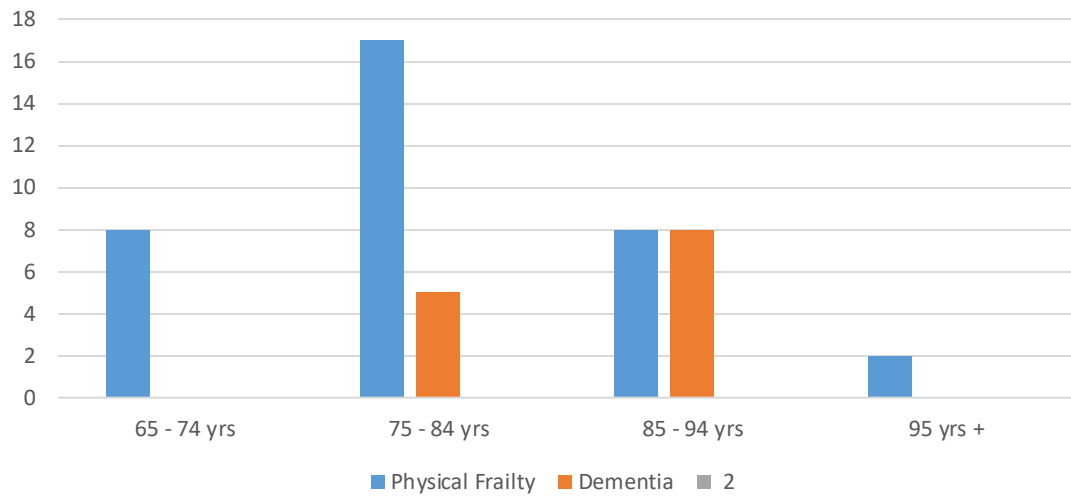
While a previous needs analysis evidenced that those service users, who met the eligibility criteria for social support, largely chose a formal building based day centre support to meet those needs and outcomes (Self Directed Support Option 3). There were a significant number of service users, which increases each month, who chose to explore alternative ways of meeting social support needs via Self Directed Support Options 1 and/or 2. There can also be situations where the service user would not benefit from attending social care support in a group setting. In these situations, alternative to day care support can be provided under Self Directed Support Option 3.

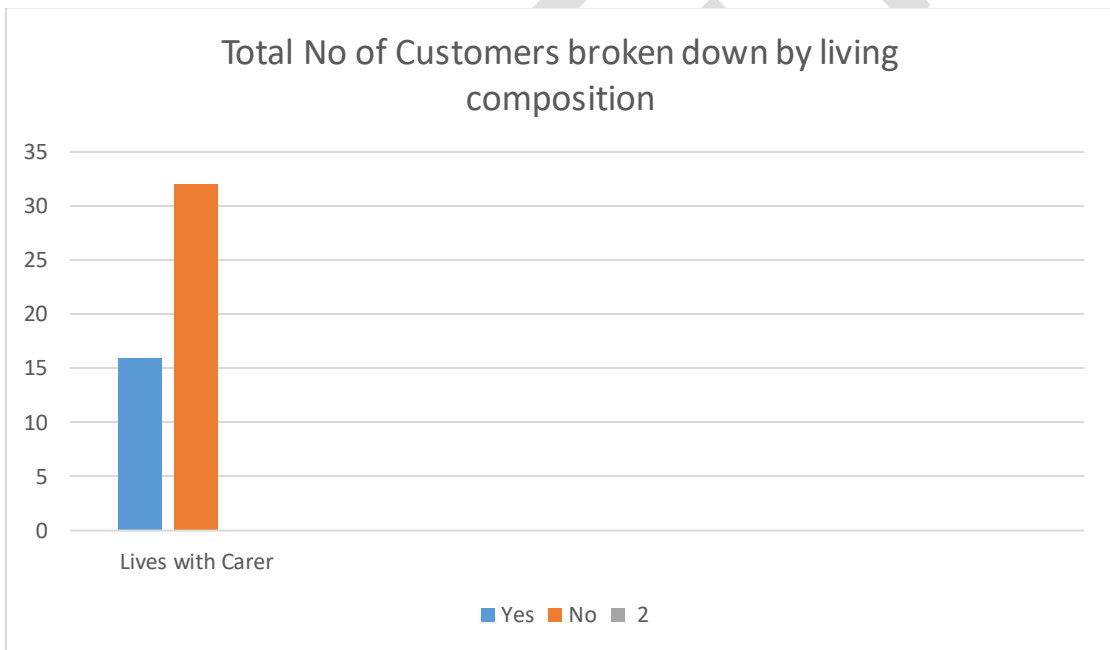
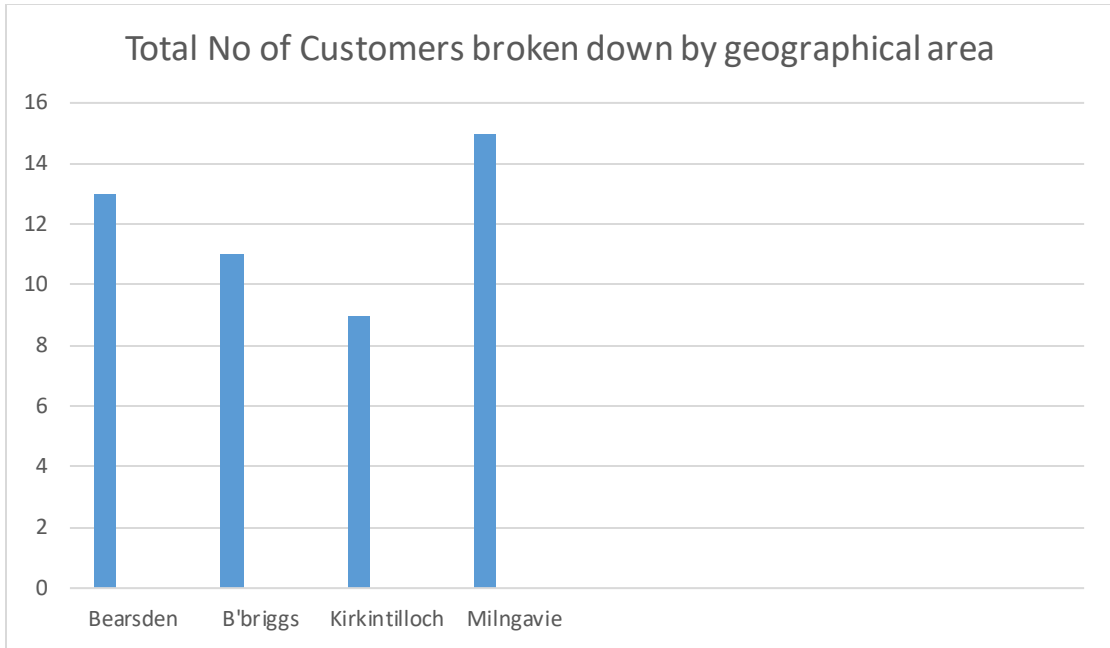
As at 31st March 2022 there are 49 service users who could not attend a day centre building or had chosen alternative types of formal social support. The majority of these service users fell into the 75 – 84 years old category, lived with unpaid carers and lived in Milngavie.

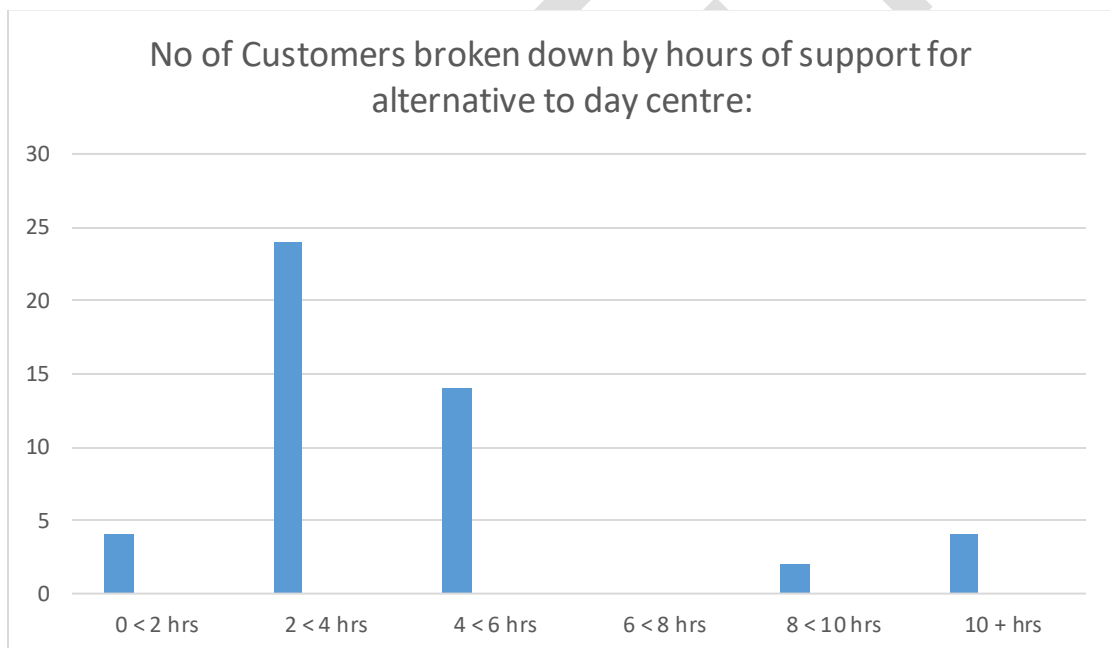
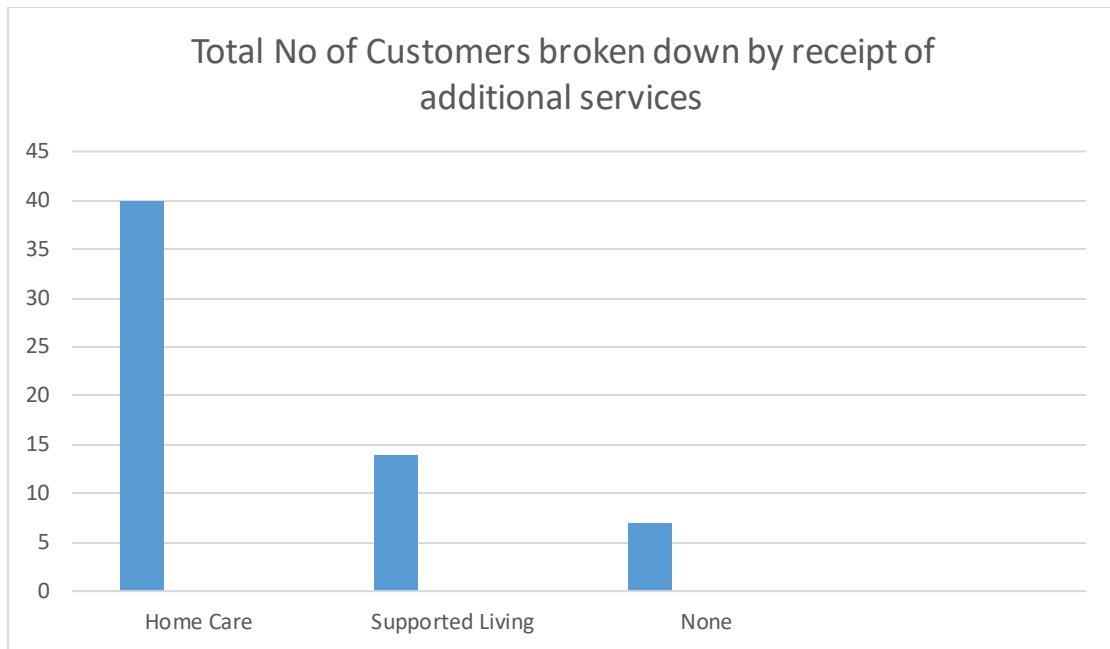
Total No of Customers broken down by gender and chosen Self Directed Support option



Total No of Customers broken down by age and health category







1.4 Financial Framework

The financial framework underpinning this Strategy is, aligned to the HSCP's Medium-Term Financial Strategy (MTFS) and establishes the current and projected level of resources required to support delivery of agreed priorities over the next five years.

The budget (2022/2023) for Social Supports is £1,506,436m, and extends across the following commitments:

- Building Based Day Care - £1,052,207 million
- Community Based Support - £253,047
- Third / Voluntary Sector Organisations - £125,745
- Local Area Co-ordinators - £75,437

In Year 5 of the Strategy (2027/2028), the budget is, projected to increase to £1.6m - in line with inflationary uplifts.

Appendix 2: Policy and Research

2.1 East Dunbartonshire HSCP Strategic Plan – 2022 - 2025

Shifting the balance of care has been a priority for national and local government for a number of years. Shifting the balance means moving away from support being provided in institutional building based settings to the support being delivered in community or home based environments.

East Dunbartonshire Health and Social Care Partnership Strategic Plan (2022 – 2025) realises the main challenges facing the HSCP over the next three years including:

- Post Pandemic Recovery and Consequences
- Population and Demographics Changes
- Financial Constraints and Public Sector Reform

The HSCP's Strategic Plan lists a number of themes that it intends to concentrate on over a three year period. The themes relevant to this Strategy include:

- Empowering People
- Empowering Communities
- Prevention and Early Intervention
- Post Pandemic Renewal

2.2 Reshaping Care for Older People

NHS: Reshaping Care for Older People (2011 to 2021) <https://www.gov.scot/publications/reshaping-care-older-people-2011-2021/documents/> recognises that both nationally and locally we have to continue to aim to improve services for older people by shifting the balance of care towards anticipatory care and prevention. It recognises that in order to reshape care for older people we need to adopt:

- Personalisation: service users and carers must be at the centre of HSCP activities, embracing different cultures, needs and choices.
- Independence: ensuring that older people are supported to live independently in community settings, introducing choice and giving the individual involvement and ownership of any decisions.

- Control: older people make their own decisions about their care and support services.

2.3 Christie Commission on the Future Delivery of Public Services

The Christie Report (June 2011) <https://www.gov.scot/publications/renewing-scotlands-public-services-priorities-reform-response-christie-commission/pages/2/> provides an earlier debate on the future direction of public services whereby it presented a radical roadmap to better public services. Some of the key messages from the Christie Report relevant to this Strategy were:

- Recognising that effective services must be designed with and for people and communities.
- Maximising scarce resources by utilising all available resources from the public, private and third sectors, individuals, groups and communities.
- Work closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance and build resilience.
- Concentrate the efforts of all services on delivering integrated services that deliver results.
- Prioritise preventative measures to reduce demand and lessen inequalities.

2.4 Independent Review of Adult Social Care in Scotland

The Feeley Report (March 2021) (<https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>) highlights that the majority of social care support is given to people in their own houses or in local community settings and that we need to ensure that this community support continues. It suggests that the role that communities play in supporting adults to remain active is extremely important. Community based supports can provide socialisation opportunities, advice, information and breaks for unpaid carers. These community based activities can make a big difference to an older person's quality of life. "Social connections are important to everyone's wellbeing" (Feeley, March 2021). Some of the key messages from the Feeley Report relevant to this Strategy were:

- Social care support should focus on enabling people to stay in their own homes and communities. This will help them to make social connections and to have control over their lives.
- People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.

- Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.
- Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives.

2.5 National Health and Social Care Strategy for Older People

In May 2022, the Scottish Government published a consultation to seek people's view in relation to older people's health and social care service. The purpose of the consultation is to inform the development of a national integrated health and social care strategy for older people.

The consultation and impending Strategy will focus on four main themes:

- Place and Wellbeing
- Preventative and Proactive Care
- Integrated Planned Care
- Integrated Unscheduled Care

The Scottish Government is seeking people's views in relation to older people's health and social care services in order to inform the development of a new integrated health and social care strategy for older people.

The consultation is based around the four main themes of:

- Place and Wellbeing
- Preventative and Proactive Care
- Integrated Planned Care
- Integrated Unscheduled Care

East Dunbartonshire HSCP's Social Support for Older People Strategy will support the themes focused on 'Place and Wellbeing' and 'Preventative and Proactive Care'.

2.6 Self Directed Support

The Social Care (Self Directed Support) (Scotland) Act 2013 implemented in 2014 enabled individuals and their carers to have as much choice and control as they would wish or are capable of in relation to their support. This has seen some changes over the last seven years in the way that some older people have chosen, in relation to the model, to meet their social support needs.

Any individual who has been assessed as eligible for formal social care support will be offered the Self Directed Support options. Some people can manage their support on their own, whilst others need help either from family, friends or a support organisation.

Self Directed Support Options:

- Option 1: You can choose to receive your individual budget as a payment directly into your bank account. With this money, you can choose to become an employer where you employ your own Personal Assistant (PA) or you can purchase services/ support from an agency or other organisation.*
- Option 2: Your individual budget can be held and managed by the HSCP or a third-party organisation and would be used to pay for the support that you have chosen.*
- Option 3: With this option discussions will take place with you regarding your individual budget and the support you require to meet your outcomes, but you may have decided that the arrangement regarding who provides this support and when will be made by the HSCP, using their own services or services commissioned from another organisation.*
- Option 4: You may choose to use several Self Directed Support options to meet the different parts of your support plan.*

Information about Self Directed Support in East Dunbartonshire can be found on the Council's website:

<https://www.eastdunbarton.gov.uk/health-and-social-care/services-adults-and-older-people/self-directed-support-sds>

2.7 Customer Contributions

East Dunbartonshire Council 'Charges for Non Residential Services' Policy means that people in receipt of formal social support may be subject to a customer contribution.

The amount of customer contribution will be dependent upon the older person's income however those customers in receipt of disability benefits i.e. Attendance Allowance and Personal Independence Payment will usually be eligible to pay the full customer contribution. The contribution levels are reviewed annually.

The customer contribution is applied irrespective of the type of formal social support service that the individual is receiving. However, customer attending a formal day centre based service may also be subject to transport costs and will also contribute to the provision of a meal at lunchtime.

Appendix 3: Examples of delivery of formal and informal social support – case studies

3.1 Examples of Community Assets arranged by the Local Area Co-ordination Team

- * A national older people's charity run afternoon tea and chat sessions for people aged over 75 years who are at risk of social isolation. Due to an increase in the number of referrals from Local Area Co-ordination in East Dunbartonshire, the organisation worked jointly with the HSCP to establish two new sessions in the West locality of East Dunbartonshire.
- * A local third sector organisation who provide befriending opportunities for older people in the form of one to one, group or telephone sessions worked closely with the Local Area Co-ordinator to increase the volunteering opportunities and identified additional group sessions in areas where a higher proportion of befriending needs had been identified.
- * A new Men's Shed in the West locality was officially opened in the summer of 2019. It took over a year for a dedicated group of men, alongside a member of the HSCP staff, to establish a formal committee and source a venue within the local area. The venue required significant refurbishment which was undertaken by both the members of the Shed alongside offers of support from local businesses and contractors. The Shed is now a warm, welcoming place for a number of men in the area offering a variety of activities, a chat and peer support.

3.2 Case Study – Informal Social Support

Mrs A is a lady in her 90s who lives alone at home. She is independent in all daily living activities, keeps in good health and remains relatively active. Mrs A does not receive any formal social care support. However, Mrs A uses a walking stick and has difficulty managing and negotiating stairs and uneven surfaces resulting in her feeling less confident about walking outside without support.

Mrs A became socially isolated at home and did not have any family living locally who were able to visit on a regular basis.

The Local Area Co-ordinator for Older People introduced Mrs A to a number of different clubs and groups in her local community, negotiating transport and support from the volunteers who assisted in the clubs. The groups that Mrs A attended provided transport and volunteers were available to assist Mrs A in and out of the venues. Mrs A was also supported to link in with a volunteer at her local church who assisted her to attend the service on a weekly basis.

Mrs A describes the experience of being supported to access her local community clubs as “life changing”. Mrs A thoroughly enjoys the experience of being out in her local community and meeting new friends. Mrs A’s family are encouraged that she is enjoying a better social life and that she is no longer isolated at home.

The OPLAC team received a letter from Mrs A thanking us for the effort and encouragement to support her accessing community assets. She describes her experience as being "life changing" advising that, "her prayers had been answered". Mrs A is thoroughly enjoying the experience of being out within her community, she was able to meet new friends and catch up with the local gossip enjoying the chat and experience of being out of her home a few days per week. Mrs A was encouraged to remain independent living at home being supported by the third sector.

3.3 Formal Social Support – Case Study

Mrs B is an 85 year old lady living alone. In her 70s, Mrs B dedicated much of her time to her family, visiting her grandchildren on a daily basis, preparing lunch for the school dinner break. Mrs B enjoyed this contact because was part of the family and the routine gave a good structure to her week. At the weekends, Mrs B would often meet with her daughter and go for short walks and visit local restaurants and cafes. Mrs B also attended some local groups in the community including a music group and a club where she played cards with her peers.

When Mrs B was 81 years old, she was diagnosed with cancer which severely affected her mobility and she was no longer able to drive. Mrs B became confined to the house and began to experience some level of confusion.

Mrs B became increasingly isolated at home, reliant on family support, which was limited due to work commitments. As an outcome of the social work assessment, Mrs B began to attend the local Day Centre two days per week. However, following discussions with Mrs B, her family and the Day Centre it was agreed that the group setting at the Centre was not benefitting Mrs B.

The Social Worker met with Mrs B and her family to discuss her future aspirations. Mrs B wanted to be supported to take part in activities that she participated in previously. Mrs B and her family compiled a list of different places she liked to visit including cafes, historical sights, local attractions, streets and towns which were meaningful to her. Mrs B was assessed and allocated an individual budget. Mrs B chose a support provider organisation who would provide a support worker to assist her to visit her chosen places. After each visit, a date was set for the following week to visit a different place and dates were placed on the list so that her family could see where she had been each week.

The support was extremely beneficial to Mrs B and allowed her to remain involved in her community and reduced social isolation. The supported was

personalised and tailored to Mrs B and her memories. These were places that held significance for her. The support was used flexible so that if she wished to visit a place further afield, rather than two visits per week, this was reduced to one longer visit.

Mrs B's main carer, her daughter, stayed locally but continued to work full-time. This reduced the pressure on Mrs B's daughter significantly and also met Mrs B's social support needs. The support started when Mrs B was 82 years old and was provided for two years, until Mrs B unfortunately passed away. Mrs B was able to access the social support she needed to live the life she would have wanted.

Section 4 – Engagement Analysis

4.1 Engagement Methods

During the period 1st July to 31st October 2021, the HSCP undertook a period of engagement with our stakeholders.

Following a benchmarking exercise across Scotland, a survey was developed which focused on gathering views about future models of social support for older people in East Dunbartonshire.

The survey comprised of nine questions:

1. In what capacity the person was participating in the survey i.e. service user, carer, etc.
2. What principles and values were associated with the provision of social support for older people?
3. What aspirations older people associated with receiving social support?
4. What types of social support and activities can make a difference?
5. What activities did older people miss during the pandemic period?
6. What can community groups and clubs offer older people?
7. What help should be given to community groups and clubs to assist them to continue to support older people?
8. When do older people wish to attend social activities i.e. days, evenings, weekends?
9. What should be the future vision for social support for older people?

The survey was available in a variety of formats: a web version, a paper version, via telephone interview or by participating in a virtual focus group.

An invitation to participate in the engagement process was sent to local community clubs and groups, churches, local village/town halls, current Social Work customers in receipt of social support via day centres or alternative types of formal social support. The survey was also made available to all other key stakeholders including staff working within East Dunbartonshire HSCP.

The survey was advertised on the Council's and HSCP's social media pages so that any interested party could participate.

Social Work practitioners also invited customers and carers who, following assessment were eligible to receive formal social support, to participate in a survey about what type of social support they had chosen and why.

The survey comprised of ten questions:

1. In what capacity the person was participating in the survey i.e. service user or carer.
2. What prompted the person to choose Day Centre support (if applicable).
3. What prompted the person to choose Alternative to Day Centre support (if applicable)?
4. Whether the person had attended any community groups in the past and what benefits they received from attending community led assets.
5. Why the person felt that attending a local community group would not benefit them now.
6. What was the person's expectations from receiving formal social support?
7. What activities the person likes participating in.
8. Whether the person would attend a Centre or activities in the evenings or weekends.
9. What the person thinks will be the impact of attending formal social support.
10. What the carer thinks will be the impact on the person attending formal social support (if applicable).

This survey was carried out with customers and carers in person or via the telephone following the assessment process.

It was imperative that in order to develop a five year strategy which focused on developing models of both informal and formal social support that the HSCP provided an opportunity for as many stakeholders as possible to participate in the engagement process.

Reference was also made to the consultation survey that took place in 2020 by the Council's Housing Department, in partnership with the HSCP. The 'Older People and Specialist Housing Research' was published in September 2020.

4.2 Feedback and Analysis

'Social Support for Older People Survey' – July to October 2021:

174 people participated in the 'Social Support for Older People' Survey:

Respondent Group	Number of Responses	Percentage of Total Received
Service Users	72	42%
Carers	38	22%

Family Members	29	17%
Community Clubs	3	1.5%
Members of Public	11	6%
Third Sector Practitioners	8	4.5%
Health Practitioners	3	1.5%
Social Work Practitioners	7	4%
Other	3	1.5%



The majority of respondents (78%) chose to complete paper copies of the survey whilst 22% opted to complete the web version. No one requested a telephone interview. One person did nominate themselves to participate in an online focus group however this did not take place due to lack of nominations.

When asked “What principles and values were associated with the provision of social support for older people?” the majority of answers included:

- Emotional, physical and mental wellbeing;
- Support to maintain and promote independence;
- Dignity, equality, respect, caring, honesty and diversity;
- To give older people a safe place to enjoy the company of others and to help them engage in activities;
- Keeping people safe;
- Feeling included;
- To receive culturally aware support.

Participants were asked “What aspirations older people associated with receiving social support?” The majority of answers included:

- Meeting people from the local community and keeping connected;
- Develop social skills and confidence;
- To support mental, physical and emotional wellbeing;
- Be creative and participate in activities that stimulate the mind and physical wellbeing;
- Social interaction with peers;
- Dignity, companionship and inclusiveness;
- Make new friends and promote independence;

- Opportunities for the local Black, Asian, Minority Ethnic (BAME) community to meet.

We asked participants what types of activities were of benefit when attending local community led clubs and groups. The answers were varied but in the main included:

- Activities that stimulated the mind and gave a sense of inclusiveness;
- Singing, dancing and music;
- Quizzes and games;
- Light exercise and activities that stimulate physical wellbeing;
- Eating a meal with other people;
- Making new friends;
- Chatting and reminiscing.

The respondents from the BAME community felt that there were no local community assets that met their cultural needs or allowed them to connect with the community.

Participants were asked “What activities did older people miss during the pandemic period?” The majority of respondents all agreed that the following aspects of social support were greatly missed for the last 18 months:

- Social contact and company;
- Seeing friends and family;
- Eating with others;
- Getting out in the local community;
- Lack of mental, physical and emotional support.

Many respondents cited feeling lonely, depressed and anxious during the pandemic period.

We asked participants “What community groups and local clubs could offer older people”. The majority of respondents stated:

- Social interaction;
- A sense of belonging;
- A sense of community;
- Peer support;
- Opportunities to make new friends;
- A sense of purpose;
- A structured programme of activities.

The majority of respondents from the BAME community felt that this question was not eligible to their circumstances and advised that, apart from the day centre, there were no local community assets that met their cultural needs or allowed them to connect with the community.

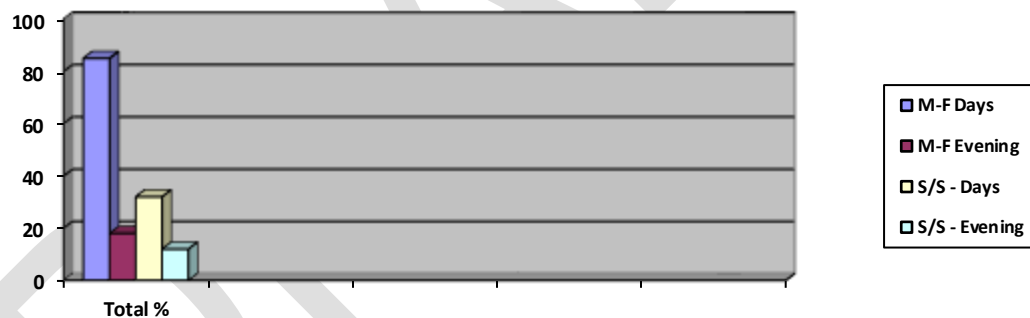
We asked what “...would help local clubs and groups continue to offer support to older people...” Most responded with:

- Funding;
- Staff support;
- Increased Volunteers;
- Transport;
- Greater awareness of what is going on in the community;
- Accessible accommodation and venues.

The BAME community respondents advised that the continuation of a day centre dedicated to their cultural needs was extremely important.

The HSCP wants to ensure that investment in and support for older people social support, both of an informal and formal nature, is delivered at times when older people and their families feel would be of most benefit. We asked participants when they would prefer that social support opportunities took place:

Days/Times	Number of Responses	Percentage of Total Received
Monday to Friday – Daytime	148	85%
Monday to Friday – Evenings	31	18%
Weekends – Daytime	56	32%
Weekends - Evenings	21	12%



Some additional suggestions were received:

- Evenings and weekends on special occasions such as Christmas
- Evenings during the summer months

We asked participants “What should East Dunbartonshire Health and Social Care Partnership’s vision for older people’s social support be?” We provided five suggested focus areas for the future of social support for older people over the next five years:

- A focus on supporting older people to remain connected to their community through opportunities to attend local community groups and clubs;**
- Local community groups and clubs have access to volunteer support for older people who require practical assistance while in attendance;**

- C. Local community groups and clubs have access to formal support for older people who require personal assistance while in attendance;**
- D. An outreach support service for people who are eligible for formal support to support them to attend local community groups/activities;**
- E. A day centre which focuses on supporting those older people who are most vulnerable/at risk.**

Participants responded:

Options	Number of Responses	Percentage of Total Received
A	106	61%
B	54	34%
C	85	49%
D	64	37%
E	131	75%

Some other suggestions were received which included:

- Supported referral pathways to local clubs and groups'
- A person centred approach within local community led resources;
- Different sessions at the Day Centre for people with advanced dementia.

The BAME community respondents advised that:

- The Day Centre is a unique service which provides a lifeline for its service users who are unable to communicate within other community groups or local clubs;
- The HSCP requires to support the BAME community in respect of social support.

This means that the outcome of the engagement survey is that the HSCP should focus and fund the priorities relating to:

- 1. A day centre which focuses on supporting those older people who are most vulnerable/at risk.**

And

- 2. A focus on supporting older people to remain connected to their community through opportunities to attend local community groups and clubs;**

4.3 Social Support for Older People – New Customer – July to October 2021

Twelve people participated in the 'new customer' engagement survey, of which 80% was answered by the customer's unpaid carer and/or legal representative.

All 12 new customers, eligible for formal social support, had chosen to attend a formal Day Centre rather than receive one to one alternative to day centre support. When asked why customers would prefer to attend a Day Centre type setting most advised that the Centre provided a safe and secure venue, offering peer interaction with other older people. Many indicated that that they or the customer were no longer able to access the outdoors without support and that the Centre provided a structure and routine to their week.

"...greatly benefit from social interaction within a group setting..."
"...isolated due to mobility impairment and frailty..."
"...can no longer access outdoors..."
"...heard good things about the Day Centres and the services they provide..."
"...surrounded by peers to encourage stimulation and chat..."
"...social stimulation in a safe and secure environment..."

When people were asked whether they had attended community groups in the past and the benefits that they experienced from attending, most of the survey participants (95%) had previously attended community led assets and enjoyed meeting their friends.

"...my father attended various groups..."
"...my mother enjoyed attending various venues..."
"...she was a sociable person so this helped keep her active and involved in her community..."
"...a member of the local golf club...enjoyed the social aspects of being surrounded by friends and other golfers..."
"...attended a local resource...prior to COVID-19 lockdown..."
"...attended Centres prior to COVID-19..."
"...played golf and bridge...enjoyed the company and the competition..."

Survey participants were asked if they had previously attended community resources, why they felt that these assets were no longer suitable, 100% responded that they or the customer had seen a significant decline in their physical health, mobility and/or confusion caused by Alzheimer's or Dementia. Many indicated that the provision of formal social support in a Centre setting would mean that they or the customer would receive support with their personal care and supervision whilst enjoying the company of other older people.

"...cognitive decline and poor mobility travelling outdoors..."
"...requires support with her personal care, mobility...requires to be cared for within a formal care setting..."
"...general health is very poor and there is a marked decline in her memory..."
"...little concept of danger and risk..."
"...requires a wheelchair when outdoors due to poor mobility..."

The survey then asked what their expectations were from attending a formal social support setting. The majority of participants stated that they or the customer would receive social stimulation with other older people in a safe and secure environment, whilst some carers acknowledged that this would also provide them with a break from their caring role.

“...social stimulation and peer support to encourage chat and interaction in a safe environment...”

“...enjoy social chat amongst her peers reducing social isolation...”

“...will enjoy the company of others...share the same interests”

“...I will enjoy time away from my caring role...”

“...attending day care will reduce social isolation...”

When participants were asked what activities they or the customer liked taking part in there were a number of variations including: amateur dramatics, martial arts, reading, singing, dancing, chatting, listening to music, and quizzes.

When participants were asked whether they would attend a Centre or social activities in the evenings or at the weekends, 8% of those surveyed advised that they would not wish to attend Centres or activities outwith Monday to Friday daytime. While 92% of those surveyed were open to attending social support outwith daytime hours, 63% stated that they would not wish to attend in the evenings.

The customers, who would be attending the formal social support, were asked what the impact for them. Many responses cited no longer feeling socially isolated and having a better quality of life.

“...quality of life will improve....something to look forward to...”

“...enjoying social chat and activities in a safe environment...”

“...improve her social life and break up her week...”

“...bit more structure to the week...”

“...not feel so isolated...”

When unpaid carers were asked what the impact would be for them when the cared for person attends the social support activities, many responses talked about knowing the person was in a safe environment with people to support them, whilst also providing the unpaid carer with a break from their caring role.

“...relax in the understanding that my father is being cared for within a safe environment...”

“...I can relax and not worry at work...”

“...give me piece of mind to know she was getting out as well as receiving the care she requires...”

“...time away from my caring role...”

“...receiving the socialisation and company that he misses so much...”

“...a break to recharge and have a bit of time for myself...”

4.4 Older People and Specialist Housing Research – Survey Results – September 2020

The survey of older people regarding their current and future housing needs also identified issues relating to social support and community capacity.

When older people were asked about potential problems with their current home, 6% of the respondents states that 'not being close enough to local amenities' was a serious issues, as was 'not having good transport links' (6%), and 'feeling isolated and lonely at home' (5%).

42% of the older people responding to this survey, aged between 65 and 74 years old advised that their household included someone who had a health condition and/or long term disability. This percentage rose to 67% for the respondents aged 75 years and over.

Participants were asked whether they needed any support or care to help them to live independently. 9% of older people who responded confirmed that they received care provided by family and/or friends, while 6.4% received support from a care agency arranged via Housing, Health or Social Work. 1.4% of the respondents advised that they organise their support using a direct payment, and 1% arrange their support via a care agency, arranged by the respondent themselves. 1.4% of the respondents stated that they felt they needed support but that it was not provided at that moment while 82.2% advised that they did not have any support needs.

When respondents were asked what the main reason was for not receiving support or care via Housing, Health or Social Work, 8.1% advised that they did not know what help was available and were unsure how to find out about support services.

Some of the older people who participate in the survey advised that they were considering moving out of their current home and when asked for the main reason leading to this decision, 2% stated that it was due to a lack of facilities nearby.

Participants were asked to consider what they felt were important facilities/amenities in respect of where they live, 29.8% stated that it was essential to have access to leisure services, and 19.8% of the respondents stated that it was essential to have communal areas and organised activities (sheltered housing).

When asked about what older people felt were the most important factors when considering where to live, 37% of the respondents felt that it was essential to be 'part of a community' and 34% stated that it was essential to have contact with 'people their own age'.

Section 5: Options Appraisal Analysis

5.1 Options Appraisal

What is an 'Options Appraisal' and why do we undertake an Options Appraisal?

An Options Appraisal is a way of ensuring that you maximise the chances of securing the strategic objectives by identifying the most appropriate set of actions or outcomes.

An Options Appraisal provides the opportunity to help the HSCP and its key stakeholders make an informed and evidence based decision on how to deliver social support for older people. It does this by considering the relative advantages and disadvantages of a number of different delivery model options (including the current way in which the service is delivered).

The methodology assists the HSCP and its key stakeholders to consider the relative desirability, viability and feasibility of the different options, and to explore if there are:

- Better ways to achieve the vision and objectives
- Better ways to align to the HSCP's strategic priorities
- Better ways to use the resources available
- Better ways to achieve the desired outcomes

The Options Appraisal can provide a clear outcome by identifying the preferred model of delivery which can then be developed in greater detail in a Commissioning Delivery Plan (if determined the service should be purchased) and/or a Service Development Plan, if the preferred model is in-house provision. The process engages the key stakeholders and identifies the priorities for their perspectives. Whilst the Options Appraisal is important in assisting to identify the preferred option, the HSCP and its key stakeholders will not necessarily resolve all of the questions at this stage.

The HSCP and its stakeholders, in considering the desirability, viability and feasibility, needs to consider whether:

- each option meets the strategic objectives and priorities of the stakeholders;
- each option is financially viable and sustainable;
- and the degree to which each option can be implemented within budget, resources and timescales.

By following these themes, the HSCP and its stakeholders can reach a final recommendation about the preferred delivery model. The actions required to implement the preferred model will be captured in the Commissioning Delivery Plan and/or Service Development Plan.

5.2 The Options:

Each of the options were considered using the following criteria:

Desirability:

- Promotes the objectives of the HSCP and its stakeholders
- Helps older people to enjoy opportunities for social and peer support in their local communities
- Promotes integrated working

Viability:

- Delivers value for money
- Allows funding to be invested in promoting community led support for older people
- Aligns with market conditions
- Allows services/groups to develop and access external funding

Feasibility:

- Can be implemented within required tolerances (i.e. budget, time etc.)
- Allows HSCP to manage reputational risk
- Allows HSCP and its partners to discharge relevant statutory functions
- Exposes the HSCP to risk of challenge

The factors within each of the three criteria categories were given a weighting score and each option assessed against these categories.

The Options considered in the appraisal:

1. The provision of three formal Day Centres for Older People, as per existing provision;
In partnership with third sector partners, promoting and supporting existing community led support assets;
In partnership with third sector partners, promoting and support the development of new community led support assets, exploring funding opportunities to aid establishment.
2. The provision of two formal Day Centres for Older People, one in the West locality and another in the East locality, with opportunities for outreach support;
Establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality;
Employment of a development worker for one year to support the BAME community to develop locally based peer support groups;
In partnership with third sector partners, promoting and supporting existing community led support assets;

In partnership with third sector partners, establishing an annual grant fund to support the development and establishment of new community led assets, whilst providing support to explore funding opportunities to aid sustainment.

3. The provision of one large formal Day Centre for Older People;
 Establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality;
 Employment of a development worker for one year to support the BAME community to develop locally based peer support groups;
 In partnership with third sector partners, promoting and supporting existing community led support assets;
 In partnership with third sector partners, establishing an annual grant fund to support the development and establishment of new community led assets, whilst providing support to explore funding opportunities to aid sustainment.

5.3 Options Appraisal Scoring:

Criteria/Options	Desirability	Viability	Feasibility	Total Score
Maximum Score Available	216	216	216	648
Option 1	142	52	188	382
Option 2	208	196	170	574
Option 3	196	176	88	460

Section 6: Glossary

Alliancing	A relationship in which people and/or groups agree to work together because of shared interests and aims.
Circles of Support	A group of people, who are known to an individual, with a disability, and who support the person to identify and achieve their aspirations and goals.
Community Led	Local community member's work together to identify shared interests and goals.
Continuum	Something that keeps on going changing over time.
Eligibility Criteria	A framework which determines whether an individual's needs meet the threshold for support.
Empowering	Giving someone or a group the authority or power to do something.
Enabling Approach	To regain and maintain life skills.
Financial Framework	Detailed financial management arrangements.
Institutionalisation	Becoming less able to think and act independently.
Mixed Economy Market	Parts of the services/support are provided and managed by the free market whilst other parts are provided and managed by government.
Options Appraisal	A way of ensuring that we maximise the chances of securing the objectives for the service by identifying the most appropriate set of actions or outcomes.
Outcomes	The consequence of an action.
Peer Support	When people use their own experiences to help each other.
Personalised	Meeting someone's individual requirements.
Person Centred	Focussing care and support on the needs of the individual.
Public Social Partnerships (PSP)	Voluntary partnerships involving one or more organisations from the public and third sectors.
Stakeholders	People or groups who are positively or negatively impacted by this Strategy.
Strengths Based	Focussing on an individual's strengths, including personal strengths (skills, knowledge and abilities) and their social and community networks.
Sustainable Models	Developed to deliver value for all its stakeholders.
Tiered Approach	Increasing the intensity of the interventions.
Whole System	Identifying the various components of the delivery plan and working with stakeholders to assess the nature of the links and relationships between each component.

Section 7: Other Formats and Translations

If you would like additional information or clarification on the content of this Strategy please contact:

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Kirkintilloch Health and Care Centre
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G66 3BF
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Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please email the Council's Communications Team at corpcommunications@eastdunbarton.gov.uk or call on 0300 123 4510.

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

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

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

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

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

Please contact the Council's Corporate Communications Team at:

East Dunbartonshire Council
Southbank Marina
12 Strathkelvin Place
Kirkintilloch
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DRAFT

Social Supports for Older People – Road map of support:

Tier 7:

A formal day centre support service or alternative one to one support providing full personal and practical care as well as high levels of monitoring and supervision. If Centre based is registered to provide a safe and secure environment for people with high level physical needs and/or significant cognitive decline. Support is provided in venues that are physically accessible and feature dementia friendly environmental aspects. The support is provided by formal support staff who have received training which may include: SVQ in social care, communication, dementia awareness, and stress and distress techniques. Input from other support services including, CAB, Carers Link, East Dunbartonshire Voluntary Action, Ceartas, Community Health Resources.

Tier 6:

Local community assets with access to transport and with support available on and off transport. The location and venue of the asset is physically accessible and preferably has dementia friendly environmental aspects. There is availability of both volunteer and formal support staff to assist with practical and personal care as well as monitoring and supervision for those who require this level of support. Both volunteers and formal support staff benefit from training which may include: communication, dementia awareness, and stress and distress techniques. This level of support may mean attending a formal day centre or receiving dedicated one to one support for social stimulation. Input from other support services including CAB, Carers Link, East Dunbartonshire Voluntary Action, Ceartas and Community Health Resources.

Tier 5:

Local community assets with access to transport, for example, bus, volunteer drivers, and volunteer support on and off transport. The location and venue of the asset is physically accessible and preferably has dementia friendly environmental aspects. There is volunteer support available while attending. There is formal support available for assistance with personal care if required. Both volunteers and formal support staff benefit from training which may include: communication, dementia awareness, and low level stress and distress techniques. Input from other support services including CAB, Carers Link, East Dunbartonshire Voluntary Action, Ceartas, and Community Health Resources.

Tier 4:

Local community assets with access to transport, for example, bus, volunteer drivers, and volunteer support on and off transport. The location and venue of the asset is physically accessible and may have dementia friendly environmental aspects. There is volunteer support available while attending. Input from other support services including Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.

Tier 3:

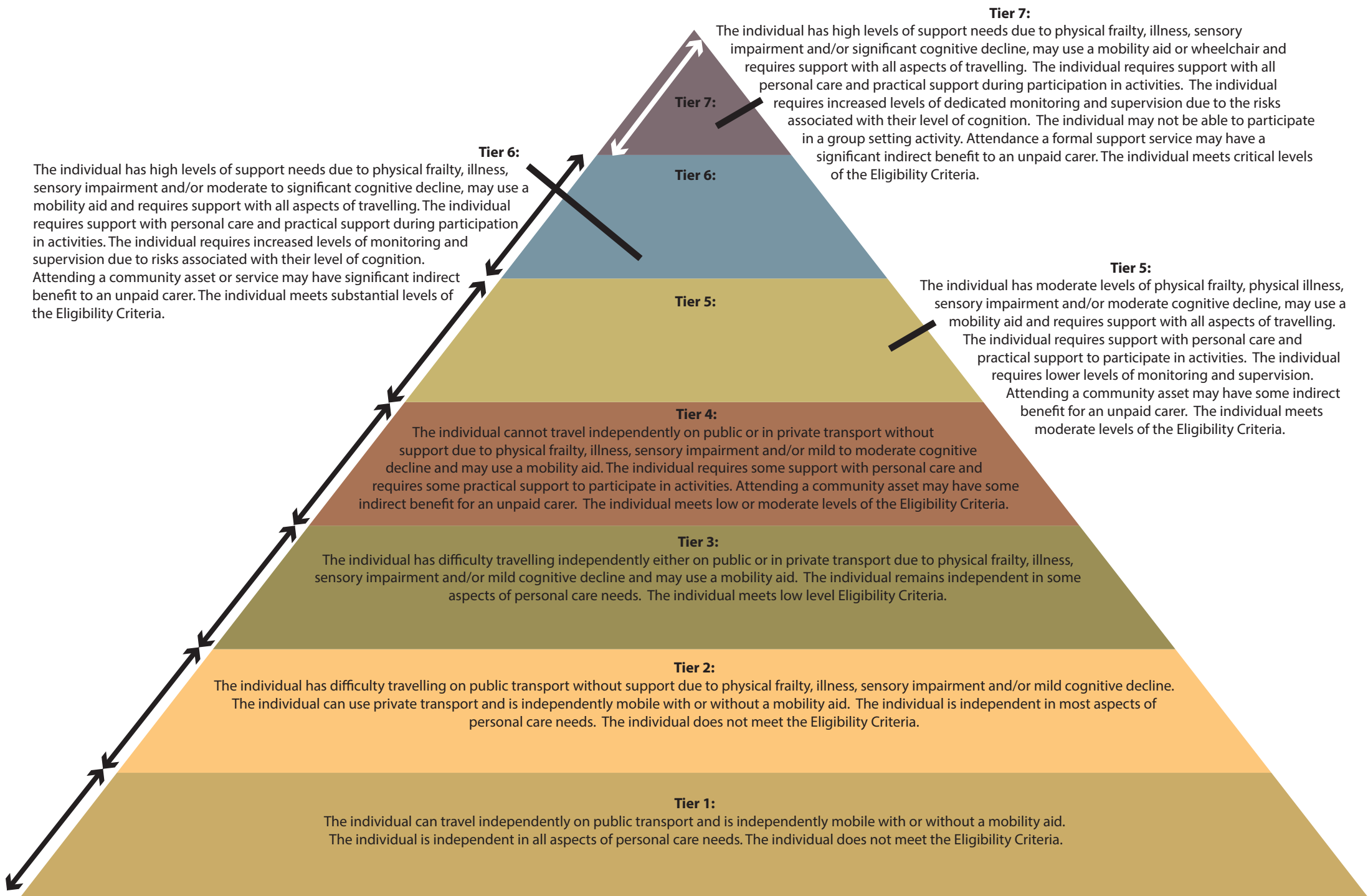
Local community assets with access to transport, for example, bus, volunteer drivers, and volunteers to provide support on and off transport. The location and venue of the asset is physically accessible and may have dementia friendly environmental aspects. There is volunteer support available while attending. There may be input from other support services including My Bus, CAB, Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.

Tier 2:

Local community assets which may or may not offer access to transport. The location and venue of the asset is physically accessible. There may be volunteer support available while in attendance. There may be input from other support services including My Bus, CAB, Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.

Tier 1:

Local community assets which may or may not offer access to transport. The location and venue of the asset is physically accessible. There may be volunteer support available while in attendance. There may be input from other supports including My Bus, CAB, Carers Link, East Dunbartonshire Voluntary Action, and Ceartas.



Social Supports for Older People – Tiered Needs Approach:

Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

Social Support for Older People 2023 - 2028

Please tick box to indicate if this is: Current Policy, Strategy or Plan New Policy, Strategy or Plan

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

Formal building based day care services provided to older people in East Dunbartonshire are supported by the provision of three day centres, two in Kirkintilloch and one in Milngavie. One of the Centres supports older people from the BAME community. The support provided by these Centres are of a high quality evidenced by their Care Inspectorate inspections which graded both Oakburn and Birdston Day Centres with the highest grade applied '6' and Milan received grades of '5'. These inspections evidence that the service users, their families and the staff working in the Centres place significant value on the services with some carers also benefiting from respite while service users are in attendance.

The Social Care (Self Directed Support) (Scotland) Act 2013 implemented in 2014 enabled individuals and their carers to have as much choice and control as they would wish or are capable of in relation to their support. This has seen some small changes over the last six years in the way that some older people have chosen, in relation to the model, to meet their social support needs.

However, needs analysis has evidenced that those service users, who meet the eligibility criteria for social support, largely choose a formal building based day centre support to meet those needs and outcomes. Many referrals for formal social support are received into the Health and Social Care Partnership (HSCP) at the point of crisis for the individual.

The Strategy delivers ways that informal social support can be provided to older people at an earlier stage in their timeline continuum so that they can continue to enjoy community and peer inclusion for an extended period before there is no other option to move to formal centre based support.

Pre the Covid-19 pandemic, East Dunbartonshire enjoyed an abundance of informal community clubs and activities targeted at supporting older people to remain connected to their local communities. All of these activities were suspended in March 2020. A number of the local community assets recommenced during September and October 2021 however there were a number of local clubs and groups who did not reconvene and have closed permanently. A result of the pandemic has been that many older people have deteriorated both physically and mentally due to social isolation from family, friends and peers. This is evidenced in the number and type of referrals that social work services has received throughout the pandemic.

East Dunbartonshire HSCP, in their five year Strategy, recognises that we need to change the way that people think about social support for older people, that being that it can only be delivered through formal building based day care settings. We recognise the important of encouraging older people to remain active in their communities as well as maintaining contact with their peers.

The HSCP undertook a Strategic Review exploring what older people, their carers and other stakeholders felt were important factors in accessing formal and informal social support opportunities in their local communities. The Strategy aims to ensure that older people have access to good quality information and advice about local resources and services. The Strategy focuses on the redesign of both formal and informal social support in East Dunbartonshire to ensure that there is a provision of social opportunities throughout a person's later stages of their life including focusing on available resources in local communities, places that are familiar for older people as well as developing additional community social opportunities. The Strategy focuses on the actions required to be undertaken by the HSCP to build capacity within local communities alongside our third sector partners and keeping older people connected into the community where they live.

The needs analysis considered current service provision, the needs and disabilities of people receiving formal social support, the indirect benefit of current supports on unpaid carers, demographics and highlighting the wide spectrum of community activities for older people that were available pre-pandemic. The availability of these community groups and clubs post-pandemic has decreased with a number of assets closing permanently. However, of those community clubs that did recommence work is currently being undertaken to liaise with group leaders to ascertain any support that clubs may require to recommence such as increased membership, volunteer provision and grants/funding applications.

With this in mind, this Equality Impact Assessment was undertaken to formally capture contextual information relevant to different groups or individuals with protected characteristics and will be used to inform subsequent service proposals and implementation programme.

Specific service proposals Equality Impact Assessments will be undertaken to ensure any service change is compliant with the IJBs legal duties in respect of their Public Sector Duty.

3 Lead Reviewer

Kelly Gainty, Adults and Community Care Support Worker

4. Please list all participants in carrying out this EQIA:

Derrick Pearce, Head of Community Health and Care Services
Gillian Healey, Team Manager, Planning and Commissioning
Margaret Friel, Planning and Commissioning Officer
Stephen McDonald, Manager of Adult and Older People Services
Richard Murphy, Manager of Resources

5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality? Please provide excerpts from the document to evidence.

In the introduction to the Social Support for Older People Strategy, it states “The benefits of social support and interaction has never been more evidenced than it was during the pandemic. While many people turned to technology to maintain contact with the outside world, for many others, technology did not provide that much needed interaction for a variety of reasons.... We want to be ambitious, we want to build up the previous abundance of social opportunities that our older residents had access to as well as grow those opportunities. This Strategy comes at a time when East Dunbartonshire is witnessing challenging demographics, experiencing an increasing, above average, number of older people living in our local communities. It is important that we provide social support opportunities at earlier stages in older people’s lives to take advantage of the benefits that it provides”.

The Feeley Report (March 2021) highlights that the majority of social care support is given to people in their own houses or in local community settings and that we need to ensure that this community support continues. It suggests that the role that communities play in supporting adults to remain active is extremely important. Community based supports can provide socialisation opportunities, advice, information and breaks for unpaid carers. These community based activities can make a big difference to an older person’s quality of life. “Social connections are important to everyone’s wellbeing” (Feeley, March 2021).

East Dunbartonshire Social Support for Older People Strategy 2023 – 2028 has at its core the local implementation of supporting older people to remain as active citizens within their communities from a starting position where the individual is fully independent in their care needs, through the time line continuum to the final stages where the individual needs full social support stimulation via a formal funded service due to physical and/or mental disability.

Equality Act 2010

The Equality Act 2010 brings together over 116 separate pieces of legislation into one single Act. Combined, they make up the 2010 Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.

The Act simplifies, strengthens and harmonises the current legislation to provide Britain with a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Fair and equitable services

We will plan and deliver services which account for the different needs of older people who share a characteristic protected by the Equality Act. (p15)

Planning for place

We will target resources where they are most needed to reduce disadvantage caused by socio-economic inequality. This is known as using a “Place” approach.

B What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy? For instance, a new flexible working policy might reflect on the additional burden experienced by carers or parents.

		Source
All	The Strategy will provide opportunities for older people to identify and utilise a variety of social support resources, of both an informal and formal nature depending on the individual’s physical and mental health needs. The eligibility criteria for attending a formal social support service will apply to older people with their eligibility determined by their assessed need.	HSCP Eligibility Criteria and Fair Access Policies. Social Work (Scotland) Act 1968

	<p>The provision of social support can also indirectly benefit an unpaid carer and support them to continue in their caring role. Any identified unpaid carer will be offered the opportunity to complete an Adult Carer Support Plan via the HSCP or Carers Link. Any eligible needs identified will be supported utilising informal and formal assets.</p> <p>The Feeley Report (March 2021) highlights that the majority of social care support is given to people in their own houses or in local community settings and that we need to ensure that this community support continues. It suggests that the role that communities play in supporting adults to remain active is extremely important. Community based supports can provide socialisation opportunities, advice, information and breaks for unpaid carers. These community based activities can make a big difference to an older person's quality of life. "Social connections are important to everyone's wellbeing" (Feeley, March 2021).</p> <p>The National Development Team for Inclusion (NDTi) have a body of research and evidence that shows that support led by community organisations has a significant impact on the quality of life for those who use those supports and it can drive improvements across the wider services.</p> <p>A Fairer Scotland for Older People Framework, published in 2019, recognises the important of keeping communities connected and recognises that everyday activities is one of the means by which health and wellbeing can be supported.</p>	<p>HSCP Carer's Eligibility Criteria.</p> <p>Carers (Scotland) Act 2016 The Feeley Report (March 2021)</p> <p>https://www.ndti.org.uk/change-and-development/community-led-support</p> <p>https://www.gov.scot/publications/fairer-scotland-older-people-framework-action/pages/5/</p>
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	<p>The Scottish Government's A Connected Scotland Strategy recognises the important of tackling social isolation and loneliness and building stronger social connections. It recognises the value in utilising community venues to keep people connected.</p>	<p>https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/</p>
<p>Sex</p>	<p>In East Dunbartonshire approximately 41% of older people utilising formal social support are male.</p> <p>Older women are more likely to report feeling lonely than older men do, but this doesn't mean men aren't experiencing loneliness. Women may feel more able to admit they're lonely. Women are more likely to live longer than men and experience life events, like losing their partner, which can cause loneliness. Women are more likely to have wider social networks than men across their lifetime. Older men in heterosexual relationships are more likely to rely on their female partner for maintaining social networks. A greater percentage of older men (50+) report moderate to high levels of social isolation. Older men without partners report higher levels of loneliness and isolation than women without partners. Older men who live alone say they struggle to access social support for reasons such as older people's clubs and activities being dominated by women, a lack of activities that interest them, and a lack of male staff running services. Crucially,</p>	<p>HSCP Social Support Strategic Review (June 2021)</p> <p>https://www.ageuk.org.uk/our-impact/policy-research/older-men-at-the-margins-how-men-combat-loneliness-in-later-life/</p>

	<p>older men also felt that they should be independent and self-reliant which stops them seeking help more generally. (Age UK)</p> <p>The Strategy seeks to develop informal and formal social support that specifically targets identifying older men who are experiencing social isolation and recognise the importance of community assets targeted at meeting men's social support needs for example, Milngavie and Bearsden Men's Shed, Kirkintilloch Men's Shed.</p>	<p>https://mandbshed.org/</p> <p>http://kirkintillochmensshed.co.uk/</p>
<p>Gender Reassignment</p>	<p>No local or national data was available about older people under this protected characteristic grouping. This is an area that requires to be developed both nationally and locally regarding the recording of older people who have this characteristic.</p> <p>Age UK provides information fact sheets about later life for transgender (or trans) people. The main focus is on growing older for people who have transitioned and live permanently in their affirmed gender. It also provides information for people in later life who are thinking about gender reassignment. The information covers a range of legal, financial and social care issues. It includes a guide to terminology and details of where to go for further information and support.</p> <p>The NHS GG&C offer guidance on health needs of transgender people and how to address discrimination against trans people in their Briefing Paper on Gender Reassignment and Transgender People, as well as offering training for NHS staff on the subject of transgender people. The Strategy is fully inclusive to all. Partnership working, inclusive of the Third Sector, is highlighted in various themes</p>	<p>https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs16_transgender_issues_and_later_life_fcs.pdf</p> <p>Sources are quoted in this section.</p>

	<p>within the Strategy and should also impact positively upon transgender older people as major research and policy direction around trans people are as yet largely shaped by the Third Sector organisations.</p>	
Race	<p>East Dunbartonshire collects ethnicity statistical data for all customers and carers who have contact with the HSCP.</p> <p>The Pakistani community who make up 0/9% of Scotland's population is the largest BME group. This is followed by the Chinese community with 0.6% and then by the Indian community with 0.5%. The Gypsy/Traveller population account for 0.1% of the total population. There is increasing evidence that Gypsy/Travellers experience significant health inequalities, and higher than average rates of major long-term conditions such as diabetes and cardiovascular disease.</p> <p>In the report by Trotter R. (2012); 'Over-looked Communities, Over-due Change' published by the Equalities National Council and Scope found many Black and Minority Ethnic (BME) people with disabilities reported that access to services can be compromised by poor translation, inconsistent quality of care and weak links between services and communities. People with disabilities are more likely to live in poverty but BME people with disabilities are disproportionately affected with nearly half living in household poverty. And like all people with disabilities, many of those from black and minority ethnic backgrounds find themselves socially excluded and pushed to the fringes of society.</p> <p>East Dunbartonshire currently has a dedicated older people's day centre for the BME community. The Milan Day Centre was established at a time when a significant number of older people, were identified in the local communities as being non-linguistic in English and in need of formal day centre support meeting cultural needs. However, the Strategy recognises that the numbers of older people from the BME community with formal day centre needs has diminished and</p>	<p>Scottish Health Survey 2012/2013; Scotland's Census 2011; Scottish Health and Experience Survey 2012/13</p>

	<p>that the HSCP needs to focus the Strategy on meeting all cultural needs in their formal day centre settings, while providing opportunities to establish cultural peer support opportunities for those older people who have not yet reached the final stages of the time line continuum.</p> <p>East Dunbartonshire HSCP recognises that any models of social support will need to support all individuals to achieve cultural integration and social contact by facilitating natural community connections. Formal social support will only be accessed by individuals whose assessed need meets eligibility criteria.</p>	
Disability	<p>Older people with disabilities will benefit positively from the introduction of this policy. It will help to identify the various stages of increasing physical and/or mental health illness affecting older people, and where social support opportunities of a community led nature, will benefit the older person to remain connected with their peer group.</p> <p>The HSCP's strategic needs analysis identified that 68% of older people utilising formally funded social support had a main disability identified as dementia or Alzheimer's, whilst the remaining 32% suffering from a physical disability or frailty.</p>	<p>Sources regarding benefits of social support for older people identified earlier in the document.</p> <p>HSCP's Strategic Needs Analysis of Social Support for Older People (June 2021)</p>
Sexual Orientation	<p>Many LGBT people fear potentially experiencing homophobia, biphobia and transphobia from services or have previous experience of discrimination from a service. There is often a lack of visibility of LGBT identities within services (such as staff knowledge of the issues affecting LGBT people, promotion of inclusive posters or websites and explicitly stating that the service is LGBT-inclusive) which</p>	<p>www.gov.scot/publications/sexual-orientation-scotland-2017-summary-</p>

	<p>are necessary to counter LGBT people's experiences of discrimination or a lack of confidence that social services are able to meet their needs.</p> <p>The LGBT group identify as much younger than those who are heterosexual, 4% of the LGBT group identify as 75 years plus compared to a tenth of heterosexual adults. The LGBT group are also less likely to report good general health. Adults from a mixed/multi ethnicity household were most likely to identify as LGBT.</p> <p>Older men in heterosexual relationships are more likely to rely on their female partner for maintaining social networks.</p>	<p>evidence-base/pages/2/</p> <p>https://www.ageuk.org.uk/our-impact/policy-research/older-men-at-the-margins-how-men-combat-loneliness-in-later-life/</p>
<p>Religion and Belief</p>	<p>Older People in receipt of formal funded support generally do so after assessment of risk using approved Eligibility Criteria. The threshold for service receipt is current limited to people who are assessed as presenting substantial or critical risk.</p> <p>East Dunbartonshire collects religion statistical data for all customers and carers who have contact with the HSCP. Religion, culture and beliefs also form part of the HSCP's assessment process to support the identification and creation of a personalised support package.</p> <p>East Dunbartonshire currently has a dedicated older people's day centre for the BME community. The Milan Day Centre was established at a time when a significant number of older people, were identified in the local communities as</p>	

	<p>being non-linguistic in English and in need of formal day centre support meeting religious and cultural needs. However, the Strategy recognises that the numbers of older people from the BME community with formal day centre needs has diminished and that the HSCP needs to focus the Strategy on meeting all religious and cultural needs in their formal day centre settings, while providing opportunities to establish cultural peer support opportunities for those older people who have not yet reached the final stages of the time line continuum.</p>	
<p>Age</p>	<p>Demographic statistical data for East Dunbartonshire show that during 2015 – 2019, the number of customers receiving home care aged 65+ increased by 26%. Looking ahead to the next ten years, with continued increases in older people and most particularly the 85+ population expected to rise at a rate higher than any other Scottish local authority area, it is projected that East Dunbartonshire will experience a continued 5% year-on-year increase in home care demand. This has a direct correlation with referrals for formal day care or day opportunities support. Current eligibility for attending day care is that customers are in receipt of support of a personal care nature either from home care services or family.</p> <p>Between 2003 and 2013, East Dunbartonshire experienced the fastest growing increase in people aged 85+ of any local authority in Scotland (from 1,672 to 2,660: an increase of 59%), with steepening future projections</p> <p>Key Factors to consider regarding the demographics contributing to the increase in the number of older people in East Dunbartonshire:</p> <ul style="list-style-type: none"> • Longer life expectancy resulting not only in more older people, but an increasing prevalence of people surviving beyond age 85 years, with correspondingly higher prevalence of limiting illnesses; 	<p>East Dunbartonshire HSCP: Cairns, A: Demand Older People, 31st Oct 2019</p>

	<ul style="list-style-type: none"> • With increased age comes increased complexity of care needs and associated costs; • The majority of health and social care services are delivered to those aged 75 years +. In 2012-13, 68% of home care customers were aged over 75 years, with most of these aged over 85 years; • Most of these statistics in this section relate to the 85 years + population, due to the intensive nature of the care often provided from this age upwards. However, it is important to note that almost as many service users receive services between the ages of 75 years and 85 years as receive services beyond the age of 85 years; • Community Care policy promotes community-based care, which in the main means care at home, or in a homely place in the community (including care homes). Day Centres or places to provide support in a safe and secure environment are considered an important aspect in supporting individuals to remain in the community. <p>East Dunbartonshire has felt the impact of these increasing numbers of older people and the associated pressures, perhaps more acutely than other areas in Scotland, and this trend is expected to accelerate.</p> <p>East Dunbartonshire has witnessed the fastest growing increase in people aged 85 years + (59%) of any local authority area in Scotland over the last ten years.</p>	<p>GRO Population Projections</p>
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	<p>Future projections demonstrate that this growth in older people in our community will accelerate over the next ten years by a further 74%, compared to a Scottish average of 46%.</p> <p>Looking even further ahead, the population of people 85 years + in East Dunbartonshire is expected to treble over the next 25 years.</p> <p>60% of older people currently accessing locally formally funded social support are aged 85 years plus.</p>	HSCP Strategic Needs Analysis of Social Support for Older People (June 2021)
Pregnancy and Maternity	<p>While older people are not affected by this protected characteristic, the HSCP recognises that older people may have unpaid carers in this characteristic category. There is no national data available about unpaid carers under this protected characteristic grouping. It is recognised that the Strategy will have an indirect benefit to supporting unpaid carers to continue in their caring role.</p>	
Marriage and Civil Partnership	<p>The Strategy does not make any specific reference to marriage and civil partnerships, the Strategy recognises that unpaid carers will have an indirect benefit to supporting unpaid carers to continue in their caring role. This may include spouses or partners of older people attending social supports. There is no national data available about unpaid carers under this protected characteristic grouping.</p> <p>59% of older people currently accessing locally formally funded social support are living with a spouse, partner or other family member.</p>	
Social and Economic Status	<p>The Scottish Government have developed a Framework that will help them to understand the national issues arising for older people and how policies can work together to the benefit of all older people. It sets a direction of travel in which the</p>	https://www.gov.scot/publications/fairer-scotland-older-

	<p>Government and partners across sectors can begin to develop action that will make real differences to older people's lives, now and in the future.</p> <p>Access to local informal community assets is available to all older people irrespective of their social and economic status. The Council does have a customer contribution policy when the individual accesses formal funded social support. However, income maximisation activities are undertaken to ensure that individuals are in receipt of all relevant benefits. Where customers are financially disadvantaged a financial assessment is undertaken to determine their level, if any, of customer contribution towards social support.</p>	<p>people-framework-action/pages/3/</p> <p>East Dunbartonshire Council Customer Contribution Policy 2021-22.</p> <p>East Dunbartonshire Council Fair Access Policy</p>
<p>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</p>	<p>No data was specifically available about older people under this marginalised group. However, the Scottish Government's 'A Connected Scotland' A Strategy tackling social isolation and loneliness recognises the impact that exclusion and isolation can have on an individual's physical and mental health.</p> <p>Please see reference to 'Travellers' under 'Race' characteristics.</p>	<p>https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-</p>

[connections/pages/6/](#)

C Do you expect the policy to have any positive impact on people with protected characteristics? Where you expect no impact please note None in all boxes.

	Highly Likely	Probable	Possible
General	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategy will have a positive impact on older people to feel socially included with their peer group and an active part of their community.		
Sex	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategy will have a positive impact on older people to feel socially included with their peer group and an active part of their community.		
Gender Reassignment	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategy will have a positive		

	impact on older people to feel socially included with their peer group and an active part of their community.		
Race	The Strategy will apply to all racial groups and where information is required to be translated or provided in alternative formats it will be provided upon request as is the current Council and NHS Policy		
Disability	The actions identified in the Strategy are designed to improve access, fairness, consistency and processes associated with supporting older people to feel socially included with their peer group.		
Sexual Orientation	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategy will have a positive impact on older people to feel socially included with their peer group and an active part of their community.		
Religion and Belief	It is expected that the integration of planning, resource use and service delivery as outlined in the		

	Strategy will have a positive impact on older people to feel socially included with their peer group and an active part of their community.		
Age	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategy will have a positive impact on older people to feel socially included with their peer group and an active part of their community.		
Marriage and Civil Partnership	It is expected that the integration of planning, resource use and service delivery as outlined in the Strategy will have a positive impact on older people to feel socially included with their peer group and an active part of their community.		
Pregnancy and Maternity	None	None	None
Social and Economic Status	It is expected that the integration of planning, resource use and service		

	delivery as outlined in the Strategy will have a positive impact on older people to feel socially included with their peer group and an active part of their community.		
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)	The overarching Strategic Plan will take a locality based approach in order to ensure that needs are met, and that inequalities can be reduced.		

D Do you expect the policy to have any negative impact on people with protected characteristics? Where you expect no impact please note None in all boxes.			
	Highly Likely	Probable	Possible
General			Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions.
Sex			Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions.

Gender Reassignment			Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions.
Race		Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions. This will be mitigated through community development opportunities and strategic commissioning processes, including service specifications which detail requirements for meeting language, cultural and dietary requirements.	
Disability			Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions.
Sexual Orientation			Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions.
Religion and Belief		Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions. This will be mitigated through community development opportunities and strategic commissioning processes, including service	

		specifications which detail requirements for meeting language, cultural and dietary requirements.	
Age			Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions.
Marriage and Civil Partnership			Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions.
Pregnancy and Maternity	None	None	None
Social and Economic Status			Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions.
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)			Yes, if the needs of older people are not recognised in all of the Strategy's consequential improvement actions.

E Actions to be taken – please list amendments to the policy following assessment.		
		Responsibility and Timescale
1 Changes to policy	There are no implications in the Strategy which will impact the human rights of older people, their families, carers, nor those of the wider community to note at this stage, however as the implementation plan progresses further consideration will be given to the impact on equality and human rights.	
2 Action to compensate for identified negative impact	As indicated above there are no implications in the Strategy which will impact the human rights of all older people, their families, carers, nor those of the wider community to note at this stage, however as the implementation plan progresses further consideration will be given to the impact on equality and human rights.	
3 Further monitoring – potential positive or negative impact	The Integration Joint Board (IJB) as a separate legal entity will operate independently from the Council and the Health Board. An annual performance report is required by statute will be provided by the IJB on the performance of the overarching Strategic Plan, of which this strategy is a subordinate part.	
4 Further information required		

Lead Reviewer: Name: Kelly Gainty
Sign Off Job Title: Adults and Community Care Support Worker
Signature: Kelly Gainty
Date:

Please email copy of the completed EQIA form to alastair.low@ggc.scot.nhs.uk

Or send hard copy to:

**Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055
Great Western Road, Glasgow, G12 0XH**

Social Support for Older People – Centre Based Day Care

Service Review Process, Force Field Analysis and Officer Recommended Service Delivery Model (2024 – 29)

Background

During the period 1 July to 31 October 2021 the HSCP undertook a large scale engagement exercise with all key stakeholders who were linked to day service provision for older people in East Dunbartonshire.

In line with the older people strategy objectives, three options with regard to building based supports were presented

- 1) The HSCP continues to provide three building based Day Centres as is the current arrangements, with one Centre dedicated to providing day centre support for older people from the BAME community. This is the status quo option
- 2) The HSCP changes its approach to deliver formal building based Day Centre support from two, not three, buildings, one in the West and another in the East. This option includes developing a number of community led support initiatives in the East and West localities
- 3) The HSCP moves to deliver formal building based Day Centre support from one building (locality to be determined). The remainder of the activities associated with this third option are equivalent to Option 2, including the development of other community led support initiatives.

The Outcome of the consultation was preference for option 2 – a split of East and West provision based on a two centre model of support. The next stage in the process then required a full service review. This was to aid the further development and design of options but also to afford cognisance that one of the current building based services was an in house Council/HSCP older people ethnic day care service, Milan; decisions made on future provision could therefore potentially impact on Council employed staff . It was agreed therefore that a service review be undertaken to further inform and augment the options appraisals and to consider a future delivery model in line with the Strategy.

This process commenced in July 2022 and was completed in December 2022.

Service Review Team

The Service Review team included representatives from the Council, the Partnership and Trade Unions and comprised of:

Lead - Head of Service Adult Community Care Services

ED HSCP Chief Finance & Resources Officer

Joint Service/Fieldwork Manager, Older People

Strategic Commissioning Manager

Strategic Commissioning Team Leader

Resources and Registered Services Manager

Adult Day Services Manager

Self-Directed Support Lead Officer/Manager Local Area Co-ordination for Older People

Accountant (Social Work) Finance, Audit & Performance

Human Resources & Organisational Development Manager

Human Resources Team Leader - Organisational Development

Trade Union Officials: representing Unite, Unison and GMB

Process

The group established terms of reference and agreed to look at the strategic needs analysis that was undertaken and which supported the development of the strategic vision. This included the usage of Day Centres, the uptake of non-centre based social supports, the financial framework the review was governed within and also what was being described as being the intention to put in place for the next five years. The specific purpose of the service review was the operational delivery of the strategy, but particularly whether it should be delivered internally; through the commissioned market; or a combination of both. The group also considered the financial framework in order that continued service delivery remained within the current financial envelope for the service.

The design phase of the process entailed further development of options and included a SWOT and PEST analysis of the current provision. This then helped establish a number of specific options which could be scrutinised further through a force field analysis. It was agreed that this would help determine the preferred option to present to the IJB.

Force Field Analysis

The Force field analysis provided 6 potential options which were discussed and scored by the review group. This piece of work presented the opportunity to agree and reach some consensus on the strengths and weaknesses of each proposal. The six options were:

Option 1: Status Quo – Do Nothing / Maintain services as is – this being three building based centres, two in the East locality and one in the West

Option 2: Status Quo, with Tweaking – Aligning Milan with Learning Disability Adult Day Services at level of service need / and continuing with the commissioned service element at level of service need – still retaining three centres but with some costs for the Milan service subsumed in to the wider day services budget

Option 3: Blended Two Centre Model – in house and commissioned, one in each locality, East and West, with community supports developed from cost savings

Option 4: Commissioned Two Centre Model – as in option 3 but with both services commissioned and the Milan service sitting within one of the commissioned models

Option 5: One Centre Commissioned – one central building based service with cost savings directed towards community and locality supports

Option 6: One Centre In-house, as in option 5 but one central building operated by the council.

The two highest scoring options identified from the force field analysis were options 3 and 4, which complied with the preference identified from the consultation process – a two centre model one based in each locality; with further development of community based supports and assets. Of these options the overall highest score by a narrow margin was option 4 - a blended two centre model, all commissioned.

Nature of Provision – Preferred Option

2 Day Centres - one in the East Locality and one in the West

East Centre: 136 places (reducing to 116 by 2029 to mitigate anticipated contract price increased and effect delivery of the Strategic Vision moving towards reduced use of building based care)

West Centre: 100 places (reducing to 86 by 2029 to mitigate anticipated contract price increases and effect delivery of the Strategic Vision moving towards reduced use of building based care)

Both centres operating 5 days/week not including Public Holidays, between the hours of 8am and 6pm

Transport from service user homes to centre and back included in service model, with lunch and daily refreshments included in daily rate. Dietary and cultural requirements to be specifically catered for.

Activities and entertainment to be developed in line with customer assessed need, personal outcomes and specific cultural needs.

Methods of communication, for example, language, augmentative and alternative communication aids should be adopted and tailored to individual customers' needs.

Fees to service users:

Day place rate £20.80 per day and £5.40 per day transport fee (per current EDC non-residential charging policy, amendment for day care services in 2020)

Staffing:

Staffing levels to be determined by provider and agreed with EDC/HSCP as part of specification for service and contract negotiations linked to Care Inspectorate registration, dependency ratios, fire/ health and safety regulations.

Specific requirement for staffing to include provision of communication in language other than English – dependent on first spoken language of service users attending.

Financial Framework:

Total costs: £1,522,613 pa

Delivers saving of: £101,810 recurring

Increased investment in community alternatives by £50,000

Re-provision of Services from Milan Day Care Centre:**Customers:’**

Total of 21 customers affected

Customers assessed as requiring building based day care would transition, in line with their preferences and personal outcomes, to either the East or West Older People Day Care Centre. Support Plans would be specific to individual needs, and take account of the particular group dynamic of the Milan Centre attendees. Where possible service users would have services re-provided as a whole group. For those individual customers who do not wish to relocate to the alternative Day Centres, the offer of alternative to day care would be discussed and provided under Self Directed Support options and equivalency budget provided, as per the HSCP’s ‘Fair Access to Community Care Services’ Policy.

Staff:

Current Staffing compliment comprises:

1fte Senior Day Centre

2fte Day Centre Assistants

0.6fte Facilities Assistant

Options for staff would be explored within wider Council in house day services under the Councils Principles of Change Strategy.

Asset:

The Milan Day Care Centre operated from Union Street, Kirkintilloch. This space is leased from the Archdiocese of Glasgow. Notice would be given on the lease and vacated in April 2024 or options for alternate use to be explored.

Agenda Item Number: 5c.

Appendix 3b.

Older People's Daycare Review
Financial Framework 2024/25
Options - Summary

	Budget 2022/23	Status Quo - 3 Centres			2 Centre Model	
		Option 1 - do Nothing - 2024/25			Preferred Option - All Commissioned (Actual Hrs) - 2024/25	
		Oakburn	Birdston	Milan	West	East
Cost - Centre Based Provision		358,385	637,200	139,495	325,805	657,475
TOTAL Cost - Centre Based	1,189,629			1,135,080		983,279
Community Based Daycare	253,048			289,715		289,715
EDVA Lunch Club	8,000			8,000		8,000
Befriending	93,372			93,372		93,372
EDICT	15,894			15,894		15,894
Woodhill Transport	4,680			4,680		4,680
Grants to community groups	3,800			3,800		53,800
TOTAL Daycare Supports	1,568,423	-	-	1,550,541	-	1,448,740
Local Area Co-Ordinators (LACs)	67,623			73,873		73,873
Total Daycare Supports + LACs	1,636,046	-	-	1,624,413	-	1,522,613
Saving / (Cost) - Total Day Supports				11,633		101,801

Option 1 - maintain status Quo - provider costs assume to increase by 8% in 2024/25, Council costs by 5% pay uplift 22/23, 2% pay uplift in 23/24 and thereafter. Based on 290 places with some reduction assumed to deliver within financial envelope available over the years of cost increases .

Option 4 - All Commissioned - assume Milan will be incorporated with Oakburn service based on actual hours of 236hrs per week.

Older People's Daycare Review									
Financial Framework									
Options - Summary 2024/25 - 2028/29									
	Status Quo - 3 centres					2 Centre Model			
	Option 1 - do Nothing (Status Quo)					Preferred Option - Commissioned across Localities based on Actual Hrs			TOTAL
	Oakburn	Birdston	Milan	Other	TOTAL	West	East	Community Provision	
Total 24/25	358,385	637,200	139,495	489,333	1,624,413	325,805	657,475	539,333	1,522,613
Total 25/26	387,056	688,176	142,285	499,120	1,716,637	338,185	682,459	550,120	1,570,764
Total 26/27	418,020	743,230	145,130	509,102	1,815,483	351,036	708,392	561,122	1,620,551
Total 27/28	451,462	802,688	148,033	519,284	1,921,468	364,376	735,311	572,345	1,672,031
Total 28/29	487,579	866,904	150,994	529,670	2,035,146	378,222	763,253	583,792	1,725,266
TOTAL (5 Yrs)	2,102,502	3,738,198	725,937	2,546,511	9,113,147	1,757,623	3,546,889	2,806,713	8,111,225
Saving / (Cost)									1,001,923
						Year	Occupancy Levels- Preferred Option		
						2024/25	100	136	237
						2025/26	96	131	227
						2026/27	93	126	219
						2027/28	89	121	210
						2028/29	86	116	202

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	190123-05 Agenda Item Number 5
2	Report Title	Older People's Social Support Strategy
3	Date direction issued by Integration Joint Board	Thursday 19 th January 2023
4	Date from which direction takes effect	Thursday 19 th January 2023
5	Direction to:	East Dunbartonshire Council only
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes – 300622-04
7	Functions covered by direction	<ul style="list-style-type: none"> • Centre based day care for older people • Centre based day care for older people from BAME communities • Alternatives to day care social support • Older People Local Area Co-ordination • Human Resources • Strategic Commissioning
8	Full text of direction	<p>The IJB hereby directs East Dunbartonshire Council to:</p> <ul style="list-style-type: none"> • Progress the activities associated with enacting the preferred delivery option for centre based day services and social support for older people. • Support the preferred option and its associated activities as determined by the Service Review carried out by the Older People's Day Care Delivery Group.
9	Budget allocated by Integration Joint Board to carry out direction	The total budget relating to older people's social support in 2022/23 is £1,568,423
10	Details of prior engagement where appropriate	There has been ongoing dialogue with EDC Chief executive and Depute Chief Executive, Chief Solicitor and Monitoring Officer, Council Leadership, strategic commissioning service, finance and legal services throughout the development of the Older People's Social Support Strategy
11	Outcomes	The Older People's Special Support Strategy will deliver on the strategic aims and objectives of the

		HSCP Strategic Plan 2022 – 2025 and Annual Delivery Plan 2022/23, and contributed to the outcomes of Local Outcome 6
12	Performance monitoring arrangements	Performance monitoring of the delivery of the Older people’s Social Support Strategy will be through routine engagement with service users and carers – undertaken through statutory review and reassessment, and by monitoring the demand levels of services resulting from the strategy. There will be routine financial monitoring of the application of the strategy in relation to costs.
13	Date direction will be reviewed	January 2026

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/19012023/06

CONTACT OFFICER: CAROLINE SINCLAIR, CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

SUBJECT TITLE: SPECIALIST CHILDREN'S SERVICES SINGLE SERVICE ALIGNMENT

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to East Dunbartonshire Health and Social Care Partnership Board on the progress towards planning for implementation of a single service structure for Specialist Children's Services Child (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services. This report will provide an opportunity to update on the planning, engagement and initial process for the creation of a single management for SCS, with a view to a fuller report being submitted in March for approval of the details of transition.

2.0 RECOMMENDATIONS

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

- 2.1** Note the content of the Report; and
- 2.2** Note that a further report will be submitted in March including the details of the transition of staff and budget, for approval.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Within the GG&C Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Hosted Tier 4 services.
- 3.2** The current arrangements, whereby Tier 4 CAMHS and Community Paediatrics services are aligned to the Chief Officer for East Dunbartonshire and Tier 3 CAMHS and Community Paediatrics services are hosted across the other 5 HSCPs, are intended to be consolidated under a formal hosting arrangement within East Dunbartonshire HSCP. This will include consolidation of all the budgets supporting the delivery of these services and a refresh of the associated governance and reporting arrangements through East Dunbartonshire IJB, and through other IJBs as part of regular performance reporting.
- 3.3** A single system management arrangement is a development that Scottish Government are keen to see progressed and it has been raised within the CAMHS performance support meetings that are currently in place. It is seen as critical to the improvement of the co-ordination and management of services across GG&C and the performance of CAMHS and community paediatrics across the health board area.
- 3.4** The main principles that will guide the transition is as follows:
- Services will continue to be delivered locally, and by existing teams
 - Services will remain located within their current HSCPs
 - Services will continue to work closely in partnership with HSCP colleagues
- 3.5** Change will be guided by a project plan which will be developed and will include a consultation and engagement plan. Work will be inclusive of all key stakeholders and staff partnership colleagues. An Oversight Group will be put in place to support the work, with representation from all HSCPs within the GGC area.
- 3.6** Further and fuller details are available in **Appendix 1** - SCS Realignment Briefing- which sets out the background, current structures, proposed process for implementation, current financial framework and associated staffing compliment, current management arrangements and clinical, care governance and performance arrangements.
- 3.7** A further report will be submitted to the next meeting of each affected Integration Joint Board including the details of the transition of staff and budget, for approval.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection

5. Supporting Carers and Families - Yes

6. Improving Mental Health and Recovery - Yes

7. Post-pandemic Renewal

8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – Realignment of line management for a small number of existing SCS Service Managers.

4.4 Legal Implications – None.

4.5 Financial Implications – Realignment of SCS budgets, Tier 3 and 4 into a single budget hosted by East Dunbartonshire HSCP. A process of due diligence is underway, as part of the project plan, to provide assurance that the budgets to be re-aligned will be sufficient to support the new consolidated service delivery model with any financial risks to be highlighted. There are financial implications in the movement of the relevant budgets which will be set out in more detail in the next report.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 An Oversight Group will ensure the effective and efficient transition to a single model and will capture any risks for mitigation within the project plan.

6.0 IMPACT

6.1 STATUTORY DUTY – None

6.2 EAST DUNBARTONSHIRE COUNCIL – None.

6.3 NHS GREATER GLASGOW & CLYDE – None.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1 – SCS Realignment Briefing**

Appendix 1 Realignment Briefing

Briefing setting out the pre-established rationale for realignment of Child and Adolescent Mental Health Services and Specialist Children's Services

Implementation plan to support transition to a whole system management arrangement for Specialist Children's Services and the delivery of the Mental Health Recovery and Renewal plan.

Draft 0.1 27-11-22

1. Situation

Within the Health Board it has been agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics. This will bring together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board hosted Tier 4 services.

The single system management arrangement aims to offer the following advantages:

- Flexibility, cross system and read across for budgets and workforce (for medical staffing this currently exists)
- Ability to better plan and implement improvement programmes on a GGC basis taking cognisance of local arrangements and variances
- Meeting increasing demand for CAMHS through creation of a single workforce plan to minimise waiting times for children and young people
- Improved standardisation of service delivery and reduced variation across the Board area
- Improved resilience and contingency arrangements
- Cohesion between Tier 3 and Tier 4 services
- Continued positive interface with acute Women and Children's Directorate and strengthens links with secondary care
- A structure to take forward the development of regional services including FCAMHS and Secure Care to include reviewing the increasing pressures from the private Secure Care estate on local teams where these units are situated across HSCP's.

Consideration has been given to where this single management arrangement will be held and it has been agreed that this will be held in a single HSCP, with strategic, financial and management responsibility for the full service. This will require revised management arrangements to ensure the capacity and capability to deliver on a single structure and some changes to the current governance arrangements.

2. Background

Specialist Children's Services (SCS) provides CAMHS and Specialist Community Paediatrics Teams (SCPT) services for Children and Young People, both in and out of hours, at Tier 3 (community HSCP level), and Tier 4 (GGC wide, Regional and National Services).

In 2015 Tier 3 CAMHS and Tier 3 Community Paediatric services were delegated to Renfrewshire, Inverclyde and East Renfrewshire HSCP's (excluding medical staff). In 2019, and in line with other HSCP's, Tier 3 SCS services were delegated to Glasgow City HSCP.

Table 1 below details the team breakdown of the current delegated **Tier 3** Specialist Children's Service, including CAMHS and SCPT, by HSCP. Services for East Dunbartonshire, with the exception of Speech and Language Therapy, were provided by Glasgow.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire	1xCAMHS	1xSCPT
East Renfrewshire	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde	1xCAMHS	1xSCPT
West Dunbartonshire	1xCAMHS	1xSCPT
East Dunbartonshire	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

Table 1

The Tier 4 and Board wide professional functions and services have remained retained by the Health Board, rather than delegated to HSCPs, and they are managed by a single HSCP Chief Officer, currently East Dunbartonshire, on behalf of the Board, rather than on behalf of the HSCP.

Tier 4 services are delivered Board wide, regionally and nationally and include:

- Child and Adolescent inpatient units
- Unscheduled and intensive CAMHS
- Eating Disorder, FCAMHS, Learning Disability CAMHS and Trauma services
- Infant Mental Health Team

Tier 4 SCS also deliver services into Women and Children's Directorate and includes:

- Paediatric OT, SLT and the Community Children's Nursing team
- Liaison Psychiatry, Paediatric Psychology and Maternal and Neonatal psychology

3. Implementation

Change will not be immediate, rather it will be guided by a project plan which will be developed and will include a communication and engagement plan. Work will be inclusive of all key stakeholders and our staff partnership colleagues. An oversight group will also be put in place to support the work.

The single system management arrangement will require a robust governance, management and financial structure to enable and drive improvement, and provide a GGC focus to strategic planning.

The roadmap for change will be underpinned by a set of principles which aim to minimise disruption of services and support staff with the transition

Principles

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs
- Services will continue to work closely in partnership with HSCP colleagues

Maintenance of local service delivery, links, and co-dependencies with preventative services and community based services will continue to be essential, and so there is a commitment to ensuring ongoing joint planning and collaboration. The services that are moving into the single service will commit to continuing to work closely with services being delivered and commissioned by HSCPs as part of their integrated local plans for services for children and families, including Tier 1 and Tier 2 services.

An Implementation Oversight Group will be established to oversee the development and implementation of the single service model. A range of sub groups will be required in order to ensure attention to all required areas.

3.1 Communication and Engagement plan

A communication and engagement plan will be required to ensure that we have a consistent and clear message that ensures that everyone is well informed and therefore minimising any cause for concerns. There are four key groups:

- Staff in both Tier 3 and Tier 4 of Specialist Children Services
- Staff in services in HSCPs and staff involved in transition areas
- Patients / Carers: All Patients and carers currently known to the service to receive an update on the service changes, the rationale for why we are making the service changes and our commitment to retain service delivery in the local areas.
- Referrers: Local Service managers to continue to communicate with referrers in local area about the changes and that local connections will be retained

3.2 Finance realignment

Tier 3 delegated CAMHS services has a total annual budget of £9.1m with circa 153.5wte. The Mental Health Recovery and Renewal workforce plan will see a significant increase in the workforce by a further 127.8wte, £7.2m. Tier 3 delegated SCPT services has a total budget of £12.5m with a circa 265 wte.

Tier 4 hosted services has a total annual budget of £24.2m with circa 340 wte. The Tier 4 mental Health recovery and Renewal funding will see an increase in budget of £2.8m. A workforce plan is in development for the new regional Intensive Psychiatric Care Unit and the regional services development for FCAMHS, SECURE and Learning Disabilities. These will see an overall increase in the service estate and reach.

Implementation of the single management model requires drawing together the funding currently held across a range of HSCP and SCS budgets, under a range of different codes, into one structure. This will include costing of the new model of service delivery to ensure this is viable within the budgets that are transferring. This will be overseen by a Chief Finance Officer.

3.3 Management Structure

The delegated Tier 3 services are currently operationally managed in HSCP's by 6.0 service managers whose remit is predominately SCS. The service managers are line managed by HSCP Heads of Children's Services who also manage a range of other services in their remit ie Health visiting/School nursing and social work and social care children's services

The hosted Tier 4 services are currently operationally managed by 2.5 wte service managers. The service managers are line managed by the Head of Specialist Children's Services (HoSCS) who also has line management responsibility for the Clinical Directors, Professional Leads and Quality Improvement team. The HoSCS also has responsibility for strategic planning and governance for SCS as a whole alongside the Clinical Directors.

Bringing the services together in to a single management and financial arrangement would see a combined annual budget of approximately £55.8 million with a staff of circa 926wte (including additional MHRR funding and posts). This would create a combined operational and strategic team of 19.5 wte (Table 2).

	Service Managers tier 3 & 4	Professional Leads	Clinical Directors	Total
Total	9 wte	8.5 wte	2 wte	19.5

A Workforce Change Group will be established to oversee, advise and implement the processes for staff directly and indirectly impacted by the proposed changes reporting through the Oversight Group. A nomination will be sought from the Employee Director for a staff side representative to join the group given its Board wide remit.

In order to manage the realigned Tier 3 services it is assessed that there would be a need for a new permanent Head of Specialists Children's Service replacing the functions currently delivered by the HSCP's Heads of Children's Services. This would sit alongside the current post of (HoSCS) managing the Tier 4 services.

In order to manage the transition and the existing service developments associated with the Mental Health Recovery and Renewal plan it is proposed to create a temporary Project Manager Post to support the implementation of the new arrangements. Slippage from the Mental Health Recovery and Renewal funding will be used to fund this temporary role.

3.4 Clinical Governance

The current clinical governance arrangements are complex. With Tier 3 services reporting through individual HSCPs while also reporting into the existing Board wide Clinical Governance executive committee chaired jointly by the CAMHS and SCPT Clinical Directors. For the Tier 4 hosted services, governance is reported through the East Dunbartonshire HSCP clinical and care governance forum and through the Women and Children's Directorate governance group.

3.5 Performance

There exists a regular reporting framework for HSCPs and the Women and Children's Directorate Which includes performance against national targets and service developments. There also exists quarterly interface meeting with all HSCP's where the respective Heads of Service, Service Managers and CDs consider challenges and achievements.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/07

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCES OFFICER TEL: 07583902000

SUBJECT TITLE: CODE OF CONDUCT FOR MEMBERS
INTEGRATED JOINT BOARDS

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Board on the revised Model Code of Conduct for Members of Integrated Joint Boards (attached as **Appendix 1**).

2.0 RECOMMENDATIONS

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

- 2.1 Approve and adopts the Model Code of Conduct for East Dunbartonshire Integrated Joint Board.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The HSCP Board adopted a Model Code of Conduct at a Board meeting on the 3rd September 2015. This was a statutory requirement, under the Ethical Standards in Public Life etc. (Scotland) Act 2000, in that the HSCP Board adopts a Code of Conduct which is specific to East Dunbartonshire Health & Social Care Partnership. This document was one of a number which formed the Administrative Scheme for the HSCP.
- 3.2** This Code for Integration Joint Boards had been specifically developed by the Scottish Government using the Model Code and the statutory requirements of the 2000 Act. Following approval by the HSCP Board in August 2016, a revised Code of Conduct was submitted to the Scottish Government for approval.
- 3.3** Once the HSCP Board Code of Conduct had been approved by the Scottish Government the HSCP Board was required to publish their Code and a Register of Members' Interests.
- 3.4** In January 2022, Sam Neill, Director for Local Government and Communities, Scottish Government contacted IJB Chairs and Vice Chairs to let them know of revisions to the Model Code of Conduct for Members of Devolved Public Bodies. These changes to the Model Code came into effect on 7 December 2021.
- 3.5** The revised Model Code highlights the need for Board Members to take personal responsibility for their behaviour and to have awareness of the organisation's policies including e.g. social media, equality, diversity, bullying and harassment.
- 3.6** There are also changes to Register of Interest including the new category of Close Family members, a revised Register of Interest Template will be required for compliance from August 2022 to August 2023 year.
- 3.7** As a Devolved Public Body listed in schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, our own Code of Conduct required to be reviewed and updated in line with the Model Code. To help with this process a template Model Code was provided.
- 3.8** As the content of the Model Code has been approved by Parliament there was an expectation that the majority of revised Codes would not deviate greatly from the Model Code and may only require slight adjustments to accommodate legislative requirements.
- 3.9** IJB's were asked again to provide a copy of their Code for approval, or adoption of the Model Code by no later than 14th July 2022 to ensure that all organisations listed under the Ethical Standards Framework have a Code that has received Ministerial Approval.
- 3.10** Due to the timescales for return, EDHSCP will adopt the Model Code, and confirmation of this has been passed to the Standards Commission for Scotland and Commissioner for their records. The Model Code of Conduct and the Register of Interests are now published on the body's website and Public Bodies Unit will hyper-link the contact details on the ethical standards framework section on the Scottish Government website.

3.11 Relevant training on the Revised Code of Conduct will be made available to Board members in due course.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

This committee provides support to the IJB in its responsibilities for issues of performance, risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered.

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 STATUTORY DUTY – The HSCP Board requires a Code of Conduct as a statutory requirement, under the Ethical Standards in Public Life etc. (Scotland) Act 2000, in that the HSCP Board adopts a Code of Conduct which is specific to East Dunbartonshire Health & Social Care Partnership. This document was one of a number which formed the Administrative Scheme for the HSCP.

6.2 EAST DUNBARTONSHIRE COUNCIL – None.

6.3 NHS GREATER GLASGOW & CLYDE – None.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – No Direction Required. (insert as appropriate)

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 - Revised Code, IJB Approval letter July 2022

8.2 Appendix 2 - Code of Conduct for Members of Integration Joint Boards

Director General Communities
Third Sector & Public Bodies Division

E: PublicBodiesUnitMailbox@gov.scot



To Chairs of the Integration Joint Boards,

15 July 2022

Dear Chair

CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES

I am writing on behalf of the Minister for Public Finance, Planning & Community Wealth to inform you that the Code of Conduct as attached has been approved for use by your Integration Joint Board (IJB).

Please note that in the version of the Model Code as published in December 2021 at Category One paragraph 4.9 where it refers to "...in terms of paragraph 6.7 of this Code", this should instead refer to paragraph 6.8. Additionally at Category Three paragraph 4.15 where it refers to "... or in which I have shares of a value as described in paragraph 4.19 below)...", this should instead refer to paragraph 4.20. The Code as attached for use by your IJB has been amended accordingly to reflect these changes.

A copy of this letter and the approved Code of Conduct for your IJB has been passed to the Standards Commission for Scotland and the Commissioner for their records

Our final ask is that when the Code and the Register of Interests are published on the body's website the web-links to both are sent into us at PublicBodiesUnitMailbox@gov.scot. Having this information will allow PBU to hyper-link the contact details on the ethical standards framework section on the SG website.

Thank you for your continued co-operation.

Yours sincerely,

Public Bodies Unit

Code of Conduct for Members of Integration Joint Boards

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SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Officer of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

- a) a one-off incident,
- b) part of a cumulative course of conduct; or
- c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Officer, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Officer and Executive Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

- a) my public body, its committees; and
- b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
- b) a gift being offered to my public body;
- c) hospitality which would reasonably be associated with my duties as a board member; or
- d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body’s Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

- a) improperly confer on or secure for myself, or others, an advantage;
- b) avoid a disadvantage for myself, or create a disadvantage for others or
- c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

- a) employed;
- b) self-employed;
- c) the holder of an office;
- d) a director of an undertaking;
- e) a partner in a firm;
- f) appointed or nominated by my public body to another body; or
- g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph [6.8](#) of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with my public body:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, unless:

- a) The matter being considered by my public body is quasi-judicial or regulatory; or
- b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Officer or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).

6.8 I will not accept any paid work:

- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
- b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
 - Do nothing;
 - Direct the ESC to carry out further investigations; or
 - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of

the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration” includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/08

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER: 0141 232 8233

SUBJECT TITLE: PRIMARY CARE IMPROVEMENT PLAN UPDATE

1.0 PURPOSE

- 1.1** The purpose of this report is to provide an update to the Health and Social Care Partnership Board on the following:
- East Dunbartonshire Primary Care Improvement Plan (PCIP) Tracker, and the remaining challenges in terms of overall affordability, workforce and premises associated with this.

2.0 RECOMMENDATIONS

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

- 2.1** Note the contents of this report

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

3.0 BACKGROUND

- 3.1** The HSCP has responsibility for implementing the new GP contract through the Primary Care Improvement Plan. There are three core commitments which the HSCP are required to progress which are Vaccination Transformation Programme (VTP), Pharmacotherapy and Community Treatment & Care Service. The HSCP is also progressing with the three non-core commitments; Advanced Nurse Practitioners (ANP), Advanced Practice Physiotherapy (APP) and Wellbeing Workers (WW) in line with the outcome of an engagement event with the local GP community where it was expressed that these services would make a significant impact in reducing GP workload.
- 3.2** The latest East Dunbartonshire Primary Care Improvement Plan (PCIP) Tracker (**Appendix 1**) was submitted to Scottish Government on the 22 November 2021. The Tracker is used to provide assurance that implementation is progressing in line with the priorities set out within the GMS Contract 2018 and Memorandum of Understanding (MoU).
- 3.3** While progress is continually being made against the delivery of the GMS contract in East Dunbartonshire, challenges remain. The main barriers to implementation continue to be insufficient finance and accommodation. The HSCP routinely escalate these issues to the PCIP Oversight Group and Scottish Government, and in addition to the tracker submission, have written to Government specifically to highlight our concerns regarding the current level of PCIP service provision within the current financial allocation, and to emphasise the challenges we face in progressing towards 'full delivery' of our PCIP and the MoU due to the significant financial gap identified in this tracker return.
- 3.4** Following engagement between Scottish Government and HSCPs, this new tracker has been developed to include not only staffing costs, but also projections against full delivery and activity. The following table summarises our current service implementation and the financial investment required to achieve full implementation of each MoU.

	Current service implementation against full delivery	22-23 Forecast/funding required £000s	Future annual budget required £000s
VTP		505	673
Pharmacotherapy	45% with 24.8 WTE	1,198	3,322
CTAC Nursing	28% with 4.7 WTE	828	1,954
CTAC Phlebotomy	19% with 3.6 WTE		
Urgent Care (ANPs)	34% with 7.8 WTE	541	892
Physiotherapy / MSK	37% with 2.9 WTE	182	720
Mental Health Workers	0%	0	699
CLW / Wellbeing Advisors	66% based on planned 3 WTE.	85	134
Other (Programme Management)		89	146
Accommodation		223	700
TOTAL		3,651	9,240

3.5 East Dunbartonshire HSCP continues to work with NHSGGC Capital and Property team to progress the shop front Community Treatment Centres in both Bishopbriggs and Milngavie and we should have an update on timescales for these projects at the next Board Meeting.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Patients – Delivery of the Primary Care Improvement Plan affects how, where, and from whom, patients receive their primary care services.

4.3 Workforce (including any significant resource implications) – Delivery of the PCIP requires the involvement of a range of practitioners – many of whom are in short supply and/or who need to conclude extensive professional development pathways to take up the full extent of their roles. In addition, some roles required in primary care are currently in short supply in other parts of the system resulting in potential destabilisation of the whole system if staff move en masse to primary care. Across GG&C there are mitigations in place to prevent this, which impacts on implementation speed of the local PCIP. This is especially an implication for Advanced Practice Physiotherapy.

4.4 Legal Implications – None.

4.5 Financial Implications – Despite the significant recurring investment that has been made available to deliver the PCIP, there remain financial challenges due to the scale of the task to be delivered. The financial gap to deliver the full extent of the East Dunbartonshire PCIP, when compared to the planned delivery in 2022/23 has been reported to the Scottish Government via the PCIP Tracker appended to this report. The funding envelope for 2022/23 has been capped by SG at £3.150m (which includes reserves balances of £1.051m held by the HSCP). Given the expected financial cost for 2022/23 is £3.651m, then there is a potential funding gap for 2022/23 of £501k, albeit there may be some further slippage on recruitment to current posts and accommodation costs which may mitigate this risk to that of an overspend on commitments of £82k if no further spending plans are progressed.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – Space available across the assets used by the HSCP is at a premium and there are corporate assets issues for both NHSGG&C and EDC relating

to this report. As described above these implications are being addressed through joint Property and Assets planning by the HSCP with partner agencies.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 There are risks to full implementation of the PCIP due to insufficient funding to fulfil the total financial framework required, challenges in securing the appropriate trained practitioners to fill the roles set out in the MoU, and availability of local accommodation from which to deliver services, Measures in place to mitigate these risks include regular dialogue on a pan-NHSGGC bases with Scottish Government, the development of property and assets plans specific to East Dunbartonshire and the progression of workforce development. There is a financial risk of overspend in 2022/23 (set out in paragraph 4.5) – this will be mitigated through continued representation to SG through the submission of this tracker and follow up meetings on the full funding required for 2022/23.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1** – East Dunbartonshire Primary Care improvement (PCIP) Tracker submission from 22 November 2022.

Appendix 1 - PCIP Tracker 5.5

The information below is screenshots of the PCIP Tracker as it was submitted to Scottish Government. Assumptions for full delivery refer to our ideal service with the required budget allocation of £9,240,000. Current service model refers to staffing and service delivery on current financial allocation which is approximately only one third of what we require for full delivery of our Primary Care Improvement Plan.

The ratios detail the patient population served per one whole time member of staff. Currently there is no agreed workforce model for any of our PCIP services. This has been fed back to Government since the launch of PCIP in 2018.

Covid PCIP 5.5		
Health Board Area:	NHS Greater Glasgow & Clyde	
Health & Social Care Partnership:	East Dunbartonshire HSCP	
Total number of practices:	15	
MOU PRIORITIES – CAPACITY PROFILE		
2.1 Pharmacotherapy	Practices with access to service by 31/3/23	Weekly activity/number of tasks or items (based on current workforce)
Level 1: Authorise/action acute prescribing requests	10	*Data not included. See below for explanation.
Level 1: Authorise/action repeat prescribing requests	0	
Level 1: Authorise/action hospital discharge letters/outpatient requests	14	
Level 1: Other	15	
Level 2: Medication review (more than 5 medicines)	15	
Level 2: other	15	
Level 3: poly pharmacy reviews and specialist clinics	13	
Level 3: other	13	
Please provide a (rough) estimate of the percentage of Pharmacotherapy activity that is funded through PCIP.		
100%		
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.		
<p>There is currently no nationally agreed workforce model for the Pharmacotherapy service. However, previous workforce modelling has indicated that the current funded and available workforce, will not be sufficient to deliver the full MoU2. We are unable to submit specific workforce projections at this time. Staff resource is limited by recruitment.</p> <p>Challenges and funding mean practices currently prioritise aspects of pharmacotherapy delivery through locally identified need. Recognising a shortfall in the workforce, all HSCPs are working to attain minimum levels of service deliverables agreed by our Primary Care Programme Board in October 2021. This includes a focus across levels 1-3 within the available resource (PCIF and non PCIF) in line with MoU2.</p> <p>Clinical priorities for level 3 activity are in place to align with higher risk cohorts including frailty, pain, diabetes, respiratory with a view to reduce demand.</p>		
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?		
<p>* Following the advice of the Directors of Pharmacy, activity data relating to the pharmacotherapy service has not been provided because it does not measure the professional input of the pharmacy team in GP practices; it is not comparable across Boards; it is not readily available and would require resource to collate. Furthermore, in accordance with MoU2, the Pharmacotherapy Strategic Implementation Group has developed outcome measures and the PCIF tracker dataset is not aligned with those proposed by the group.</p>		

2.2 Community Treatment and Care Services	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current number of appointments taken up (activity) in a typical week
General Practice phlebotomy	10	481	434
Chronic Disease Monitoring	<i>Not yet launched within the service.</i>		
CTAC treatment services including but not limited to ear syringing, suture removal etc	10	341	307

Please provide a (rough) estimate of the percentage of Community Treatment and Care Services that are funded through PCIP.

100%

Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.

Under the current service provision, all 15 practices have access to domiciliary phlebotomy service, however, only 10 have access to clinic based phlebotomy appointments. The above figures are taken from an actual week. For phlebotomy (HCSW) this is based mostly on 10 minutes appointments. Assumptions for ideal full service delivery within CTAC, in the absence of full service spec:

Treatment Room Nurse 1:5,530;
HCSW 1:4,915.

Current model offers:
Treatment Room Nurse - 1:23,667; 28% delivered
HCSW - 1:30,953; 19% delivered

It is worth noting that for treatment room nurse appointments, due to the variety of interventions offered, appointment capacity varies.

Whilst we offer a service to 10 practices, this is a partial service and not yet fully implemented due to constraints such as lack of accommodation within both practices and current HSCP buildings to accommodate service. It should also be highlighted that our satellite clinic is not fully utilised which may be due to its rural location.

If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?

We have not reported on chronic disease monitoring as this has not yet been launched within the service.

2.3 Vaccine Transformation Program	Practices with access to service by 31/3/23
Pre School - Practices covered by service	15
School age - Practices covered by service	15
Out of Schedule - Practices covered by service	15
Adult imms - Practices covered by service	15
Adult flu - Practices covered by service	15
Pregnancy - Practices covered by service	15
Travel - Practices covered by service	15

Please provide a (rough) estimate of the percentage of the Vaccine Transformation Program that is funded through PCIP.

100%

2.4 Urgent Care Services	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity
In-practice	9	76	74
External appointments e.g. house visits or care homes	13	52	48

Please provide a (rough) estimate of the percentage of Urgent Care Services that are funded through PCIP.

100%

Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.

Assumptions for ideal full service delivery, in the absence of full service spec: 1:9,600 (11.5wte headcount). With backfill 1:7,900 (14wte headcount)
 Current model offers: 1:14,179 (7.8wte headcount) – This is due to ongoing recruitment challenges as we currently have 2.8wte vacancies within the service.
 Implementation status (%) - 34%

13 of 15 practices have access to the service. 5 have access to a House Visiting model only. The remaining 9 have access to a hybrid model which varies in structure based on demand but for the figures above a standard template has been used. When there are more house visits than clinic demand, 3 clinic appointments are merged to allow an additional house visit and vice versa if clinic demand is higher.

If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?

Additional professional services

2.5 Physiotherapy / MSK	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity
Practices accessing APP	10	148	148

Please provide a (rough) estimate of the percentage of Urgent Care Services that are funded through PCIP.

100%

Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of a ppointments, absence factors etc.

Assumptions for ideal full service delivery, in the absence of full service spec: 1:14:000 (7.9wte headcount).
 Current model offers: 1:37,772 (2.9wte headcount) - This is due to limitations within the wider MSK service.
 Implementation status (%) - 37%

For 1wte (typical 7.5hr day), Admin / non-clinical time is built into template. 10%wte training / CPD within MSK Department. No cover for leave provided.

If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?

2.6 Mental health workers	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity
Practices accessing MH workers / support through PCIF	0		
Please provide a (rough) estimate of the percentage of Mental Health Workers that are funded through PCIP.			
100%			
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.			
To date, as a result of prioritising core and other non-core MoUs we have not yet been able to deliver any mental health service through PCIP. We had hoped to be able to implement this service to complement our existing HSCP funded Primary Care Mental Health Team through the new Mental Health & Wellbeing funding stream to allow us to add a Mental Health presence in Practices. As requested the HSCP submitted year 1 and year 3 service plans, however, as there has been no advancement with this funding we remain unable to progress this workstream.			
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?			
2.7 Community Links Workers	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity
Practices accessing Link workers	15	50	35
Please provide a (rough) estimate of the percentage of Community Links Workers that are funded through PCIP.			
100%			
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of a ppointments, absence factors etc.			
Due to insufficient finance within PCIF, Wellbeing Workers are currently financed through the non-recurring element of the Winter Support funding. Currently the HSCP is unsure how this service could be continued if finance is not made available within our recurring budget. The service offers a blended model offering appointments within (where space is available) and outwith practices. Data suggests that each referral generates up to 5 onward referrals. Following a recent evaluation, it was noted the service was yet to operate at maximum capacity. The main reason for this was due to the pandemic which delayed our ability to fully embed the service. To maximise activity the referral pathway can now be accessed by the wider Practice Team			
If activity, demand or capacity figures are not available, please outline when these will be available and/or what support would be required to allow this?			
2.8 Other - please provide details in the description box below	Practices with access to service by 31/3/23	Weekly appointment capacity (based on your current workforce)	Current weekly appointment activity
Other	15		
Please provide a (rough) estimate of the percentage of Community Links Workers that are funded through PCIP.			
100%			
Please outline any assumptions or standards that your service works to e.g demand/capacity/activity assumptions, balance of appointments, absence factors etc.			
Access above is in relation to PCIP Programme Management and HSCP business support for Practices.			

WORKFORCE PROFILE

Financial Year	Service 2: Pharmacotherapy			Services 1 and 3: VTP / CTAC			Service 4: Urgent Care (adv. practitioners)			Service 5: Additional professional roles			Service 6: Link Wkrs
	Pharmacist	Pharm. Tech.	Support. Wkr	Nursing	HCSW	Other	ANPs	Paramedics	Other	MH Wrks	APP	Other	
WTE staff in post at 31 March 2022 funded through PCIF (Overwrite if necessary)	9.6	7.2	1	10.1	8.2	4.6	7.8	0	0.6	0	3.1	1.5	2
PCIF Funding FORECAST WTE staff in post at 31 March 2023 (staff that you expect to have in post by this date) [b]	9.6	11.2	4	10.5	11.4	5.2	7.8	0	0.6	0	3.1	2	2
FORECAST WTE posts not funded by PCIF delivering MOU services at 31 March 2023 irrespective of funding source [b]													
PCIF Funded Service intentions: PCIF PLANNED WTE posts at 31 March 2023 (based on staffing complement required to deliver against each of the MoU services as defined in section 6 the guidance).	22	24.5	11.2	20	22.5	10.2	11.5	0	0.6	9.6	9.9	2	3
<p>Comment: "Other" includes admin and programme leadership. Assumptions around full completion for pharmacotherapy and CTAC are based on Boardwide models which may need re-evaluated locally. Assumptions around full completion for Urgent Care and MSK physio is a model based on 1 wte per 14k population adding 22.5% cover. Forecast staff in post as at 31st March 2023 requires additional recurring funding of £323k over and above the 2022 -23 allocation to be retained beyond 31st March 23.</p>													

Integration Authority:	East Dunbartonshire
Health Board Area	NHS Greater Glasgow & Clyde
Total PCIF 2022-23 (£000):	£3,150
FUNDING PROFILE	

1. Expenditure Forecast 2022-23

All values are in £000s		Actual YTD Spend £000s	Forecast Spend to the year-end £000s	Total Spend 2022-23 £000s	
		at 31 October 2022	1 November 2022 to 31 March 2023		
PCIF programme:	Category	Total YTD costs (1)	Total Forecast Costs (2)	Total Costs 2022-23	Brief Description of Funded Activities (3):
Vaccination Transfer Programme	Staff costs	117	341	£458	Nurses and pharmacists for immunisation programmes
	Non-staff costs	44	3	£48	Contribution to boardwide vaccination programmes
Pharmacotherapy services	Staff costs	546	641	£1,187	Pharmacists, Technicians, Support Workers and Admin
	Non-staff costs	10	1	£11	Equipment, travel & phones
Community Treatment and Care Services	Staff costs	408	390	£798	Team Lead, Co-ordinator, Nurses, HCSWs and Admin
	Non-staff costs	16	14	£30	Equipment, supplies, travel & phones
Urgent care services	Staff costs	257	229	£486	ANPs
	Non-staff costs	25	29	£54	Equipment, travel & phones. GP supervision of trainee ANPs
Additional Professional Roles (inc. MSK physio and mh)	Staff costs	105	75	£181	Physios
	Non-staff costs	0	1	£1	Travel & phones
Community Link Workers	Staff costs	48	37	£85	Wellbeing Workers
	Non-staff costs	0	0	£0	

Other - please provide detail in Description box	Staff costs	58	30	£88	Programme leadership and admin across all MoUs (Note: 21/22 costs recorded under Add'l professional roles)
	Non-staff costs	2	222	£224	Accommodation, travel & phones
Total Expenditure		£1,637	£2,014	£3,651	

Allocation summary 2022-23	Expenditure	Funding held at IA			SG		Funding need	
All figures in £000s	22-23 Forecast Exp.	22-23 Tranche 1 entitlement	Of which, reserves	Other funding contributed by IA (4)	22-23 Tranche 2 entitlement	Of which, additional reserves	Add. funding need	Tranche 2 allocation
PCIF Summary 2022-23	3,651	2,205	838	0	945	213	732	732

2. Three year spend summary

All figures in £000s		2021-22 outturn	2022-23 forecast	2023-24 forecast (5)
PCIF programme:	Category	Total	Total	Total
Vaccination Transfer Programme	Staff costs	380	458	623
	Non-staff costs	42	48	50
Pharmacotherapy services	Staff costs	792	1,187	3,264
	Non-staff costs	10	11	58
Community Treatment and Care Services	Staff costs	625	798	1,908
	Non-staff costs	35	30	46
Urgent care services	Staff costs	511	486	880
	Non-staff costs	17	54	12
Additional Professional Roles (inc. MSK physio and mh)	Staff costs	258	181	1,399
	Non-staff costs	14	1	20
Community Link Workers	Staff costs	80	85	134
	Non-staff costs	0	0	0
Other - please provide detail in Description box	Staff costs	N/A	88	144
	Non-staff costs	N/A	224	702
Total Expenditure		2,764	3,651	9,240

Please provide any additional comments on your forecast 2023-24 spend below (6);

Other expenditure includes programme leadership across all MoUs, admin & accommodation.

2022-23 forecast includes 7% uplift and 2023-24 forecast assumes 5% uplift

Forecast costs for 2022-23 do not include agreed legal commitments against reserves (£241k) but do include other legal commitments entered

into prior to letter being issued on 11th August (£501k)

2023/24 forecast relates to full delivery of MoU2. We would only be able to deliver on this if further funding is provided

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19TH JANUARY 2023

REPORT REFERENCE: HSCP/190123/09

CONTACT OFFICER: DAVID AITKEN, INTERIM HEAD OF ADULT SERVICES

SUBJECT TITLE: ADULT LEARNING DISABILITY DAY CENTRE REDESIGN UPDATE

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health & Social Care Partnership Board on the progress of the new Allander Adult Learning Disability Day Service Development in Bearsden.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the report.

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

3.0 BACKGROUND/MAIN ISSUES

Planned Development/Construction

- 3.1** In 2018 the HSCP committed to a redesign of Adult Learning Disability Day Services. A planned new development at the Allander Leisure Centre in Bearsden was subsequently identified as a suitable shared development to replace the existing Day Service at Kelvinbank Resource Centre in Kirkintilloch.
- 3.2** The Allander Leisure Centre commenced construction in January 2021. The Adult Learning Disability Day Centre was designed with input from Social Work and Allied Health Professionals to ensure it would meet the physical and sensory needs of individuals with severe, complex and multiple disabilities, now and in the future.
- 3.3** Service users, Carers, Staff and Stakeholders have been consistently involved and consulted during the development of the new service and updated throughout the redesign journey.
- 3.4** Construction has progressed and the building is at the final stages of completion. Recent months have seen a number of challenges faced by the contractors including delays to supplies and materials and significant structural challenges, resulting in additional delay to the completion date. An underground gas pipe situated beneath the existing Leisure Centre is causing particular difficulty at the time of report, necessitating the early closure of the existing Leisure Centre. The current anticipated timescale for completion of the building is late February/early March 2023.
- 3.5** The new Allander Day Centre is scheduled to open late March 2023. The service is registered with the Care Inspectorate to support up to 85 people per day. People who attend the current service will transition to the new services along with a number of individuals who have previously not been able to receive a service locally, due to their needs not being able to be met within the previous Day Service provision.
- 3.6** A Transition Plan is in place to ensure that all activities related to the move to the Allander Centre and closure of Kelvinbank Resource Centre are closely aligned and scheduled ahead of time. Key dates have been identified for staff training on new systems and equipment, decant of furniture, transfer of contracts etc, commencing from the completion date on 28 February through to 20 March 23. The Transition Plan is actioned and monitored by the Day Service Manager and dedicated Project Lead.
- 3.7** It is anticipated that Kelvinbank Resource Centre will close for three days from 20 – 22 March 23, to allow for relocation and set up of furniture, equipment, IT transfer, etc. Community support will continue during this period and a skeleton staff will be made available to respond to emergencies.
- 3.8** Service user and staff familiarisation visits have been scheduled as part of the transition plan to support a phased introduction to the new service. Dates have been identified for Parents/Carers and Stakeholders visits. Significant preparatory work has been completed with those who attend Kelvinbank to ensure that they are as fully prepared for the transition as possible.

- 3.9** Joint meetings with EDC Major Assets, EDC Health and Safety, Leisure Trust and HSCP Managers have facilitated the implementation of joint working protocols across the entire Centre including Health and Safety, Fire Safety and Infection Control. Systems and processes that support these are being established.
- 3.10** Positive working relationships have been fostered with the HSCP Day Service Manager and Leisure Trust Allander Centre Manager. Dates have been scheduled to provide training on Autism and Learning Disability for Leisure Trust Staff and to attend joint team meetings, to encourage the integration of both on site teams.
- 3.11** EDC Transport and Facilities Management Teams have been fully briefed on the new service model and consequent changes required to services. Both services will operate as normal from the new Allander Centre.
- 3.12** A selection of Community benefits have been achieved as part of the construction programme including, employment opportunities for up to 35 local people and various employment and skills support initiatives delivered and planned with local schools.
- 3.13** Kelvinbank Resource Centre has been sold to an external agent. The finalised sale date is being agreed.
- 3.14** An Official Opening of the New Allander Centre will be completed with arrangements to do so still to be finalised.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2022-2025 Priorities;-
1. Empowering People – Reducing inequality and inequity of outcomes
 2. Empowering Communities – Modernising Day Services
 3. Supporting Carers and Families – Supporting carers with their own needs and in their caring role
- 4.2** Frontline Service to Customers – The redesigned Day Centre will provide improved facilities designed to better meet the needs of individuals with severe and complex learning disabilities, and supplementary community supports will additionally provide enhanced choice and opportunities for those with a mild or moderate learning disability.
- 4.3** Workforce (including any significant resource implications) – There are no planned changes to the workforce at this time.
- 4.4** Legal Implications – None
- 4.5** Financial Implications – Within existing budget, with opportunity for future savings as the new service can offer support to individuals who would historically have been placed out with the authority to have their needs met.
- 4.6** Procurement – None

- 4.7 ICT – None.
- 4.8 Corporate Assets – The redesigned Day Service will benefit from shared costs and assets between the HSCP and Leisure Trust.
- 4.9 Equalities Implications – An Equalities Impact Assessment was undertaken as part of the Redesign Strategy. An equalities approach to service provision and development is embedded within practice and continued within any future service developments.
- 4.10 Sustainability – The Service Redesign will ‘future proof’ day services to deliver services from a modern facility which will be able to support an increasing population of individuals with complex care needs.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 Risk of further slippage due to underground gas pipe challenges.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – None
- 6.3 **NHS GREATER GLASGOW & CLYDE** – None.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 None

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/10

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233

SUBJECT TITLE: UNSCHEDULED CARE UPDATE

1.0 PURPOSE

- 1.1 The purpose of this report is to update Board members on developments in the Governance of the Unscheduled Care agenda and Scottish Government's high impact change areas for 2022/23.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the report.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** In March 2022 IJBs received an update report on the Unscheduled Care Design and Delivery Plan for the period [2022/23 to 2024/25](#). Ratified by all 6 IJBs, this detailed how HSCPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of an aging population with increasingly complex care needs.
- 3.2** The enduring and significant impacts of unscheduled care on NHS Scotland have led Scottish Government to seek assurances from NHS Boards and HSCPs aligned to eight specific themes, termed High Impact Change areas (HIC). Further detail can be found at **Appendix 1**. NHSGGC partnerships are participating actively in three of these HIC areas;
- HIC 3 – Virtual Capacity
 - HIC 5 – Rapid Assessment & Discharge
 - HIC 8 – Community Focussed Integrated Care

Urgent & Unscheduled Care Governance

- 3.3** The NHS GG&C board and HSCP Chief Officers have adapted to Scottish Government requirements for assurance through refinement of the governance structure for Urgent and Unscheduled Care, whilst staying true to the three key themes of the Delivery Plan;
- **early intervention and prevention** of admission to hospital to better support people in the community;
 - **improving hospital discharge** and better supporting people to transfer from acute care to community supports; and,
 - **improving the primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting.
- 3.4** This new governance structure is shown at **Appendix 2**. Operational delivery remains largely unchanged with acute sector and individual HSCP implementation groups driving activity locally. Tactical co-ordination has been aligned with the HIC structure, with HSCP senior officers leading on the “Discharge without Delay and Rapid Acute Assessment” and “Community Focussed Integrated Care” workstreams. In the strategic space, a new Urgent and Unscheduled Care Oversight Board draws together all activity and is jointly led by Chief Operating Officer NHSGGC and Chief Officer GCHSCP. This group links to both the COVID-19 Recovery Tactical Group and Moving Forward Together Program Board, ensuring whole-system integration and ultimately reports into the Board’s Corporate Management Team.

IC3 – Virtual Capacity

- 3.5** Designed to offer a virtual alternative to the need for face to face, in person attendance and in-patient care, this work is focused on driving innovation and improvement in virtual pathways making best use of technology where appropriate and increasing capacity across GG&C. Our HIC 3 workstream is targeted to deliver on four key areas:

- Reduced number and proportion of patients self-presenting to Emergency Departments (ED) as unplanned/unscheduled care attendance
- Increase the number of patients assessed and discharged through the use of the 'NearMe' consultation IT platform via the Flow Navigation Centre (FNC)
- Increase the number of patients attending /scheduled into more clinically appropriate alternative pathways via FNC e.g. Minor Injury Units
- Scottish Ambulance Service (SAS) hospital conveyance rates - work with SAS to reduce conveyancing rates to hospital to be aligned closer to the average NHS Scotland Board rates

3.6 14 virtual pathways are now live across GGC with ongoing discussions with partner agencies e.g. SAS and NHS24 as to how their use can be further maximised. Flow Navigation Centre capacity is likely to be the rate limiting step in the short term, however options to expand this are being considered.

East Dunbartonshire HSCP is in process of commencing a test of change with our advanced practice practitioners initially utilising Consultant Connect and ultimately including the Flow Navigation Centre to support clinical decision making and prevention of avoidable hospital conveyance and enabling a more planned care approach.

HIC 5 – Rapid Assessment & Discharge

- 3.7** The HIC 5 workstream seeks to optimise flow by aligning capacity with demand across the system. Much of this is synonymous with the existing Discharge to Assess policy and ongoing Discharge without Delay activity. Improvement will be enacted through refining discharge processes, improving patient experience by simplifying the discharge process and improve length-of-stay by ensuring the necessary arrangements have been made to safely discharge patients on the planned day of discharge. The interface care workstream is also monitored under HIC 5, however is a primarily acute endeavour.
- 3.8** For Discharge without Delay, HSCPs are equipped with dedicated multi-disciplinary teams including AHPs, Elderly Care Advanced Nurses or Specialist Nurses and Social Work practitioners. The teams proactively engage with hospital wards to prevent unnecessary delays and manage early supported, safe, timely and effective discharge. All HSCPs continue to develop the use of local data to understand and project demand and complexity of need to inform local responses around recruitment and resourcing. This includes the re-alignment of resources and use of local intermediate care facilities to provide a more suitable alternative pathway to acute hospital in-patient services offering a step down approach. The use of interim beds across GG&C will be optimised over the winter period including Bonnyton intermediate care facility (East Ren), 6 additional care beds provided in Inverclyde, new IMC contract being tendered in Glasgow City (75 beds). East Dunbartonshire has 6 intermediate care beds within Westerton Care Home and the additional facility to spot purchase in other Units, with rehabilitation input realigned from the core Community Rehabilitation Team.
- 3.9** KPI targets are still being developed for HIC 5 around increasing the proportion of patients effectively discharged within 48 hours of admission and increasing the proportion of patients discharged pre-noon to improve patient flow through the hospital and improve access for new patients. Opportunities have already been

identified to build on a successful rapid discharge practices through a test of change in Ward 54 of the QEUH by rolling this process out to 17 other wards across the South Sector, before further application in North and Clyde.

HIC 8 – Community Focussed Integrated Care

3.10 Our well-established Unscheduled Care Design and Delivery plan has allowed us to progress existing initiatives through HIC 8. We are delivering on 3 key priorities;

- GG&C Community Falls Pathway
- Hospital@Home
- Home First Response Service

3.11 The GG&C Community Falls Pathway launched in Sep 2022, linking Scottish Ambulance Service (SAS) crews with professional advice through the FNC in order to reduce conveyance for those fallers for whom it was deemed clinically appropriate to direct to scheduled care and/or community based HSCP Teams. When compared with the previous year, data from Sep/Oct 2022 showed a 108% improvement in the rate of referral to Community Rehabilitation by SAS, demonstrating that the pathway is working. Further review is intended one-year post-implementation to demonstrate the utility and financial impacts of the pathway in addition to aspirations to make the pathway accessible to SAS crews responding to fallers in Care Homes.

Within East Dunbartonshire we have introduced AHP's to our Care Home Support Team to deliver on the Care Inspectorate Care about Physical Activity (CAPA) programme, to promote physical and mental health, reduce impact of deconditioning and associated risks.

3.12 The Hospital@Home test of change within Glasgow City (South) has published its first phase evaluation and is delivering reduced admittance by providing care direct to patients within their home or homely setting. With 187 patients having used the service it is estimated that 906 bed days have been saved in that period as a result of H@H. Governance discussions are underway as to the timeline of expanding the 10 bed model to 15. The outcome of this test of change will help inform how HSCP's will move forward with this government priority.

Locally within East Dunbartonshire we have extended the core hours of the District Nursing (DN) Service to include the evening out of hours period (4.30 – 10pm) which enables those in receipt of DN services to have continuity of care and prevent unnecessary escalations. We have also embedded Advanced Nurse Practitioners within to the DN services which has enabled those with highly complex clinical needs to be cared for within the community and within their preferred place of care, helping to reduce avoidable admissions to hospital.

The East Dunbartonshire Primary Care ANP's within the West Locality are delivering a home visiting model for those presenting as at risk of admission to reduce conveyance for those who can be supported to remain at home and prevent avoidable hospital admissions.

3.13 There was a soft launch of the Home First Response Service (HFRS) on 1st Nov 22 utilising existing staff while awaiting appointment of the advanced practice frailty practitioners, AHP's and pharmacy. This service delivers a multidisciplinary virtual team at the ED front door of the Royal Alexandra Hospital and Queen Elizabeth

University Hospital who review frail patients with a view to avoiding admittance through community care provision. Recruitment is ongoing to establish 11 Advanced Practice Frailty Practitioners in post by mid-Jan 23, however even with limited staff the initial phase of the service has proved promising with several patients having been urgently referred to Community Rehabilitation Teams as opposed to being unnecessarily admitted to hospital. Full data will be gathered once the service is deemed fully operational. East Dunbartonshire HSCP is actively participating in the QEUH pilot.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – Carers and service users are positively impacted through the designing of services around the needs of individuals, carers and communities

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

4.4 Legal Implications – None.

4.5 Financial Implications – The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.

The IJB's budget for 2022/23 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). This is currently estimated to £38.514 million.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1:** High Impact Changes and Aims

8.2 **Appendix 2:** Governance Structure

Urgent & Unscheduled Care Collaborative

The Right Care, in the Right Place, for Every Person, Every Time

High Impact Changes and Aims

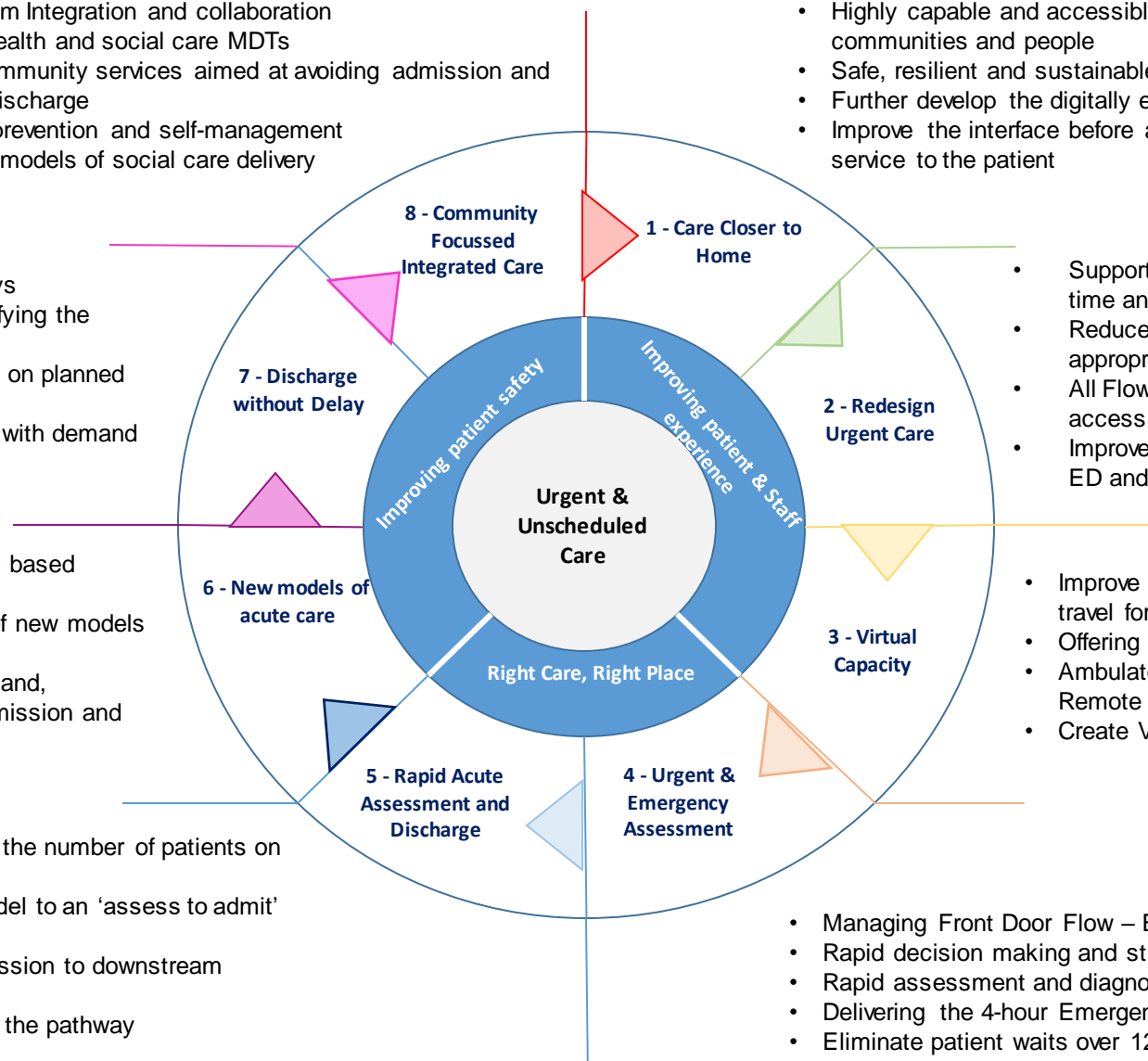
- Whole system Integration and collaboration
- Integrated health and social care MDTs
- Range of community services aimed at avoiding admission and supporting discharge
- Supporting prevention and self-management
- Sustainable models of social care delivery

- Highly capable and accessible MDTs built around the needs of communities and people
- Safe, resilient and sustainable Out of Hours primary care services
- Further develop the digitally enabled gateway to the NHS in Scotland
- Improve the interface before and after urgent care to provide a seamless service to the patient

- Optimise discharge without any delays
- Improve patient experience by simplifying the discharge process
- Improve LOS by discharging patients on planned day of discharge
- Optimising Flow by aligning capacity with demand across the system

- Developing new models of acute care based around patient need
- Use of data to support development of new models of acute care
- Understand current capacity and demand, realigning footprint and managing admission and discharge balance

- Optimising patient flow by increasing the number of patients on a 0-48 hour/ short stay pathway
- Moving from an 'admit to assess' model to an 'assess to admit' model
- Alternative pathways to prevent admission to downstream ward areas where appropriate
- Introducing clinical decision earlier in the pathway



- Supporting people to choose the right care delivered at the right time and in the right place
- Reduce avoidable ED attendances by directing patients to more appropriate urgent care settings
- All Flow Navigations Centres will be 24/7 with immediate access to senior clinical decision maker
- Improve patient safety by scheduling urgent appointments to ED and MIU and avoiding waits in busy A&E departments

- Improve patient experience by reducing the need to travel for care
- Offering alternatives to in-patient care
- Ambulatory Interface Care, Hospital at Home, Remote Monitoring
- Create Virtual Capacity

- Managing Front Door Flow – Every Patient, Every Time
- Rapid decision making and streaming
- Rapid assessment and diagnostics
- Delivering the 4-hour Emergency Access Standard
- Eliminate patient waits over 12 hours

New Governance Structure – NHS GGC Urgent and Unscheduled Care Programme
 New Whole systems Oversight Board
 New Rapid Discharge Group
 New Virtual Pathways Group (replacing FNC group)
 Community Integrated Care Group (currently HSCP unscheduled care group)

Strategic

Report monthly to the Recovery Tactical Group
 Chair: J Armstrong

Corporate Management Team
 Chair: J Grant

Urgent & Unscheduled Care Oversight Board
 Monthly Co-Chairs: W Edwards, Chief Operating officer Acute, S Millar, Chief Officer, Glasgow City HSPC

Moving Forward Together Programme Board (Monthly)
 Chair: J Armstrong

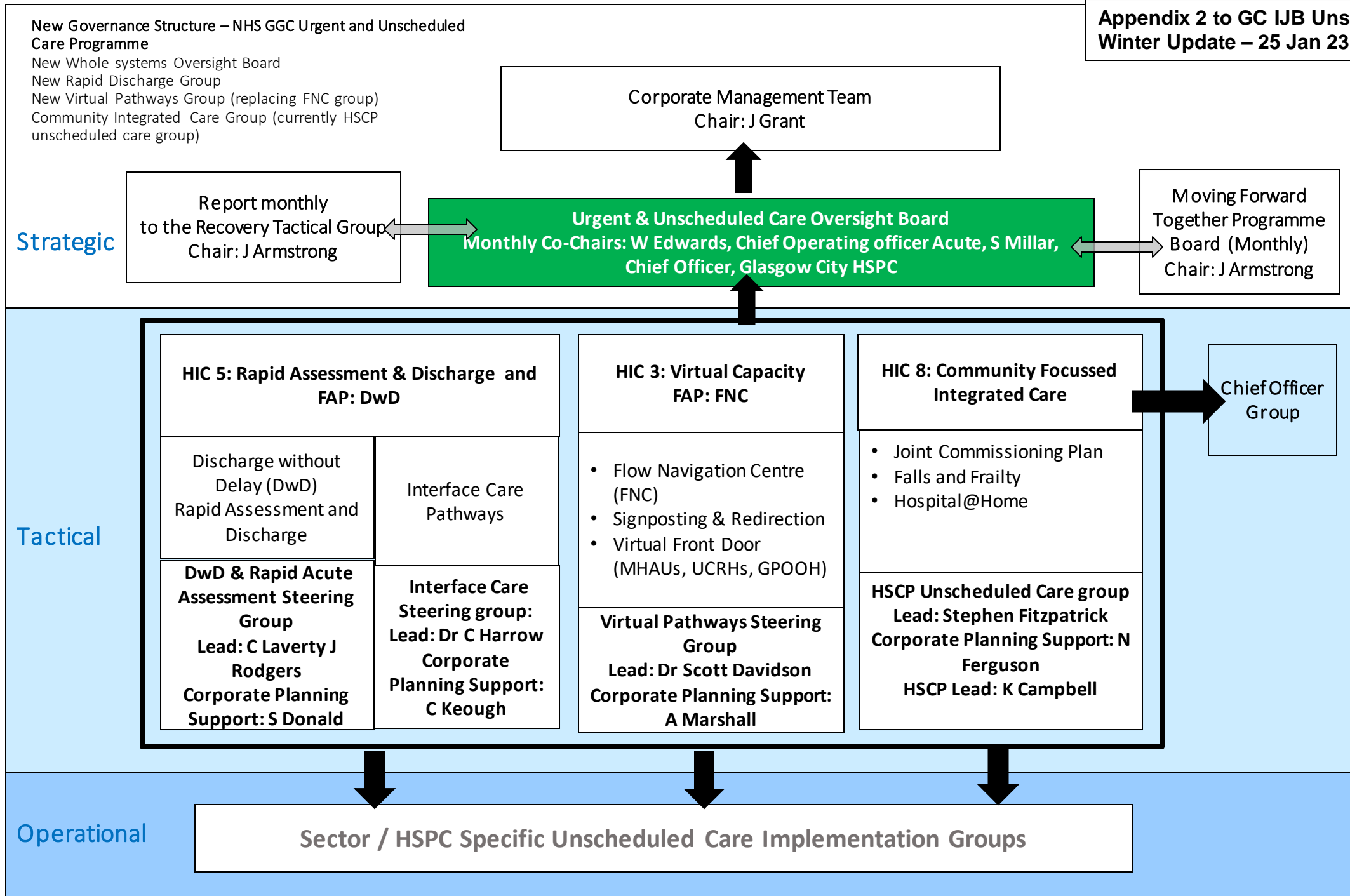
Tactical

HIC 5: Rapid Assessment & Discharge and FAP: Dwd		HIC 3: Virtual Capacity FAP: FNC	HIC 8: Community Focused Integrated Care
Discharge without Delay (Dwd) Rapid Assessment and Discharge	Interface Care Pathways	<ul style="list-style-type: none"> Flow Navigation Centre (FNC) Signposting & Redirection Virtual Front Door (MHAUs, UCRHs, GPOOH) 	<ul style="list-style-type: none"> Joint Commissioning Plan Falls and Frailty Hospital@Home
Dwd & Rapid Acute Assessment Steering Group Lead: C Laverty J Rodgers Corporate Planning Support: S Donald	Interface Care Steering group: Lead: Dr C Harrow Corporate Planning Support: C Keough		

Chief Officer Group

Operational

Sector / HSPC Specific Unscheduled Care Implementation Groups



EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19TH JANUARY 2023

REPORT REFERENCE: HSCP/190123/11

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCE OFFICER, Tel: 07583902000

SUBJECT TITLE: FINANCIAL PERFORMANCE ON BUDGET
2022/23 – MONTH 8

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the financial performance of the partnership budget as at month 8 of 2022/23.

2.0 RECOMMENDATIONS

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

- 2.1 Note the projected outturn position is reporting a surplus on budget of £2.671m as at month 8 of the financial year 2022/23 (after adjusting for anticipated impact of movement to / from earmarked reserves).
- 2.2 Note and approve the budget adjustments outlined within paragraph 3.2 (**Appendix 1**)
- 2.3 Note the HSCP financial performance as detailed in (**Appendix 2**)
- 2.4 Note the progress to date on the achievement of the current, approved savings plan for 2022/23 as detailed in (**Appendix 3**).
- 2.5 Note the anticipated reserves position at this stage in the financial year set out in (**Appendix 4**).
- 2.6 Note the summary of directions set out within (**Appendix 5**)

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 **BACKGROUND/MAIN ISSUES**

3.1 **Budget 2022/23**

The budget for East Dunbartonshire HSCP was approved by the IJB on the 24th March 2022. This provided a total net budget for the year of £199.034m (including £38.514m related to the set aside budget). This included £0.449m of agreed savings to be delivered through efficiencies, service redesign and transformation to deliver a balanced budget for the year and moving forward into future financial years.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2022 which has increased the annual budget for 22/23 to £209.005 (an increase of £6.6m since that reported in month 6). A breakdown of these adjustments are included as **Appendix 1**. These adjustments related largely to the confirmation and receipt of funding for the Adult Winter Planning elements related to enhanced MDTs and increased capacity of health care support workers as well as receipt of the non-recurring elements of Oral health funding related to the dental bundle, Childsmile and the fluoride varnish programme.

3.3 **Partnership Performance Summary**

The overall partnership position is showing a year end surplus on directly managed partnership budgets of £2.671m at this stage in the financial year, a small adverse movement of £0.102m since that reported at month 6. This is the underlying variance after adjusting for anticipated balances to be taken from earmarked reserves of £17.3m to support expenditure. There remain a number of uncertainties due to the volatility of significant elements of the HSCP budget related to cost and demand pressures as the year progresses, uncertainty around recurring funding allocations from SG for a number of strategic policy areas and the consequential impact this may have on the use of the IJB reserves. The HSCP is still awaiting confirmation of Action 15 mental health funding and feedback on returns made in respect of ADP funding.

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

Partner Agency	Annual Budget	Projected Year End Expenditure	Projected Variance - Mth 8	Projected Variance - Mth 6	Movement from last period
East Dunbartonshire Council	71,555	69,625	1,930	1,767	163
NHS GG&C	137,450	136,710	741	1,006	(265)
TOTAL	209,005	206,334	2,671	2,773	(102)

3.5 This shows an under spend on Social Work services and delegated housing functions of £1.930m and an under spend on community health services of £0.741m.

3.6 There is no further funding expected in this financial year from SG to support ongoing Covid-19 related expenditure, this will be met entirely from the residual reserves balance held by the HSCP. Each HSCP area is required to account for ongoing Covid-19 related expenditure to SG which is subject to scrutiny and challenge to ensure this continues to be used appropriately. Following the Quarter 1 submissions to SG made at the end July 2022, related to the period to 30th June 2022, a letter was received from the SG Director of Health Finance and Governance updating on Covid reserves. This set out the significant changes to Public Health policies since the

funding was provided to JBs resulting in significantly less expenditure on Covid related measures within HSCPs than initially anticipated prompting SG to seek recovery of any surplus Covid reserves. This will be re-distributed across the public sector to meet wider system Covid pressures.

- 3.7** The mechanism for the reclaim of any surplus Covid reserves has yet to be clarified but will be based on monthly returns to SG and is expected to be reclaimed early in 2023 following the period of winter pressures. The return includes actual Covid expenditure incurred to date along with estimates of anticipated costs to year end.
- 3.8** The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire at Month 8 was £3.823m (a reduction on the Qtr 2 return of £0.570m related primarily to provider sustainability costs) to be funded through Covid reserves of £9.963m. On this basis East Dunbartonshire HSCP would expect to return £6.140m of reserves related to Covid funding. The full amount of £9.963m expenditure has been reflected within the monitoring report and reserves statement. A copy of the Month 8 return and breakdown of costs is set out below:

Workstream Mapping	£000s	2022-23 Revenue Total
2. Vaccinations	Flu Vaccination & Covid-19 Vaccination (FVCV)	238,507
3. Workforce and Capacity	Additional Staff Costs (Contracted staff)	263,736
3. Workforce and Capacity	Additional Staff Costs (Non-contracted staff)	57,374
4. PPE, Equipment and IPC	Additional Equipment and Maintenance	513
4. PPE, Equipment and IPC	Additional PPE	67,567
5. Social Care and Community Capacity	Additional Capacity in Community	139,057
5. Social Care and Community Capacity	Children and Family Services	1,004,866
5. Social Care and Community Capacity	Covid-19 Financial Support for Adult Social Care Providers	1,794,287
6. Primary Care	Additional FHS Contractor Costs	103,628
7. Miscellaneous	Digital & IT costs	2,004
7. Miscellaneous	Loss of Income	143,536
7. Miscellaneous	Other	7,899
Total Covid Costs - HSCP - All		3,822,973

- 3.9** There remains some uncertainty in the projected Covid-19 related costs as claims from care providers vary due to levels of staff absence claimed due to Covid, some backdated claims being received as well as changes in staffing and other commitments on expenditure. This remains an area of volatility for the HSCP dependant on the pattern and impact of Covid prevalence within the area. We have been advised that there will be a year-end reconciliation of Covid expenditure which mitigates any risk that cost projections vary from that included within the returns with an expectation that further funding would be available to meet any cost pressures. We await correspondence from SG to confirm this position.

3.10 Financial Performance - Care Group Breakdown

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

Care Group	Annual Budget 2022/23 (£000)	Projected Variance - Mth 8 (£000)	Reserves Adjustment (£000)	Underlying Projected Variance - Mth8 (£000)	Projected Variance - Mth 6	Movement
Strategic & Resources	4,873	(161)	327	166	465	(299)
Community Health & Care Services	55,204	295	1,912	2,207	1,569	638
Mental Health, Learning Disability, Addictions & Health Improvement	29,692	(887)	1,443	556	330	227
Children & Criminal Justice Services	16,182	(34)	79	44	121	(77)
Other Non SW - PSHG / Care & Repair/Fleet/COG	573	5	0	5	141	(137)
FHS - GMS / Other	31,836	0	0	0	0	0
FHS - Prescribing	20,892	(446)	0	(446)	0	(446)
Oral Health - hosted	11,216	(3,600)	3,600	0	0	0
Set Aside	38,514	0	0	0	0	0
Covid	23	(9,824)	9,963	139	148	(8)
Projected Year End Variance	209,005	(14,653)	17,324	2,671	2,773	(103)

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

- Strategic & Resources (under spend of £0.166m, an adverse movement of £0.299m since that reported at period 6) – pressure remains in relation to payroll costs for the Council’s Planning & Commissioning Team which was subject to a service review which determined additional staffing resources were required to support the work of the HSCP in relation to contracting and strategic commissioning. This had been offset by Adult Social Work Capacity Funding which has now been re- allocated to the appropriate service areas now that the business case for planned spend across adult social work has been approved and moving to implementation - this accounts for the movement in variance for this period.
- Community Health and Care Services – Older People / Physical Disability (underspend of £2.207m, a positive movement of £0.638m since that reported at period 6) – there continues to be reduced levels of care home placements, supported living packages and care at home services purchased from the external market due to the continuing impacts of Covid-19. Numbers are continuing to recover to more normalised levels and work to mitigate recruitment issues across the care at home market is underway including a pay uplift to staff in line with the Scottish Living wage. This mitigates pressures within the in-house care at home service and pressures in relation to equipment to support people to remain at home along with additional adult winter planning funding to increase capacity in this area. The movement in the period relates to a decrease in payroll costs as a result of continuing difficulties in recruitment across homecare and social work teams, continuing care monies freed up as committed and paid for within residential care budget and a downturn in purchased homecare.
- Mental Health, Learning Disability, Addiction Services (£0.556m under spend, a positive movement of £0.227m since that reported at period 6) – this largely relates to an under spend in elderly mental health services due to nursing vacancies held in anticipation of the north east element of this service transferring to North Lanarkshire. There are also underspends due to vacancies across learning

disability health services and maternity leave in the health improvement team. There are expected to be cost pressures due to challenging turnover savings in adult social work payroll budgets which is being mitigated due to an ongoing reduced number of care packages across residential, daycare, care at home and supported living services, consequential reduction in transport costs as a result of the Covid-19 pandemic. There is expected to be a continuing upward trend on the resumption of care packages across respite and daycare during the year for services which had ceased during the peak of the pandemic. The movement in period relates to a decrease in payroll costs within ADRS and day services due to emerging recruitment difficulties in these areas.

- Children and Criminal Justice Services (under spend of £0.044m, an adverse movement of £0.077m since that reported at period 6) – there continues to be pressures due to challenging turnover savings across Children’s Social Work payroll budgets and use of agency staff within Lowmoss Prison, this is offset to some extent through savings in community paediatrics and reductions in external fostering and residential childcare placements as children move onto positive destinations. There are emerging pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and will require the purchase of externally purchased placements to accommodate these children. Solutions are being sought in relation to the potential development of further in house provision to meet the needs of these children as the number of requests grow. The movement in period relates to a decrease in payroll costs within Children’s social work services offset by an increase in residential placements.
- Housing Aids and Adaptations, Fleet and Care of Gardens (underspend of £0.005m, an adverse movement of £0.137m since that reported at period 6) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate. – there has been a continuing underspend in relation to fleet recharges related to a downturn in transport provision needed as a consequence of Covid and a reduction in services requiring this type of transport.
- Prescribing (over spend of £0.446m, an adverse movement of £0.446m since that reported at period 6) – performance figures for July have seen an increase in prices due to short supply and adverse movements in exchange rates. Prices are expected to continue to increase as a result of both for remainder of the year and into next financial year. Forecast as at M8 now based on 3.86% (previously 3%) increase in volume (avg. Apr - Aug) and 2% (previously 1.8%) increase in price (avg. Jul - Aug since price started going up).
- Covid (underspend of £0.139m, a small adverse movement of £0.008m since that reported at period 6) – relates to an improving picture in relation to provider sustainability claims where the criteria has changed to include Social Care Support Fund (SCSF) and staffing costs to support testing and vaccinations only.

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

3.13 Savings Programme 2022/23

There is a programme of service redesign and transformation which was approved as part of the Budget 2022/23. Progress and assumptions against this programme are set out in **Appendix 3**.

3.14 Partnership Reserves

As at the 1st April 2022, the HSCP had a general (contingency) reserves balance of £3.078m. Depending on the final outturn position for 2022/23, there may be an opportunity to further this reserves position with any underspend that materialises at year end. This will provide the HSCP with continuing financial sustainability into future years and an ability to manage in year unplanned events and afford a contingency to manage budget pressures without the need to resort to additional partner contributions as a means of delivering a balanced budget. There will be a number of factors which will have an impact on the year end position such as the funding to support the pay uplift for NHS and Social Work staff to HSCPs still to be clarified, contractual pressures for care providers due to the cost of living pressures (non-payroll) and variations in Covid costs to name a few.

3.15 In addition, the HSCP had earmarked reserves of £23.912m which are available to deliver on specific strategic priorities. A breakdown of these reserves is attached as **Appendix 4**. It is expected, at this stage that there will be a net reduction in earmarked reserves of £17.324m (including the pay back of covid reserve balances per SG advise). This will be required in year to support expenditure across a number of policy areas and this will be updated as spending plans become clearer as the year progresses, particularly in relation to Covid-19 and Adult Winter Planning funding with plans in development for the use of the balance of these reserves. This will leave a balance on earmarked reserves of £6.588m.

3.16 Financial Risks - The most significant risks to be managed during 2022/23 are:

- Pay Uplifts

Pay negotiations are concluding for both health and social work staff. A pay uplift of 2% was built into budget assumptions for 22/23 with current agreements in excess of this assumption. There may be some funding to support agenda for change (AFC) pay uplifts, the extent of this yet to be confirmed, however advice from SG is that no 'additional' funding will be provided to support the AFC uplifts but rather there will be a re-prioritisation of other funding commitments. (The HSCP has received a number of notifications requiring the use of reserves balances prior to any further allocations in 2022/23 across a number of policy areas.)

Any further funding to support local authority pay settlements is not expected to cover the full extent of the pay uplift agreed. A letter received from the Deputy Director of Local Government and Analytical Services set out the funding available to support the local government pay uplift and the expectation that this cover the uplift to Social Work staff with a proportionate allocation of funding towards the cost of this to pass through to JBs. Discussions are ongoing with East Dunbartonshire Council colleagues with an expectation that the Council will follow the requirements of the letter.

A 1% increase on pay budgets equates to approximately £462k (£294k relates to social work staff). Current financial estimates of the financial impact to the HSCP are in the region of £700k based on the proposed uplift to pay of 5% for local authority staff. This will have an impact on the current reported financial position. NHS staff have voted not to accept the current pay uplift offer so this remains an area of uncertainty as we approach the last quarter of the year.

- The cost of living crisis and the impact this is expected to have on care provider cost pressures with escalating fuel, energy and insurance costs being key areas which are expected to hit during 2022/23. There is not expected to be any further funding from SG to support these areas specifically and it will fall to HSCPs to consider and address any local impacts to ensure provider sustainability. This could have an impact on the current reported financial position.
- The ongoing impact of managing Covid as we move through the winter period and see further surges of the virus and the recurring impact this may have on frailty for older people, mental health and addiction services moving forward increasing demand for services.
- Delivery of a recurring savings programme identified as part of the budget process for 2022/23. This includes challenging turnover savings across Social Work payroll budgets which may be mitigated though ongoing recruitment difficulties in certain areas across the service.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. There is an Un-scheduled Care Commissioning Plan which sets out the key areas for investment across HSCP areas to improve delayed discharge and hospital attendance figures with funding within earmarked reserves to mitigate potential funding of these pressures.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on kinship payments, external fostering placements and residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position. This may be compounded by increasing numbers of UASC requiring placements to be purchased to support these children
- Funding allocations for the Primary Care Improvement Programme (PCIP), ADP and Mental Health Recovery & Renewal (MHRR) have been curtailed and further allocations for 2022/23 offset against balances held in reserve in the first instance. This presents significant issues where plans have been developed and commitments made against these reserve balances which now have to be reviewed. This includes use of reserves to address accommodation issues in delivery of the PCIP and temporary posts employed to deliver on other areas of strategic priority. The ability to meet full programme commitments is compromised by short term funding allocations made in this way. We are still awaiting confirmation of Action 15 Mental Health funding but expect this will also be curtailed for balance held in reserves where plans have been developed to take forward this agenda.
- The non-recurring nature of SG funding allocations makes planning and delivery problematic, particularly creating recruitment difficulties to temporary posts.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

1. Empowering People

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – The financial performance to date is showing that the budget is projected to underspend at year end by £2.773m. The current position would enable the HSCP to further its general reserve in line with the HSCP Reserves policy to provide a contingency to manage in year pressures and support ongoing financial sustainability.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – The sustainability of the partnership in the context of the current financial position and potential to further general reserves will support ongoing financial sustainability. In order to maintain this position will require a fundamental change in the way health and social care services are delivered within East Dunbartonshire going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.15.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

- 6.2 EAST DUNBARTONSHIRE COUNCIL** – Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency’s financial challenges.
- 6.3 NHS GREATER GLASGOW & CLYDE** – Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency’s financial challenges.
- 6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

- 8.1** Appendix 1 – Budget Reconciliation 2022/23
- 8.2** Appendix 2 – Integrated HSCP Financial Performance at Month 8
- 8.3** Appendix 2a – NHS Financial Performance at Month 8
- 8.4** Appendix 2b – Social Work Financial Performance as at Period 8
- 8.5** Appendix 3 – HSCP Savings Update 2022/23
- 8.6** Appendix 4 – HSCP Reserves 2022/23
- 8.7** Appendix 5 – Direction Template

	NHS £000	Local Authority £000	Total £000
2022/23 Budget Reconciliation			
Budget Approved at HSCP Board on 24th March 2022	89,880	70,640	160,520
Set Aside approved at HSCP Board on 24th March 2022	38,514		38,514
TOTAL Budget Approved	128,394	70,640	199,034
Rollover Budget Adjustment	1,085		1,085
Period 3 Budget Adjustments			
Apremilast (Transfer from acute)	52		52
School Nursing	84		84
FHS adjustment	(2)		(2)
PCIP Pharmacy baseline	168		168
SG Uplift 2% and NI increase (£1,240k received, £1,239k approved at IJB 24th March 2022)	1		1
Winter Planning - Support Staff (Approved at IJB 24th March 2022, not yet received from SG)	(448)		(448)
Winter Planning - Enhanced MDT (Approved at IJB 24th March 2022, not yet received from SG)	(814)		(814)
Private Sector Housing Grants		515	515
Care & Repair		30	30
Whole family wellbeing - tranche 1		471	471
Children & Young People's Mental health & Wellbeing - transfers to Education Service		(140)	(140)
Rounding LA budget		1	1
Period 6 Budget Adjustments			
Apremilast (Transfer from acute)	56		56
School Nursing	55		55
PCIP Tranche 1	1,229		1,229
Smoking Prevention	42		42
FHS adjustment	935		935
Private Sector Housing Grants (adjust)		(184)	(184)
Care & Repair (adjust)		214	214
Legal Fees (C&F)		8	8
Period 8 Budget Adjustments			
Winter Planning - Support Staff	556		556
Winter Planning - Enhanced MDT (75%)	612		612
District Nursing	163		163
Dental Bundle	4,821		4,821
Childsmile - DHSW	475		475
Fluoride Varnish Programme	210		210
LD to HSCP SESP Funding	13		13
Prescribing tariff reduction	(288)		(288)
Apremilast (Transfer from acute)	53		53
Revised 2022/23 Budget	137,450	71,555	209,005
<i>Anticipated Covid Funding Outstanding</i>			<i>0</i>
Anticipated 2022/23 Budget	137,450	71,555	209,005

Period to the 30th November 2022

Care Group Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	4,873	2,999	2,764	236	5,034	(161)	317	0	156	3.19%
Older People & Adult Community Services	49,905	29,548	29,514	34	49,763	142	1,922	0	2,064	4.14%
Physical Disability	5,300	3,314	2,948	366	5,147	153	0	0	153	2.89%
Learning Disability	22,854	13,830	13,694	135	22,831	23	39	0	62	0.27%
Mental Health	5,304	3,433	3,498	(65)	5,533	(229)	687	0	458	8.64%
Addictions	949	646	748	(102)	1,632	(683)	677	0	(6)	-0.63%
Planning & Health Improvement	585	396	368	28	582	2	40	0	42	7.26%
Childrens Services	15,768	10,365	9,439	926	15,764	4	79	0	82	0.52%
Criminal Justice Services	414	219	391	(172)	452	(38)	0	0	(38)	-9.25%
Other Non Social Work Services	573	386	240	146	568	5	0	0	5	0.79%
Family Health Services	31,836	22,448	22,448	0	31,836	0	0	0	0	0.00%
Prescribing	20,892	13,945	13,988	(42)	21,338	(446)	0	0	(446)	-2.14%
Oral Health Services	11,216	7,215	8,315	(1,099)	14,817	(3,600)	3,600	0	(0)	0.00%
Set Aside	38,514	25,676	25,676	0	38,514	0	0	0	0	0.00%
Covid Expenditure	23	7	1,380	(1,373)	9,847	(9,824)	9,963	0	139	605%
Net Expenditure	209,005	134,428	135,410	(982)	223,658	(14,653)	17,324	0	2,671	1.28%

Subjective Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	54,273	32,117	32,797	(680)	57,059	(2,785)	3,885	0	1,099	2.03%
Property Costs	337	225	229	(4)	356	(19)	0	0	(19)	-5.53%
Supplies and Services	1,601	2,471	3,992	(1,520)	5,515	(3,914)	3,989	0	75	4.71%
Third Party Payments (care providers)	66,744	40,854	38,740	2,114	72,818	(6,075)	9,327	0	3,252	4.87%
Transport & Plant	728	481	616	(135)	902	(174)	0	0	(174)	-23.92%
Administrative Costs	2,353	1,491	1,271	221	2,144	210	7	0	217	9.20%
Family Health Services	32,971	23,194	23,082	112	32,971	0	0	0	0	0.00%
Prescribing	20,892	13,945	13,988	(42)	21,338	(446)	0	0	(446)	-2.14%
Other	(10)	(167)	0	(167)	240	(250)	0	0	(250)	2602.81%
Resource Transfer	19,046	12,697	12,698	(1)	19,046	1	0	0	0	0.00%
Set Aside	38,514	25,676	25,676	0	38,514	0	0	0	0	0.00%
Gross Expenditure	237,450	152,984	153,087	(102)	250,903	(13,453)	17,208	0	3,754	1.58%
Income	(28,445)	(18,557)	(17,677)	(880)	(27,245)	(1,200)	116	0	(1,083)	3.81%
Net Expenditure	209,005	134,428	135,410	(982)	223,658	(14,653)	17,324	0	2,671	1.28%

Period to the 30th November 2022

Care Group Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	19,845	13,092	13,116	(23)	20,097	(252)	317		65	0.33%
Older People & Adult Community Services	8,275	4,446	5,970	(1,524)	9,633	(1,358)	1,941		583	7.05%
Learning Disability	680	454	419	35	627	53			53	7.79%
Mental Health	2,638	1,763	1,882	(119)	2,936	(298)	687		390	14.76%
Addictions	368	246	325	(79)	1,068	(700)	652		(48)	-13.05%
Planning & Health Improvement	585	396	368	28	582	2	40		42	7.26%
Childrens Services	2,601	1,774	1,708	66	2,578	24	79		102	3.92%
Family Health Services	31,836	22,448	22,448	0	31,836	0			0	0.00%
Prescribing	20,892	13,945	13,988	(42)	21,338	(446)			(446)	-2.14%
Oral Health Services	11,216	7,215	8,315	(1,099)	14,817	(3,600)	3,600		0	0.00%
Set Aside	38,514	25,676	25,676	0	38,514	0			0	0.00%
Covid Expenditure			272	(272)	479	(479)	479		0	
Net Expenditure	137,450	91,456	94,486	(3,030)	144,504	(7,054)	7,795	0	741	0.54%

Subjective Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	28,627	15,846	17,335	(1,489)	31,538	(2,911)	3,875		964	3.37%
Property Costs	324	216	227	(11)	341	(17)			(17)	-5.31%
Supplies and Services	(200)	1,278	3,022	(1,744)	3,633	(3,833)	3,920		88	-43.86%
Third Party Payments (care providers)	397	275	61	214	91	306			306	77.07%
Transport & Plant				0	0	0			0	
Administrative Costs	1,286	890	793	97	1,189	97			97	7.55%
Family Health Services	32,971	23,194	23,082	112	32,971	0			0	0.00%
Prescribing	20,892	13,945	13,988	(42)	21,338	(446)			(446)	-2.14%
Other	(250)	(167)	0	(167)	0	(250)			(250)	100.00%
Resource Transfer	19,046	12,697	12,698	(1)	19,046	0			0	0.00%
Set Aside	38,514	25,676	25,676	0	38,514	0			0	0.00%
Gross Expenditure	141,606	93,851	96,880	(3,030)	148,661	(7,054)	7,795	0	741	0.52%
Income	(4,156)	(2,394)	(2,394)	0	(4,156)	0			0	0.00%
Net Expenditure	137,450	91,456	94,486	(3,030)	144,504	(7,054)	7,795	0	741	0.54%

Period to the 30th November 2022

Care Group Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	(14,972)	(10,093)	(10,352)	259	(15,063)	91			91	-0.60%
Older People & Adult Community Services	41,630	25,102	23,544	1,558	40,130	1,500	(19)		1,481	3.56%
Physical Disability	5,300	3,314	2,948	366	5,147	153			153	2.89%
Learning Disability	22,174	13,375	13,275	100	22,204	(30)	39		9	0.04%
Mental Health	2,666	1,670	1,616	54	2,597	69			69	2.58%
Addictions	582	400	423	(23)	564	17	25		42	7.23%
Childrens Services	13,167	8,591	7,731	860	13,187	(20)			(20)	-0.15%
Criminal Justice Services	414	219	391	(172)	452	(38)			(38)	-9.25%
Other Non Social Work Services	573	386	240	146	568	5			5	0.79%
Covid Expenditure	23	7	1,108	(1,101)	9,368	(9,345)	9,484		139	605.44%
Net Expenditure	71,555	42,972	40,924	2,048	79,154	(7,599)	9,529	0	1,930	2.70%
									88,683	

Subjective Analysis	Annual Budget 2022/23 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	25,646	16,271	15,462	809	25,521	125	10		135	0.53%
Property Costs	13	9	2	7	15	(1)			(1)	-10.89%
Supplies and Services	1,801	1,193	970	224	1,882	(81)	69		(12)	-0.67%
Third Party Payments (care providers)	66,347	40,579	38,679	1,899	72,728	(6,380)	9,327		2,947	4.44%
Transport & Plant	728	481	616	(135)	902	(174)	0		(174)	-23.92%
Administrative Costs	1,068	602	478	123	955	113	7		120	11.19%
Family Health Services	0	0	0	0	0	0			0	
Prescribing	0	0	0	0	0	0			0	
Other	240	0	0	0	240	0			0	0.00%
Set Aside	0	0	0	0	0	0			0	
Gross Expenditure	95,844	59,134	56,206	2,927	102,243	(6,399)	9,413	0	3,014	3.14%
Income	(24,289)	(16,162)	(15,283)	(880)	(23,089)	(1,200)	116		(1,083)	4.46%
Net Expenditure	71,555	42,972	40,924	2,048	79,154	(7,599)	9,529	0	1,930	2.70%

East Dunbatonshire HSCP

Financial Planning 2022/23 - Savings Programme

APPENDIX 3

Workstream	Action	Project Lead	Full Year Approved Saving 22/23	Full Year Achieved Saving 22/23
	<u>Service Redesign (21/22 Savings Cfwd)</u>			
Policy	Fair Access to Community Care	David	140	140
Efficiency / Service Improvement	Children's Services 'House' Project Development	Claire	200	200
	Total C/fwd Savings 21/22		340	340
	<u>New Savings 22/23</u>			
Efficiency / Income Generation	Charging for Telecare	Derrick	10	0
Efficiency	OP Daycare Commissioning - review	Derrick	51	51
Efficiency	Management Savings	Derrick	48	48
	Total New Savings 22/23		109	99
	Total Savings Programme 22/23		449	439

APPENDIX 4

HSCP Reserve 2022/23	Balance at 31st March 2022 £000	Proposed Use of Reserves 22/23 £000	Anticipated Additions to reserves 22/23	Projected Balance at 31st March 2023 £000
HSCP Transformation	(1,100)			(1,100)
HSCP Accommodation Redesign	(2,000)			(2,000)
Apropriate Adults	(24)			(24)
Review Team	(130)			(130)
Children's MH & Wellbeing Programme	(25)	25		0
Children's MH & Emotional Wellbeing - Covid	(1)			(1)
Scottish Govt. Funding - SDS	(77)	0		(77)
SG - Integrated Care / Delayed Discharge Funding	(282)			(282)
Oral Health	(3,600)	3,600		0
Infant Feeding	(61)	61		0
CHW Henry Programme	(15)	15		0
SG - GP Out of Hours	(39)			(39)
SG - Primary Care Improvement	(1,292)	1,292		0
SG – Action 15 Mental Health	(687)	687		0
SG – Alcohol & Drugs Partnership	(652)	652		0
SG – Technology Enabled Care	(11)			(11)
GP Premises	(229)	229		0
PC Support	(27)			(27)
Prescribing	(185)			(185)
Covid	(9,963)	9,963		(0)
Community Living Charge	(341)			(341)
Psychological Therapies	(60)			(60)
District Nursing	(84)	84		0
Chief Nurse	(52)	52		0
Health & Wellbeing	(40)	40		0
Specialist Children - SLT	(3)	3		0
Woodland Garden Project	(7)			(7)
National Trauma Training	(50)			(50)
Adult Winter Planning Funding	(2,217)	546		(1,671)
Mental Health Recovery & Renewal	(51)			(51)
Telecare Fire Safety	(20)			(20)
Whole Family Wellbeing	(35)			(35)
Care Experienced Attainment	(20)			(20)
Unaccompanied Asylum Seeking Children	(22)			(22)
LAC Posts - Education Contribution	(39)	39		0
Dementia	(65)			(65)
Wellbeing	(92)			(92)
Premises	(36)	36		0
MH Estate Funding	(278)			(278)
Total Earmarked	(23,912)	17,324	0	(6,588)
General / Contingency Reserves	(3,078)			(3,078)
Total HSCP Reserves	(26,990)	17,324	0	(9,666)

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	190122-11 Agenda Item Number 11
2	Report Title	Financial Performance Budget 2022/23 – Month 8
3	Date direction issued by Integration Joint Board	19 th January 2023
4	Date from which direction takes effect	19 th January 2023
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes 171122-12
7	Functions covered by direction	Budget 2022/23 – all functions set out within Appendix 2.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £137.450m and East Dunbartonshire Council is £71.555m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2022/23.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Reviewed for IJB – budget 2022/23 monitoring report will supersede this direction planned for 23 rd March 2023.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/12

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER, 0141 232 8216

SUBJECT TITLE: HSCP IJB DIRECTIONS LOG UPDATE

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integrated Joint Board on the status of HSCP Integrated Joint Board Directions which are recorded and issued to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the Report.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Directions are the mechanism by which the IJB signals to the Health Board and Local Authority the details of how the objectives of its Strategic Plan, and any other strategic decisions taken during the lifetime of the plan, are to be delivered.
- 3.2** The use of Directions is a legal requirement for IJB's, Health Board and Local Authorities and as such their use is subject to internal/external audit and scrutiny.
- 3.3** East Dunbartonshire HSCP IJB implemented a refreshed approach to the development, issuing and recording of Directions. This came into effect from January 2021.
- 3.4** An update on the status of Directions are brought to IJB Board meetings on a six monthly basis, as well as the Performance, Audit and Risk Committee and this is the second update to the IJB since the new process began. The Directions Log is also taken to the SMT on a regular basis to ensure regular review and follow up.
- 3.5** The Directions Log is updated and maintained by the Corporate Business Manager.
- 3.6** **Appendix 1** details the Directions Log for 2021 and 2022 IJB cycles.
- 3.7** There was a total of 18 Directions issued for 2021, the status of the Directions are noted as being:

Current	5
Complete	6
Superseded	7
Revoked	0

- 3.8** There have been 11 Directions issued across the five IJB meetings held in 2022, the status of the Directions are noted as being:

Current	6
Complete	1
Superseded	4
Revoked	0

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families

6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

- 4.2 Frontline Service to Customers – None.
- 4.3 Workforce (including any significant resource implications) – None.
- 4.4 Legal Implications – The Public Bodies (Joint Working) (Scotland) Act 2014 required the IJB to issue Directions in writing. Directions must set out how each integrated health and social care function is to be exercised and the budget associated with that function.
- 4.5 Financial Implications – The IJB have statutory responsibility for the delivery of transformational service delivery within budget allocations.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – The Strategic Plan acknowledges that some individuals, or groups of individuals may face difficulties in accessing services and the Plan identifies some additional supports to address this issue. Directions issued by the IJB are likely to be instrumental in improving access to services.
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 The Strategic Plan and the IJB Risk Register identify risk factors which have an impact on a range of financial, governance, capacity and partnership issues. Directions from the IJB form part of the ongoing risk mitigation and management processes.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – The HSCP have a statutory duty to record and issue Directions to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – The Council must comply with a Direction from the Integration Joint Board.
- 6.3 **NHS GREATER GLASGOW & CLYDE** - The Health Board must comply with a Direction from the Integration Joint Board.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 – East Dunbartonshire HSCP Directions Log as at 21st December 2022

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/13

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER (07583902000)

SUBJECT TITLE: EAST DUNBARTONSHIRE HSCP CORPORATE RISK REGISTER UPDATE

1.0 PURPOSE

- 1.1 The purpose of this report is to provide the Board with an update on the Corporate Risks and how they are mitigated and managed within the HSCP.

2.0 RECOMMENDATIONS

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

- 2.1 Consider and approve the Corporate Risk Register.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The HSCP Corporate Risk register reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.
- 3.2** Individual Service Risk Registers are reviewed and updated on a quarterly basis by the Operational Leads within the HSCP. These capture a more detailed picture of individual service risks and include those services hosted within ED HSCP.
- 3.3** The Corporate Risk Register is reviewed twice per year by the Senior Management Team and updated. It captures the high level risks across the HSCP and the hosted services.
- 3.4** The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these. The risks associated with the Covid pandemic have been incorporated into the wider HSCP Corporate risks where they are considered to have an ongoing impact beyond the Covid pandemic and will remain relevant for the duration of 2023 - 24.
- 3.5** There are a total of 18 risks included within the HSCP Corporate Risk register. This represents an overall reduction in the number of risks for the HSCP of three from that previously reported. This movement relates to the removal of 4 risks specifically related to Covid which are now considered to be captured as part of the general risks for the HSCP and the addition of 1 risk related to our continuing inability to secure accommodation in the West Locality to deliver effective integrated health and social work services in that area. The risks which have been removed relate to:
- Failure / lack of availability of external care providers to deliver ongoing care to vulnerable individuals within the community including care home and care at home (Covid) – now captured under HSCP 8.
 - Increased demand for services to support individuals within the community in the context of reduced capacity (Covid) – specific to Covid, now mitigated through service recovery.
 - No further funding available through the Scottish Government (SG) to support the ongoing significant additional costs arising from managing the Coronavirus locally and in the longer term (Covid) – now captured under HSCP 1.
 - Increase in incidence of child and adult protection concerns (Covid) – specific to Covid, now part of normal operational management.
- 3.6** There was one additional risk included which related to the inability to secure appropriate accommodation in the West Locality to deliver effective integrated health and social work services in that area.
- 3.7** Of the 18 risks identified within the Corporate Risk register, 14 are considered to be high risk albeit following the risk management actions implemented, this reduces to 3 high risk areas.
- 3.8** The biggest areas of risk relate to the continuing financial position for the HSCP related to achieving recurring financial balance, delivery of the transformation

programme and the challenges in supporting early effective discharge from hospital. The risk management actions will mitigate the likelihood of these risk events occurring and the development of a medium term financial plan and continued collaborative working with partner agencies in the development of the annual delivery plans will be key in managing these risk events. In terms of delayed discharge, ongoing collaborative working across GG&C, investment of Adult Winter Support funding to create additional capacity across in house care at home services and care homes and continued engagement with care providers will be key in managing this risk event.

3.9 A copy of the HSCP Corporate Risk Register is included as **Appendix 1**.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – there are particular workforce issues highlighted throughout the risk register, particularly related to the challenges in recruitment and retention of staff into key frontline services and managing ongoing absence across critical services. Workforce issues will be addressed through the HSCP Workforce Strategy.

4.4 Legal Implications – The HSCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.

4.5 Financial Implications – There are key high level risks to the HSCP which will have a financial impact going forward and where there will require to be a focus on the delivery of transformation and service redesign to support financial sustainability and the delivery of financial balance in future years.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 This risk register is an aggregate of all service specific Risk Registers and control measures must be reviewed and updated regularly to reduce risk.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The HSCP Board Risk Register contributes to East Dunbartonshire Council Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.

6.3 **NHS GREATER GLASGOW & CLYDE** – The HSCP Board Risk Register contributes to NHS GG&C Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 **Appendix 1** – HSCP Corporate Risk Register.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/14

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCES OFFICER TEL: 07583902000

SUBJECT TITLE: EXTRAORDINARY PERFORMANCE, AUDIT
AND RISK COMMITTEE MINUTES HELD ON
27TH OCTOBER 2022

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Board on the HSCP Extraordinary Performance, Audit and Risk Committee meeting held on 27th October 2022 (attached as **Appendix 1**).

2.0 RECOMMENDATIONS

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

- 2.1 Note the draft minutes of the HSCP Extraordinary Performance, Audit and Risk Committee Meeting held on 27th October 2022.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended are the draft Extraordinary Performance, Audit and Risk Committee minutes from the meeting held on the 27th October 2022

3.2 The main highlights from the meeting were:

- Consideration of Audit Scotland's Proposed Annual Audit Report 2021/22 which sets out the outcome of the audit of the IJB Annual Accounts as well as considering other aspects related to financial sustainability and best value. The External Audit opinion was that the Accounts represented a true and fair view of the IJB financial position and performance during 2021/22. There were a small number of actions to be progressed including the need to continue to focus on medium and longer term planning and transformation and service redesign options for future years which deliver financial balance for the IJB.
- Consideration of the IJB Annual Accounts for 2021/22 and the financial performance set out therein with Committee members approving the accounts for final sign off by the IJB Chair, Chief Officer and Chief Finance & Resources Officer and publication on the HSCP website.

4 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

This committee provides support to the IJB in its responsibilities for issues of performance, risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered.

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5 MANAGEMENT OF RISK

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

5.1 None.

6 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required. (insert as appropriate)

7 POLICY CHECKLIST

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

8 APPENDICES

8.1 **Appendix 1** – Draft Extraordinary Performance, Audit and Risk Committee Minutes of 27th October 2022.

**Minutes of
East Dunbartonshire HSCP
Extraordinary Performance, Audit & Risk Committee Meeting**

**Date: Tuesday 27th October 2022, 3pm
Location: Via MS Teams**

Present:

Calum Smith (Chair)	CSm	Ketki Miles	KM
Susan Murray	SM	Fiona Mitchell Knight	FMK
Jean Campbell	JC	Gillian McConnachie	GM
Caroline Sinclair	CS	Alan Moir	AM
Ian Ritchie	IR	David Aitken	DA
Peter Lindsay	PL	Brian Gillespie	BG
Jacquie Forbes	JF		

Minutes : Vandrew McLean **VM**

No.	Topic	Action by
1.	Welcome and Apologies	CSm
	The chair welcomed the Committee members to the meeting and explained this was an Extraordinary meeting to sign off the Annual Audited Accounts for period 2021/22 and authorise the Chair, Chief Officer and Chief Finance & Resources officer to accept and sign the Final Annual Accounts on behalf of the IJB. Apologies received: Derrick Pearce	
	Minutes of last meeting	JC
	The minutes of the meeting of 27 th September 2022 will be reviewed and approved at the first Performance, Audit and Risk meeting in January 2023.	
2.	Audit Scotland – Proposed Annual Audit Report 2021/22	FMK
	FMK detailed that Audit Scotland had reviewed the clean, unmodified accounts and were satisfied they present a true and fair view of the accounts of the IJB up to end March 2022. The accounts were fit for approval being properly prepared, and there was no areas highlighted for adjustment, misstatements to be corrected being reflective of the annual audit and a written assurance of the accounts being in order.	

No.	Topic	Action by
	<p>The meeting today was an opportunity for committee members to bring to the Committee's attention any fraud or relevant issues prior to sign-off of the accounts.</p> <p>FMK highlighted the scope of the audit as detailed in Page 16 and the key messages, highlighting;</p> <ul style="list-style-type: none"> • Exhibit 2, Page 23 explains any changes made to comply. • Significant increase in reserves held, for information. <p>FMK referred back to the key messages for the IJB, and the uncertainty in the financial future. The overall position looks good but has been due to Covid related expenditure received late in the financial year and should be a cautionary note.</p> <p>With regards to the medium term financial plan, the IJB needs to work with partners to ensure they maintain a secure position.</p> <p>The Pay Award is higher than budget, and there remains workforce pressures for both organisations with the Workforce Plan under development.</p> <p>FMK spoke to the governance transactions and best value, livestreaming of meetings, which can be seen as efficient but risks a lack of openness and transparency where the public do not have access to in person meetings.</p> <p>Good management and performance along with reporting are essential. Performance has declined from the previous year and could be attributed to the pandemic.</p> <p>On Page 39, Action Plan points are detailed with the recommendations accepted by HSCP management.</p> <p>FMK confirmed that this was the final year of a 6 year audit appointment and there will be a full and smooth handover to the newly appointed auditors.</p> <p>FMK opened the floor to questions.</p> <p>No questions asked.</p> <p>CSM thanked FMK and Audit Scotland for the last 6 years working with the HSCP and the support given to the IJB.</p>	
3.	East Dunbartonshire IJB Annual Audited Accounts 2021/22	JC
	JC presented the final audited accounts for 2021/2022, setting out the 7 th year of accounts for the partnership.	

No.	Topic	Action by
	<p>There is a requirement for the Chair of the HSCP Integrated Joint Board, Chief Financial Officer and Chief Officer to sign these off with publication on the HSCP webpage.</p> <p>JC detailed that the HSCP generated a surplus of £14.146m during 2021/22, a significant element relating to funding received from SG in year for a number of policy initiatives which was not spent in full. Adjusting for funding received late in the financial year to be taken to ear marked reserves provided the HSCP with an underlying surplus of £3.142m which will be taken to general reserves bringing the IJB into line with the Reserves policy provisions. The overall reserves position provides a balance of £26.9m giving opportunity to progress IJB strategic priorities.</p> <p>IR asked whether Scottish Government will be pulling back reserves. JC noted that this was 2021/2022 earmarked reserve position rather than 2022/2023 and discussions were ongoing to seek to recover unspent reserves related to Covid and for other policy areas requiring that reserves balances are utilised first prior to any further allocations of funding for 2022/23.</p> <p>The Chair of the IJB noted approval of the Accounts for 2021/2022.</p> <p>PL offered thanks to JC for the work that had been undertaken by Audit Scotland and EDHSCP.</p> <p>No further Questions/comments.</p>	
	Date of next meeting – tbc January 2023	JC

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/15

CONTACT OFFICER: DR PAUL TREON, CLINICAL DIRECTOR
TELEPHONE 0141 232 8237

SUBJECT TITLE: DRAFT MINUTES OF CLINICAL & CARE
GOVERNANCE GROUP MEETING HELD ON
2ND NOVEMBER 2022

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the Clinical and Care Governance Group meeting held on 2nd November 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Clinical and Care Governance Group Meeting held on 2nd November 2022.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Clinical and Care Governance Group minutes of 2nd November 2022 highlight:

- a) The group reviewed the actions list and note that all actions have now been closed; as either complete or process now embedded to practice. A refreshed action log will be produced for 2023.
- b) The Chief Nurse updated the group on the 'Excellence in Care and Care Assurance System'. As an action from this Mrs Connell proposed that the 'Core Clinical Audit' process was refreshed to reflect as a more up to date tool kit for quantitative assurance.
- c) Head of Service for Adult Services provided a presentation on the Updated Adult Support and Protection National Guidance. The group discussed the role for General Practice within this; noting the helpful flowchart for GPs to use if/when required. This information has previously been shared via GP Forum to highlight the update to local Primary Care Teams.
- d) The group reviewed the incident and complaints data for the period since the last C&CGG meeting. Noting that the individual incidents and complaints will be reviewed in more detail within service governance groups; and that service level quality improvement will results from this information and be presented via Service reports.
- e) The Children and Families Team noted their continued UNICEF Gold Standard Accreditation for Breast Feeding.
- f) Oral Health highlighted the ongoing challenges being addressed relating to bulk NHS deregistration; and issues around GDP remuneration.
- g) The Group were updated on Child and Adult Protection Register data, including other relevant protection matters.
- h) The chair updated on his role, and that as an interim measure the deputy Chair (Carolyn Fitzpatrick) would act as group chair until a new Clinical Director is in Post. (Following the meeting the current Clinical Director has updated that there will continue to be some support from him until end of January).

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

- 4.2 Frontline Service to Customers – None.
- 4.3 Workforce (including any significant resource implications) – None.
- 4.4 Legal Implications – None.
- 4.5 Financial Implications – None.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None.
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1** - Clinical & Care Governance Group draft minutes of meeting held on 2nd November 2022.

**Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 2nd November 2022, 9.30am
Microsoft Teams Meeting**

Members Present

Name	Designation
Paul Treon	Clinical Director, Chair
Caroline Sinclair	Chief Officer and CSWO
Tara Dunseith	Clinical Director, Oral Health
David Aitken	Interim Head of Adult Services
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Leanne Connell	Interim Chief Nurse for HSCP
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Fiona Munro	Lead AHP for HSCP (and deputising for Derrick Pearce)
Lisa Dorrian	General Manager, Oral Health Directorate
Karen Lamb	Specialist Children's Services
Vandrew McLean	Corporate Business Manager

In Attendance

Name	Designation
Lorraine Arnott	PA/Business Support

Apologies

Name	Designation
Derrick Pearce	Head of Community Health and Care Services
Fraser Sloan	Clinical Risk
Lorraine Currie	Team Manager, Mental Health

No.	Topic	Action by
1.	Welcome and Apologies	
	PT welcomed all and announced members present and reminded those in attendance of the recording of the meeting. Apologies noted on page 1.	
2.	Minutes of Previous Meeting	
	Minute of previous meeting agreed and approved.	
3.	Matters Arising	
	PT noted no matters arising at this time.	
4.	Actions / Outcomes Log	
	<p>CF reviewed the Actions & Outcomes Log</p> <ul style="list-style-type: none"> • AED Devices and Defibrillator Pads – VMcL contacted other HSCPs to find out if AEDs were accessible. Still being held in treatment rooms and common areas where staff can access them. Further discussion to be had around KHCC and the need for public access to AEDs. Will continue to work with Laura Gold on this, and identify an area to allow the AED to be accessible. Also will carry out some awareness training. Supplies are also plentiful at the moment. With regard First Aiders VMcL informed that she will meet with Laura Gold to go over risk assessment for KHCC. Work in progress. Action can be closed for this group as discussion surrounding AEDs and pads is now discussed and actioned through the Health & Safety Group. Closed. • SCR Review –Heads of Service Governance – CS advised that it has now been for the final time through the Chief Officers group, who have approved the method of publication and have also approved the development of the action plan. Agreed that it can be closed as an action through this forum and will be picked up through the Child Protection Committee. • Heads of Service Governance – Ongoing. • Core Audits – LC will present today on CCAAT. At future meetings she informed that they would want to report on an overview of assurance results that are being undertaken by each of the services. Can close action and look over time to develop assurance reporting framework. • Information Governance – VMcL updated that this can be closed as an action. She informed that it had raised awareness with staff. • Issues and impacts of COVID – FM advised that there has been nothing as yet formally issued in relation to funding to support a COVID recovery programme. • Child Death Review/Child Death Hub – CC informed that a national portal has been launched and the HSCP have been asked for nominations of local practitioners who can access the portal. LC, CC and Jillian Mitchell to register to have access to the portal to keep themselves apprised of any child death reviews that are live through the hub. No further actions therefore can be closed off. • Datix Reporting Categories – VMcL advised that the action remains ongoing. Do not expect to hear about the outcome of the national procurement of the system until early next year and what it will look like. Will bring update to the next CCG meeting in January. <p>It was agreed that all actions could be closed off and new action log recorded for 2023 from January meeting.</p>	
5.	Presentation	
	CCAAT – Leanne Connell Copy presentation attached with papers.	

	<p>LC shared the Excellence in Care and Care Assurance System presentation with the members of the group. EIC CAS presentation for CCG Nov 2022 V2</p> <p>LC advised that she is keen to start to develop the assurance reporting template for Clinical Care Governance, to have at a glance the care assurance score for services and where there is no audit tool available yet to determine what there is within the service that the group could reflect on.</p> <p>CS congratulated the DN team on their outstanding achievement on their recent CCAAT audit. LD also commented that she would be happy to link with LC to discuss using some of this work presented within Primary Care Oral Health, and keen to replicate within all of the areas within the OHD. LC will arrange meeting with LD to discuss this further. A discussion followed and it was agreed that all gold scores should be reported back to the CCG group to celebrate successes.</p>	
	<p>Adult Support & Protection – New national guidance – David Aitken</p> <p>Copy guidance attached with papers and DA then shared brief presentation that was presented to the Adult Support and Protection Committee.</p> <p>Item 5a ASP Code of Practice 2022 and other new.pptx</p> <p>He detailed the new Code of Practice that has been reviewed, and as part of that additional revised guidance was published for Adult Protection Committees and also new guidance for General Practice, and details GPs position and role in terms of disclosure and confidentiality and when to refer patients on. He then reviewed the presentation with the group.</p>	
6.	<p>Incident Trends</p>	
	<p>Form 1st September to 31st October (details contained within the spreadsheet attached with papers) 9 overdue Datix in the holding area awaiting review, however a significant number of Datix moved into the being reviewed, recoded and reassigned category, showing improvement.</p> <p>Non Clinical Incidents 19 incidents reported</p> <ul style="list-style-type: none"> • 3 Road Traffic Accidents and incidents • 3 Unexpected Deaths • 2 Verbal Abuse • 2 Other • Rest single incidents around alcohol misuse, and threat of physical violence • 5 currently in the holding area awaiting review and 7 finally approved. <p>38 Clinical incidents reported within the period largely;</p> <ul style="list-style-type: none"> • 28 Pressure ulcer related • 3 Unexpected deaths • 2 Wrong doses • In terms of categories in the holding area, 23 being reviewed and recoded, 2 awaiting final approval, 10 finally approved. <p>A discussion followed with regard the above information and data. VMcL also noted that OHD had reported 22 incidents on Datix this period however had not provided breakdown of incidents and trends. TD will get this information and send on.</p>	
7.	<p>Complaints & Whistleblowing</p>	
	<p>Incident reports contained within Complaints reports from the HSCL Board, there was 1 recorded, Stage 2 around clinical treatment, was completed within response time and outcome not upheld. EDC Complaints reported 8 complaints, 6 Stage 1 now closed, 1</p>	

	<p>remains open at Stage 2 and 1 at Stage 2 that is also closed. Themes were service standards and disagreement with Council decision. Oral Health reported that they had no complaints during this reporting period. CS also gave thanks to the staff organising and dealing with the housebound vaccination programme, as there appears to have been a number of complaints avoided due to excellent and timely responses.</p> <p>No whistleblowing to report at this time. However one Duty of Candor incident reported by Oral Health during the reporting period.</p>	
8.	SPSO Updates	
	SPSO update attached with papers. Nothing to highlight from this update at this time.	
	GOVERNANCE LEADS UPDATES / REPORTS	
9.	Children & Families/Criminal Justice	
	<p>Report contained within agenda.</p> <p>In terms of Criminal Justice CC advised that the team have worked hard on this year's North Strathclyde Justice Annual report which contains good information around performance and activity. Will circulate report to the group for their information. Also includes details about the audit activity that has been undertaken.</p> <p>With regard Children and Families, she advised that the Health Visiting Team managed to maintain their UNICEF Gold Accreditation for the fourth year. Feedback was outstanding and a recognition of the efforts that the team had gone to to promote the breast feeding programmes. Health Visiting Team and Primary Care Mental Health Team have also been nominated for a Scottish Health Award for Joint Evidence Based Psychological Therapy Enjoy Your Baby Programme. She also noted from the report audit activity in relation to the Children and Families Social Work Team undertaking an audit of the adoption reports to ensure that they are being written to a consistently high standard reports and managing to evidence the recommendations that are being made to the court. And HV team also working on audits of the IRD process locally and will involve Education in future. Currently undertaking a review of special needs in pregnancy service. Have expanded the membership to include Health, Social work and Family Nurse Partnership, as well as midwives. Also update included in the report on the Promise and the implementation plan. Finally, she noted the ongoing Joint Inspection of Services to protect children at risk of harm in East Dunbartonshire. Have submitted pre inspection return and have circulated staff survey to the partnership. First presentation to the Care Inspectorate and Partners Inspectors today. May be asks of members through the Inspection process and may ask members of this group to be members of focus groups in the engagement activity week due to start on Monday 6th February 2023.</p>	
10.	Community Health & Care Services	
	<p>Report contained within agenda.</p> <p>FM commented that there was nothing of note from the report to draw to the member's attention at this time. She did however discuss the soft launch of the Frailty Programme which will monitor the readmission rates and will report back to the next meeting. PT asked in term of primary care and response to discharges, he asked if this was around community pharmacy. FM needs to be reviewed to establish what is required over a seven day period. Currently a work in progress, where and when the need arises for a response and what the response will look like.</p>	
11.	Commissioned Services	
	<p>Report contained within agenda.</p> <p>Nothing to report on further at this time.</p>	
12.	Joint Adult Services	
	Report contained within agenda.	

	<p>DA highlighted the WAND Initiative linked to drug recovery services. Working with Turning Point and will be working along with a number of other HSCPs across GGC in terms of a WAND bus, hopefully starting late this year early next year, and will visit hotspots in terms of drug related deaths as part of initiatives to try to reduce drug related deaths and drug related harms.</p> <p>Bereavement SOP which has been developed across ADRS services boardwide has been welcomed as particularly affects colleagues within ADRS services. Additionally within the report he informed that there is still recruitment challenges particularly for qualified social work and nursing staff again an issue which he will continue to flag up, along with Mental Health Officer recruitment. In terms of self-evaluation and self-assessment work, he advised that a targeted and focused self-assessment has just been completed of work across Adults with Incapacity and analysis and action plan will be completed from this, and he will report back to the group with the finding from this evaluation.</p>	
13.	Oral Health – Primary Care	
	<p>Report contained within agenda.</p> <p>TD highlighted few points. One SAER that took place at the RAH which is currently under investigation. Briefing note was escalated to the Chief Officer, SAER has been agreed and the review in progress. Looking at how staff can be supported fully. In terms of key risks, she updated that there continues to be issues accessing NHS dental care. Experiencing increasing numbers of bulk deregistration's, model for payment of GDP is influx and changing and is influencing their decision around business models and how to move forward with NHS dentistry. In terms of winter preparedness funding she updated that this was being evaluated across pediatric special care and priority groups, as funding is expected to cease March 2023 therefore looking at exit strategies to develop and move forward. Continuing to experience reduction in theatre list allocation at both the RHSC and the GRI, the average number of lists for pediatrics is continuing to decrease and this is a concern for high risk and medically at risk patients. LD has submitted a report to SEG to highlight the risks and concerns experienced. With respect to radiation protection, working closely with colleagues within e-Health and diagnostics to improve this situation. Have reviewed and updated Child Protection guidance and working closely with colleagues in child protection. Guidance is included within the report and shared within OHD. Has been well received.</p> <p>With regards to theatre sessions within the acute LD also commented that there is a reduction within the children's hospital, continuing to work closely with the teams there to lay out how many sessions are required on a weekly basis at this reduced rate to sustain the long waits, and urgent and priority cases. The GRI is a challenge due to winter bed pressures, and LD will meet with the General Manager to discuss managing this patient group through this site, and recognised that this will be a significant challenge.</p>	
14.	Specialist Children's Services	
	<p>Report contained within agenda.</p> <p>KL provided brief update. She apologised for the late submission of the most up to date report. In terms of experience of service questionnaire, she stated that there was a requirement to refresh this to be able to automate collated responses for teams to allow them access to feedback and to improve, SBAR produced to refresh and set some champions in each of the teams to increase the feedback that they received. Narrative in terms of assurance in relation to supervision and looking at software called Audacity Usage and psychology lead will take the lead on this. In terms of Risk Registers, there are a number of risks around the mental health recovery and renewal programme, risks in terms of waiting times and medical staffing for community pediatrics and a number of risks that are being actively reviewed. Clinical guidelines being developed and forming part of the work plan as part of the implementation of the National Neurodevelopmental Specification and the process to be a singular process and new pathways to make it easier for children to have an ASD assessment. Query at last meeting</p>	

	<p>around outstanding SAERs for SCS, she confirmed there are no outstanding and have all been completed.</p> <p>PT asked around the electronic feedback form and whether this is something that could be used by other services. KL agreed that it absolutely could be used by other services, as is generic. Webropol is used to collate and record. Well used and provides evidence based feedback. In respect to the ADHD work around access to services, PT noted that one of the big issues was private providers providing a diagnosis and then requesting prescriptions from GPs, he asked KL if this was within the guidelines. She advised that CAMHS are applying the same guidance as Adult Mental Health are applying in terms of an approved diagnoses and the process. Prescribing for ADHD should be carried out within the CAMHS services in any case. Guidance at the moment does not cover private providers. KL will find out and feedback on this at the next meeting.</p>	
15.	Mental Health	
	<p>Report contained within agenda.</p> <p>DA noted from the report, the development and implementation of discharge surveys which have been established across PCMH, CMHT and LD; ADRS are working on something different to bring themselves in line with MAT standards. This forms significant part of delivery plan and a positive move forward. In terms of Psychology, he informed that LD Psychologist is moving to new post, there have been some issues with recording and asked FM and LC to discuss the recording and the ways in which errors can be amended in terms of waiting times. Additionally he noted further rollout of trauma training, and the work that the team have undertaken in terms of Datix reporting. PT asked in relation to the discharge survey if this takes all patients into account, and not just the patients that seen through the service. DA will pick this up with LC.</p>	
16.	Business Support	
	<p>Report contained within agenda.</p> <p>VMcL briefly updated on the Datix training masterclass offered to staff and focused on previously run reports and reviewers and approvers. VMcL and Dianne Rice attended and found the class to be really useful around responsibilities as reviewer and approvers and the sections that should be being filled in. VMcL and Dianne Rice also attending other training in respect of risk registers.</p>	
17.	Primary Care & Community Partnerships Governance Group update	
	<p>CF updated that next is scheduled for tomorrow, however update from last meeting in September noted concerns around the number of outstanding SAERs. There were 255 outstanding SAERs awaiting decision and 35 of those came from Primary Care. It has been asked that these be reviewed and an update provided on the status of these outstanding SAERs. It was also agreed that the overdue SAERs be discussed at the Primary Care Clinical Partnership Governance Group meeting. Other area of concern was around breach guidelines, as a number of local clinical guidelines had breached their review date. Work ongoing to ensure that these are properly reviewed. Also, there was an issue noted with the asthma guidelines, through the Respiratory MCN, no capacity to review the guideline. Decision to be made as to whether the guideline remains on the directory and it was agreed that a breach guidelines would carry a warning on the system to make people aware that guideline is out of date. To be taken to Board Clinical Governance Group for approval.</p>	
18.	Board Clinical Governance Forum update	
	No update at this time.	
	RISK MANAGEMENT	
19.	Clinical Risk Update	
	Next update due February 2023.	
20.	SAE Actions	
	As above.	
21.	Corporate Risk Register	

	CS advised there was nothing to update on at this present time.	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
22.	Quality Improvement Projects within HSCP	
	Nothing to report at present.	
23.	Quality Management Framework	
	Nothing to report at this time.	
	PUBLIC PROTECTION	
24.	Child Protection	
	CC updated that the Public Protection Leadership Group took place last week and it had been highlighted that the activity around child protection investigations had decreased significantly within the last month however there still remains 31 children's names on the child protection register.	
25.	Adult Protection	
	DA noted the attachment that set out Quarter 2 reporting. He highlighted that there had been a drop in referral numbers from Quarter 1 down from 254 to 222 this quarter. Still represents a high number, and second highest number within the last four quarters. Total numbers of ASP activities in including case conferences was 154 and 94.1% of those were completed within the relevant timescale and showed a slight increase on the last quarter from 92.9% and above the performance target. Strong performance across ASP services. Biennial report is being prepared by Carole Auld supported by Kirsty Kennedy. Have requested an extension to take into account the ongoing Children's Inspection. Settled position at the moment.	
26.	PREVENT Counter-terrorism	
	1 PREVENT case actively managed with engagement from the PREVENT Intervention Providers, no changes from last report.	
27.	MAPPA / Management of high risk offenders	
	CC updated in terms of MAPPA. Most of the past year there has been 65, however have seen increase since last meeting to 74 MAPPA cases. The majority are sitting at the lowest level however have 2 high risk offenders managed by MAPPA, one currently still in prison and one in the community and is being managed on a d 24/7 risk management programme.	
28.	MARAC Domestic Violence	
	CS advised that there has been a slight decrease in referrals to MARAC in the past month. Generally a police led referral mechanism, so unsure on the reason for the decrease. New local police representative has been nominated to lead on a review of MARAC.	
	INFECTION CONTROL	
29.	Infection Control Minutes	
	Minutes attached for information.	
	ESCALATIONS	
30.	Items to be escalated to HSCP Board	
	No items to be escalated.	
31.	Items to be escalated to NHS G&C C&CGG	
	No items to be escalated	
	GENERAL BUSINESS	
32.	Significant Adverse Event Recommendation Letter	
	KL referred to the SAE review 635941 and noted recommendations. Concerns to be initially discussed at IRDs and an urgent has been sent via EMIS to all clinicians involved in the patients care, and appropriate list to be done by the Public Protection Service to flag up that an incident has occurred, and allow clinicians to follow up appropriate. To add an alert to the	

	EMIS record regarding any changes to the care plan around the child with a review date to update after assessment has been completed. CAMHS Locality Teams to ensure that all clinical staff are trained to use and evaluate the output of face --- risk assessments?? , these are used within the CAHMHS services and is a recommendation from an SAER that will come to the next meeting, and the need to refresh staff awareness of the risk assessment framework. CAMHS Practice Development Nurse will lead on this development. And finally the impact of any red, amber or green case priority system in each CAMHS teams should be reviewed by clinicians at local management meetings in line with the current red, amber green guidance. Will be taken forward and reviewed by the CAMHS governance group.	
33.	Datix Bulletin	
	VMcL noted that bulletin focuses on the Datix dashboard and to ensure that reviewers and approvers are aware of these and how to use them and asks if anyone would like to participate in the Datix Dashboard survey. Also information on a review of clinical incidents which noted inappropriate coding of near misses versus what is not a near miss and some examples and a flowchart to follow. Finally information on Datix Manager training masterclass and asked members to try and promote this training.	
34.	Care Inspectorate Joint Inspection of Children's Services	
	CC informed the group of the ongoing inspection. Activity around completing staff surveys. Partnership discussion and presentation planned for this afternoon with relevant colleagues. Also will be notified this week of the case files that the Care Inspectorate would look to review, and will work through this the month of November. Phase 1 concludes week beginning the 5 th December and Phase 2 commences January, where will present a position statement and self-evaluation and plan a week of engagement sessions. Make come back to members to ask them to be included in focus groups. DA also highlighted that discussions with Adult Services have taken place including possible interface and crossover including Arndale for CMHT, and asked CC to keep them updated. KL reiterated DA's comments and asked CC to be in contact if further information required.	
35.	Interim Chair and Thanks	
	PT informed the group of his impending departure from post as Clinical Director around the end of November. He thanked the members for attending the meetings and for all their contributions in supporting him in the role. He particularly thanked CF for vice chairing and for all the admin support he has had in the background from VMcL and LA. He noted he was hopeful that the post would be filled timely however if there is a delay in the new Clinical Director taking up post he proposed CF to take interim chair for the CCG meetings going forward until such times as a replacement has been appointed.	
	AOCB	
	DA highlighted that he had IT issues at last meeting and had Public Health Scotland Suicide statistics for 2021 agenda, and was moved forward to this meeting. He highlighted the publication of Scottish Suicide Report by Public Health based on National Records Scotland data nationally. In Scotland there were 753 deaths by suicide, which represented a decrease from 805 the previous year. Positive news in terms of a fall in the numbers, however figure still high. Three quarters of death by suicide are male, key risk age bracket is between 45 and 54. Death by suicide rate is three times that within the most deprived communities. Locally had a significant decrease in the numbers of deaths by suicide, previous year there were 15, last year there were 8. Generally average between 10 and 11 over the last few years. Also have local suicide prevention action plan, and good governance structures and an action plan to take forward from there.	

Date of next meeting –11th January 2023, 9.30am via MS Teams

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/16

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233

SUBJECT TITLE: HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF 3rd NOVEMBER 2022

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 3rd November 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the HSCP Strategic Planning Group draft minutes of 3rd November 2022.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended is the draft minute of the Strategic Planning Group held on 3rd November 2022.

- 3.2** The main highlights from the conversations within the meeting related to:
- The resumption of HSCP Locality planning Groups from January 2023, with support from the Joint Account Management Team (comprises of several national improvement organisations such as Healthcare Improvement Scotland and the Improvement Service)
 - The ongoing pressures being felt right across the health and care systems in respect of demand and capacity
 - The progression of unmet needs analysis in relation to unpaid and informal carers by the Public, Service Users and Carers Group and partners
 - A presentation by the HSCP Lead Allied Health Professional (AHP) on Falls and Frailty
 - Input from the EDC Housing Policy Officer on the development of the new Local Housing Strategy
 - Input from the Interim Head of Children's Services and Justice on the Joint Inspection of Services for Children at Risk of Harm

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1:** Draft Strategic Planning Group Minutes of 3rd November 2022.

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 3rd November 2022 via MS Teams

Present


NAME	Designation
Derrick Pearce	CHAIR – Head of Community Health & Care Service
Fiona McManus	Carers Representative
Karen Albrow	Carers Representative
Iain Marshall	Independent Sector Rep (Director of Care – Pacific Care)
Sharon Gallacher	Commissioning support and development team leader.
Kathleen Halpin	Service Manager/Lead Nurse (For Leanne Connell, Chief Nurse)
James Johnstone	Primary Care Transformation Manager
Alison Blair	GP/West Locality Rep
Claire McNeill	Strategy and Performance Adviser, Housing Services
Dianne Rice	Primary Care Development Officer
Alan Cairns	Planning, Performance and Quality Manager
David Radford	Health Improvement & Inequalities Manager
Fiona Munro	Service Manager/ Lead AHP
David Aitken	Interim Head of Adult Services
Lisa Dorrian	General Manager, Oral Health Directorate/ Lead Officer, Dentistry NHSGG&C
Joni Mitchell	Partnership Development Officer, EDVA



Minutes: Catriona Burns, PA

1.	Introductions & Apologies	Actions
	Apologies: Laura Coia, Leanne Connell, Alison Willacy	
2.	Notes of Previous Meeting	
	Minutes of the last meeting on 1 st September 2022 were agreed and accepted as an accurate record of the meeting.	
3.	Matters Arising	
	There were no matters arising to address.	
4.	Updates	
4.1	East & West LPG Update	
	<p>DP advised that the Joint Account Management (JAM) Team which has representatives from Improvement Service, SCS, Health Care Improvement Scotland and other Agencies met recently with members of the HSCP SMT. Further meetings and workshops will be arranged with the Locality Planning Groups to revise Action Plans, formats and set up meetings. All are keen to get these set up before the end of the year and the new programme arranged for 2023. DR & CC will each Chair a Locality with DP responsible for the SPG. SPG will be kept updated as required.</p> <p>KH advised that the Bearsden Milngavie Locality- Practitioner Collaborative is well established with a weekly MDT Locality meeting with all key services represented for discussion on complex patients. Bishopbriggs is also up and running with good results. Kirkintilloch locality has been running for a month and is producing good outcomes for complex patients.</p>	

	<p>FM advised that an MDT discussion has been arranged regarding Older People (focussed on those 85+) who are admitted to hospital to help expedite discharge with further discussion at the Locality Groups.</p> <p>Noted.</p>	
4.2	3rd Sector Update	
	<p>JM advised of the launch of the Communities Mental Health & Wellbeing Fund for community based projects. A number of applications have already been received with the closing date of 28th November 2022. SPG will be updated at the next meeting. Work has commenced with the Community Planning Partnerships on Warm Gatherings to get an overall picture of services over the Winter. A timetable will be issued in due course. Funding may be available for those services who can offer soup, hot drinks etc. Work is also ongoing on ConnectED with another session later this week. Overall, a very busy agenda for the Third Sector.</p> <p>DP congratulated all involved with the joint working response to the Cost of Living crisis.</p> <p>Noted</p>	
4.3	Independent Sector Update	
	<p>SG advised that the market remains fragile and demand is increasing within Care at Home. Recruitment issues are still causing challenges for all with support available to providers. Work is ongoing to ensure all Business Continuity Plans align with HSCP plans within Care at Home. Significant budget pressures are anticipated in the next months and work is progressing to reduce the overall spend.</p> <p>DP noted that whilst Covid rates are stable, other respiratory conditions are increasing. SG noted the commitment of the providers across the sector.</p> <p>IM added that work is in progress on the Branch Role for East Dunbartonshire to link in with Scottish Care. This will provide an opportunity for all East Dunbartonshire Providers to meet on a regular basis. DP welcomed the setting up of the Partnership meetings and noted that Provider Forum meetings are also being arranged.</p> <p>Noted</p>	
4.4	Communications & Engagement	
	<p>FM advised that there has been one meeting since the last SPG with presentations on Facilities and the New Allander Centre. These were very informative and well received by the group. FM presented the Equal Expert & Valued Report and also the outcome of a recent PSUC Group survey at the last IJB meeting. All of the recommendations were accepted by the Board. FM advised that she had also joined the Carers Partnership Group who are focusing on the National Carers Strategy, giving a practical view on the objectives. FM advised that with the assistance of Susan Webster, DR & Carers Link, a review of the Adult Support Plans has been completed. The final report provides details of all needs, met and unmet, statutory needs and also social needs of carers. This information is held on</p>	

	<p>various systems and work is ongoing to try to pull together. Although at an early stage, commitment has been given to 3 or 6 monthly reports from Social Work and Carers Link.</p> <p>FM highlighted that New Carer Referrals from April – Sept 22, show exactly the same number of people who are caring for someone with Dementia as those who are caring for someone on the Autism Spectrum. This brings new challenges and we need to look at the ages of the new Carers.</p> <p>DR highlighted the amount of work progressed by the PSUC Group which is short of members and commended all for their efforts. DR asked for volunteers to be directed to DR or Anthony Craig.</p> <p>FM asked the SPG to provide the PSUC Group with topics or items which are relevant to the SPG. DP agreed and suggested any thoughts or ideas to further support people who are caring through the winter period.</p> <p>DP commended the work on the Unmet Needs and this will help form the Action Plan for the Carers Strategy.</p> <p>Noted.</p>	
<p>4.5</p>	<p>Housing Update</p>	
	<p>CMcN advised that Housing Operations are moving towards a hybrid model of face to face and online meetings. The Homelessness Team are offering face to face meetings due to the needs of the particular client group.</p> <p>Noted.</p>	
<p>4.6</p>	<p>Primary Care Update</p>	
	<p>DP advised there is a paper going to the next IJB regarding the Scottish Governments position with regards to funding of the Primary Care Improvement Plan. There has been a shift in position and the Scottish Government have had to pull back on a number of commitments. JJ gave an overview of the work being carried out based on the reduced budgets. Some of the earmarked reserves have now been recouped resulting in a rethink of plans. There is ongoing recruitment to ANP Service and longer terms plans for the Community Treatment and Care Service. Shop front premises in Bishopbriggs and Milngavie have been secured with the timescales into 2024. GP Practices are advising of the challenges that will arise from the cut to sustainability payments. Work is ongoing with GP Practices, newsletters, drop in sessions to discuss challenges.</p> <p>The Autumn PCIP Tracker will be submitted to Scottish Government by the end of the month. This identifies gaps in delivering the full PCIP.</p> <p>DP advised that the Board will be appraised of the changes in the financial position, having previously been advised that we would not be able to deliver the full PCIP with the financial envelope allocated to</p>	

	<p>East Dunbartonshire by the Scottish Government and that this has now be compounded by the claw back of reserves.</p> <p>DRi advised that the Tracker has been changed with more focus towards activity which will help show reasons for delivery and non-delivery.</p> <p>AB advised that there was little to add from the last meeting. Staff are challenged by the advent of winter illnesses and additional demand.</p> <p>Noted.</p>	
4.7	Improving the Cancer Journey in East Dunbartonshire	
	<p>DR advised that there had been a reduction in referrals over the summer months however there has been a resurgence in September and October and targets are being met. Referrals are from a variety of sources, hospitals, self-referrals, response to invite letters and GP's. CAB have advised that over £145k of benefit money has been generated to date. Work has commenced with HMP Low Moss and is the first service in Scotland. The Service and MacMillan will be presenting to the Scottish Prison Governors Meeting.</p> <p>DR updated on the ConnectED Social Prescribing and Community Models. Attendance in Kirkintilloch and Milngavie has been poor so far with another session in Milngavie tomorrow. Cost of Living support for colleagues will provide basic food items in various locations. Resources will be available for frontline staff to issue to families and/or people in crisis.</p> <p>DP thanked DR for the updates and asked that the SPG use their networks to publicise and support.</p> <p>JM added that a Third Sector Network is involved with the Cost of Living crisis.</p> <p>Noted.</p>	
4.8	<p>Performance Update</p> <ul style="list-style-type: none"> • Annual Performance Report • Quarterly Performance Report • Performance Management Framework 	
	<p>DP advised at the last meeting he had given an overview of the SPG's requirement to consider the Performance reporting to the IJB. AC emailed a copy of the Framework and shared a brief presentation on the Performance Management Framework which has recently been updated.</p> <p>AC added that it is important for the sense of ownership and connection with the SPG. A Qu2 report is going to the next IJB and it may be useful to discuss this at the next SPG meeting. DP thanked AC and agreed that a review of the key points following the Board would be useful.</p> <p>Noted.</p>	 <p>Performance Management Framework</p>
5.	Draft Carers Strategy	

	<p>DA advised that the Carers Act was introduced in 2018 with the requirement to produce a Carers Strategy. The first Strategy ran from 2018 – 2022. Unfortunately, work did not progress due to the pandemic. Last year the Board approved an extension for a year and the new Strategy will run from 2023 – 2026. AC has completed the majority of the work for this and papers will be presented to the November IJB seeking approval for the next stage of the consultation. SPG are being advised that subject to approval there will be a series of consultation and events happening.</p> <p>DA shared the key points of the presentation to the Board and will feedback to the SPG.</p> <p>AC added there will be an opportunity for everyone to be involved in the process.</p> <p>Noted.</p>	 <p>Carer Strategy Presentation 2022.ppt</p>
6.	<p>Falls & Frailty</p>	
	<p>FM shared a presentation on Falls & Frailty which gave an overview of Frailty, why it matters to us, and what the HSCP are currently doing and planning for the future. Frailty is a clinically recognised condition and whilst increases with age, this is seen in younger people too.</p> <p>DP thanked FM for an excellent presentation and suggested that due to time constraints today, questions are emailed to FM or raised at the next meeting.</p> <p>Noted.</p>	
7.	<p>Housing Presentation</p>	
	<p>CMcN advised that the draft Local Housing Strategy was shared with the SPG requesting comments. To date, no comments have been received which is positive. CMcN gave an overview of the key points of the strategy attached.</p> <p>CMcN asked for any questions to be emailed to her or raised at the next meeting. FM thanked CMcN for an excellent presentation.</p> <p>Noted.</p>	 <p>East Dunbartonshire Local Housing Strateg</p>
8.	<p>Preparing for Winter</p>	
	<p>Not discussed</p>	
9.	<p>Joint Inspection on Services to Protect Children at Risk of Harm</p>	
	<p>AC advised that the Care Inspectorate will be carrying out a joint inspection of services to protect Children at Risk of Harm. Preparation is well underway. There are 2 phases to the inspection, first is a staff survey issued to all staff directly involved in providing services and a file reading exercise. There was a Partnership Discussion yesterday where the partnership presented a self-evaluation to the Inspectors. Phase 2 involves a position statement, focus groups and engagement events. A final report is expected in April 2023. SPG will be updated regularly and it may be that the inspectors may wish to visit members of the group.</p>	

	DP asked that if you have received the survey to complete and return as requested. Noted.	
10.	AOB	
	No discussion.	
11.	Dates of Next Meeting	
	15 th December 2022 at 10am via MS Teams	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19TH JANUARY 2023

REPORT REFERENCE: HSCP/190123/17

CONTACT OFFICER: TOM QUINN, HEAD OF HUMAN RESOURCES
TELEPHONE 07801302947

SUBJECT TITLE: STAFF PARTNERSHIP FORUM MINUTES OF
MEETING HELD ON 26 OCTOBER 2022.

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Staff Partnership Forum meeting held on 26th October 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Staff Partnership Forum Meeting held on 26th October 2022.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Staff Partnership Forum minutes highlight:

- a. Kathleen Halpin provided a very emotional patient story to highlight the success of our extended day District Nursing service and the advantage of having an ANP (Advanced Nurse Practitioner). This presentation clearly demonstrated the benefits of partnership working to establish services.
- b. Clare Carthy and Caroline Sinclair gave a very positive update on the current CARH Inspection (Children at Risk of Harm), and outlined the various stages still to take place including the file reading in December.
- c. Tom Quinn updated on the final version of the Workforce Plan for 2022-25 and advised that it would go to the IJB in November 2022 and if approved would be placed on the HSCP website.
- d. Jean Campbell gave a very positive update on our success in securing accommodation and hoped that work will start soon.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) –

1. Statutory Duty

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – Meets the requirements set out in the NHS Reform Act 2002.

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 **Appendix 1** – Staff Partnership Forum Minutes of Meeting of 26th October 2022.

Minutes of Staff Forum

Wednesday 26 October 2022,

<u>Item</u>	<u>Subject</u>	<u>Actions</u>
1.	<p>Welcome & Confirmation of Attendees</p> <p>Chair - Caroline Sinclair; Tom Quinn, Claire Carthy, Andrew McCready, Kathleen Halpin, Leanne Connell, Margaret Hopkirk, Jean Campbell, Caroline Smith, Brian McGinty, Lisa Dorian, Alan Robertson, Craig Bell, David Aitken</p> <p>Apologies</p> <p>Derrick Pearce, Lynn Scott (now resigning), Mags McCarthy, Diana McCrone</p>	
2.	<p>Minutes of 21 September 2022</p> <p>No comments</p>	
3	<p>Current Situation on COVID-19 /LRMT</p> <p>Claire updated on LRMT – last meeting no anomalies to report. Workforce managing ok. No Risks to report. Temporarily decision to stand meeting down, will recommence if needed.</p> <p>Caroline Sinclair advised that Covid is still a risk and again highlighted the all Social Care and Health staff can get a booster vaccination as well as the flu vaccine.</p> <p>Caroline Smith advised that EDC with effect from Mon 31st Oct covid absence will change to Sickness absence. Andrew McCready advised that the NHS changed on 1st Sept.</p>	
4	<p>Workforce Plan 2022-25 (Final Draft)</p> <p>Tom Quinn offered apologies for the late distribution of the workforce plan paper but highlighted that they had been working through how best to respond to the Scottish Government suggestions. Tom advised that whilst little text had changed most of the suggestions had been covered by footnote links to other core documents. Tom advised that the Scottish Government letter was in the pack. In addition some sections of the action plan had been changed to reflect the SG comments and how we would monitor going forward.</p> <p>Tom asked that any comments back to him by 4 Nov to allow for inclusion in the IJB papers for the 17th Nov Board meeting.</p>	
5	<p>Finance Update</p> <p>Jean – Draft report been prepared for IJB (17th Nov) seeing improved position. Reported 2.1 million underspend, now likely to be around 2.98 underspend.</p> <p>Jean advised that we had received letter from SG to recall any surplus of covid underspend therefore our reserves will reduce this year significantly.</p> <p>Andrew McCready advised that he had heard other HSCP reserves are being taken back by SG.</p>	

	Jean advised that we are expecting to return about £5.5 million Covid Reserves to SG which will be spent wider on Covid issues. SG will do year end reconciliation.	
6	<p>CARH Inspection (Children at Risk of Harm)</p> <p>Caroline Sinclair gave an overview advising that the Joint Inspection commences end of October. Staff survey will go out with people who work with children at risk. Currently looking at putting together a presentation for inspection team including what we would like to celebrate about our services.</p> <p>Staff survey opens – 31 October 2022.</p> <p>Claire Carthy advised that the Pre inspection return gets submitted by Friday – 320 names on list, Inspection Team will select those casefiles that will be examined from this list. They want to read about 60 case files, multi-agency – Health, police, reporter’s admin.</p> <p>Next stage in early 2023 – Uploading key evidence to Sharepoint. Focus groups will be set up Feb 2023.</p> <p>Last formal inspection was 2014.</p>	
7	<p>Accommodation Update</p> <p>Not much change since last minutes update.</p> <p>Capital funding received for Bishopbriggs, Milngavie been through different routes. Allocated resource from NHS property team to work with us. Hoping to have this done early next year. Bulk of expenditure in 2023 budget.</p> <p>Good news story for Milngavie.</p>	
8	<p>Update on New Allander Centre</p> <p>Delay to project, with contractors / supplies. Looking like end January before we will get keys for the new Day Care Centre.</p> <p>Craig Bell had attended meeting with the Leisure Trust Board of Directors, Contractors said they hope to open the centre w/c 13/2/23. Attended walk round, excellent facility. Swimming pool floor raises up/down.</p>	
9	<p>HSCP Staff Awards</p> <p>Paper in pack outlines 26 nominations. Getting small panel to review nominees and choose winners. Staff side partner to join panel.</p> <p>Allan Robertson will do it, if it ties in with his working days. Jacqueline Forbes will chair.</p> <p>Presentation to a Face to Face event if possible and merged with a “Wellbeing” update and support event.</p>	
10	<p>SBAR – Management of Special Care</p> <p>Lisa Dorrian explained challenges experienced through Covid and pressures on PDS to undertake assessments in acute settings. Challenges of patient needing assessed before other medical procedures, mainly due to not being seen by their GDP</p> <p>There is a staff Engagement event on 1st Nov – different patient care needs. Will not impact on Dental Nurses, only Dentist – off line discussion have identified that Dentists wish to proceed. Have contacted BDA but no feedback, wanted to advise Partnership this is taking place.</p> <p>Andrew McCready confirmed he had discussion with M Hopkirk, if staff wish support.</p>	

	<p>Allan Robertson was advised that he was unclear who this all effects? Lisa advised that it is only Public Dental Service Dentist. Open invitation for anyone wishing to attend on 1st Nov.</p>	
11	<p>Patient story - Transformation of District Nursing services</p> <p>Kathleen Halpin advised that the Service Changes has taken place on Mon 19 September 2022. Kathleen then proceeded to discuss a patient/family story that described the impact that the previous introduction of the ANP role and the change core hours from 8.30am – 10pm for the District Nursing Service had had on them. This was a Public Holiday for many services including the GP practice and therefore no GP available. The Patient, a gentleman, was on palliative care and known to the Hospice. When the DN visited they had noticed a remarked deterioration in the patient and that the patient unable to swallow. The DN was able to contact the ANP to request a visit and support with medication the ANP went out to review, and in discussion with his family it was highlighted that both the patient and family wish was for the man to remain at home. The ANP was able to manage symptoms at home by converting the oral medication to administrator to use syringe driver. Pharmacy worked with the team to get medication. Nurse on backshift got handover – DN went out to visit to reassure and to support the family. The family felt comfortable about contacting the DN a few times. The DN was able to administered further medication, the patient had a settled night, patient passed away peacefully 2 days later with the care he received. The family were very thankful for support & care given. They didn't have to go to NHS 24, and the patient didn't have to go to Hospital. This is a good news story – resonated the difference this has made to patient care.</p> <p>Staff have been engaged throughout this process on the difference to patient care.</p> <p>Caroline Sinclair advised that it was a very powerful story</p> <p>Anne McDaid said that it was great to see the change has helped this patient & family.</p> <p>Craig Bell advised although a Bitter Sweet story, huge success & professionalism shown by staff. Shown compassion in chaotic world. Sobering & powerful story. Keep up the great work.</p> <p>Andrew McCready offered Praise to the team on hard work. Huge thanks from Staff Partnership Forum for supporting this to change to happen.</p> <p>Kathleen advised that staff know it was appreciated.</p> <p>Leanne Connell highlighted the real leadership in transformation of roles. Shows improvement that the DN-ANP role can make when all services are under pressure.</p>	
	<p>AOCB</p> <p>Tom Quinn Highlight the Story in Our News on our Champions Board worker</p>	

	3 Items for the APF Patient Story – successful to change hours to suit the patients, good model to progress Workforce Plan Accommodation	
	Date of Next Meeting: 1pm, 23 November 2022 – MS Teams	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 19th JANUARY 2023

REPORT REFERENCE: HSCP/190123/18

CONTACT OFFICER: DAVID RADFORD, HEALTH IMPROVEMENT & INEQUALITIES MANAGER, TELEPHONE NUMBER 0141 355 2391

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

1.0 PURPOSE

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

2.0 RECOMMENDATIONS

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

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

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.
- 3.2** The PSUC have held five meetings in 2022, the latest meeting took place on the 8 December 2022 and was held in a hybrid model, with members attending 'physically', and also having the option of attending in a 'virtual' capacity on Microsoft Teams.
- 3.3** At the latest PSUC meeting, the members received a presentation from David Aitken (HSCP - Interim Head of HSCP Adult Services). David updated the group on the East Dunbartonshire HSCP Carers Strategy (2023-26) consultation.
- 3.4** The group also received an update from Anthony Craig (HSCP – Development officer) on the plans to revitalise the East and West Locality Planning Groups (LPG). The PSUC group will nominate service user and a carer representatives to participate in both groups.
- 3.5** The PSUC group have created three issues in 2022 of the 'Your News' PSUC group newsletter. This newsletter includes updates on local Primary Care information from Dr Paul Treon (HSCP Clinical Director), winter vaccinations and the Kirkintilloch and Milngavie Connect-ED events. This item had a readership of approximately 500+ (per month) to staff, individuals and organisations across East Dunbartonshire. See **Appendix 2**.
- 3.6** The PSUC group requested that the development officer continues to scope, disseminate and inform the group and wider distribution list on current local programmes relating to the 'cost of living crisis. This included information on income maximisation and the impact of financial exclusion on our local communities and current campaigns to combat this.
- 3.7** The PSUC group have also agreed to keep the 'PoA' campaign and the Carers ongoing workstream as key agenda items.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

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

- 4.3 Frontline Service to Customers – None.
- 4.4 Workforce (including any significant resource implications) – None.
- 4.5 Legal Implications – None.
- 4.6 Financial Implications – None.
- 4.7 ICT – None.
- 4.8 Procurement – None.
- 4.9 Economic Impact – None.
- 4.10 Sustainability – None.
- 4.11 Equalities Implications – None.
- 4.12 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – None.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1:** Public Service User and Carer Support Group of 8th December 2022.
- 8.2 **Appendix 2:** PSUC (Winter 2022) Newsletter December 2022.

Agenda Item Number: 18a Appendix 1

Public Service User and Carer Support Group – 8 December 2022

Attending; Karen Albrow, Gordon Cox, Susan Griffiths, Linda Hill, Linda Jolly, Fiona McManus, Michael O'Donnell and Michael Rankin

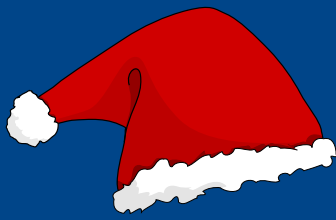
Apologies; David Bain, Suzanne McGlennan Briggs, Sandra Docherty, Avril Jamieson, Mary Kennedy, Jenny Proctor and Frances Slorance.

HSCP Staff in attendance; David Aitken. Support Staff; Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
HSCP officer to share 'draft Carers Strategy 2023-2026' presentation slides with the group.	A Craig	09/12/2022			
HSCP officer to re-share the 'draft Carers Strategy 2023-2026' with the group to share with contacts and distribution lists.	A Craig	09/12/2022			
PSUC group members to submit nominations to represent service users and carers for the 'West' and 'East' reformed Locality Planning Groups (LPG).	A Craig	Before next meeting 02/02/2023			
HSCP Officer to inform and update the PSUC group on the 'Role & Remit' for LPG membership.	A Craig	14/12/2022			
PSUC group have asked the HSCP officer to enquire if the HSCP have identified a staff member to update on the Proposed Disabled Children and Young People (Transitions to Adulthood) (Scotland) Bill	A Craig	Before next meeting 02/02/2023			
HSCP officer to update volunteer expenses forms and share with group.	A Craig	09/12/2022			
HSCP officer to confirm and share PSUC group meeting dates for 2023/24.	A Craig	14/12/2022			
HSCP Officer to source and share HSCP IJB and SMT 'structure' as requested by group.	A Craig	Before next meeting 02/02/2023			
PSUC group have asked that an invitation be extended to interim Chief Officer to attend a meeting in 2023. AC to liaise with and source possible date(s).	D Radford / A Craig	Ongoing			

PSUC group asked to continue the 'conversation' regarding the level of Scot Gov carers funding to HSCP and its distribution.	A Craig	Ongoing			
PSUC group have asked that the HSCP officer continue to scope and inform on local programmes relating to income max and the impact of financial exclusion and the 'cost of living crisis' on our communities.	A Craig	Sourced and shared info Ongoing			



Your News

Health and Social Care information brought to you by your
East Dunbartonshire Public, Service User and Carer (PSUC) group.

IN THIS ISSUE

MESSAGE TO
EAST DUNBARTONSHIRE
RESIDENTS

CARERS STRATEGY
CONSULTATION

WINTER
VACCINATIONS

CONNECT - ED
EVENTS

Dr Paul Treon (Clinical Director) East Dunbartonshire Health and Social Care Partnership (HSCP)



As we approach what is anticipated to be another challenging winter within Heath and Social Care Partnerships I think it is worth highlighting the ongoing high level of clinical and social care being offered to our local residents.

Our local GP Surgeries have remained open, despite a continued need to respond to staffing challenges and increasing demands on their services; and they have been supported to do so by other local community health and social care services.

We appreciate that people are increasingly frustrated by challenges such as accessing GP appointments and with waiting times for hospital clinics and operations (practices have no control or information regarding waiting times/lists) – this frustration is shared by local practice teams and allied professionals. Please continue to help our local services by choosing the right one: NHS Inform is a valuable source of information, both for self-help and to direct you to the most appropriate setting. For example, there is direct access to physiotherapy for musculo-skeletal complaints, opticians for eye issues, dentists for oral health problems and community pharmacies for a wide range of minor ailments.

If you are contacting your GP Team then please be as patient as possible as reception teams try their best to help you; by answering their questions you will be supported to the appropriate information or appointment for you – this may not always be with a GP, or even within the practice. Please also be realistic with your expectations – if your problem cannot wait then let the team know, but if it can then you can help other patients access.....

Continued on page 2

Did You Know?



There are 11,347* individuals in East Dunbartonshire who identified themselves as unpaid carers.

*2011 Census

East Dunbartonshire HSCP Carers Strategy Consultation

The HSCP is now consulting on a new Carer Strategy 2023-2026.

The consultation period runs until **31 December 2022**.

Click the link below to get involved:

- [CARERS STRATEGY CONSULTATION](#)

All survey results can be completed anonymously, however you also have the option of being added to a free prize draw.

urgent care by waiting for routine appointments offered. Timely contact with your practice for repeat prescriptions, routine blood tests or reviews can help practices manage demand better; and reduce last minute stress for you. Remember that whilst 1 late prescription request may not seem like a lot, all the small, last-minute things add up – and can take members of the practice team away from managing more unpredictable urgent patient needs.

GP Out of Hours is available for patients where their issue cannot wait until their practice re-opens on the next working day. Please wait for your own practice team if you can, this allows you to receive better care as access to your full GP medical record is possible. Emergency Departments and Minor Injury Units (MIUs) should only be accessed where patients have severe and life-threatening medical issues – such as suspected heart attacks or strokes; or where they have suffered an injury that needs further assessment or treatment (please access Minor Injury Units via NHS 24 on 111).

Thank you for continuing to be courteous and respectful to our local health and social care workers – they are trying to help you and others.

Best wishes, **Dr Paul Treon, East Dunbartonshire HSCP Clinical Director and Local GP.**



NHS SCOTLAND RECOMMENDS YOU HAVE BOTH THE FLU AND CORONAVIRUS VACCINES THIS YEAR IF YOU'RE:

- aged 50 years or over
- a frontline health or social care worker
- aged 5 to 49 years with an eligible health condition (see here: [WINTER VACCINES](#))
- an unpaid carer or a young carer (16 years or over)

PLEASE VISIT NHS INFORM FOR FULL LIST: [WINTER VACCINES](#) | [NHS INFORM](#)



Join us for a warm welcome, tea or coffee and information on health and wellbeing, social activities, volunteering, money and anti-fraud advice, body strengthening, falls prevention and more. Come and see us at:

The Park Centre, Kerr Street, Kirkintilloch – Wednesday 11th January, 1st February and 1st March 1-3pm, and.

St Joseph's Church Hall, Buchanan Street, Milngavie – Thursday 12th January, 2nd February and 2nd March 1-3pm

For more information contact Mandy: 07970 164981 or mandy.ferncombe@ggc.scot.nhs.uk

BE BOLD. BE HEARD.

Want to Volunteer?

COME AND JOIN LOCAL, LIKE MINDED PEOPLE TO PLAN, DEVELOP AND REVIEW YOUR LOCAL HEALTH AND SOCIAL CARE SERVICES.



Email: EDPSUC@ggc.scot.nhs.uk for more information.

Volunteer Opportunities with East Dunbartonshire HSCP

Involving carers, service users and the public is an important part of improving the quality of services provided by the HSCP.

You can:

- help the HSCP to improve local services ensuring they are person centred, and;
- help the HSCP to shape or redesign local health and social care services.

If you wish to join the PSUC group or just require more information, then please email: EDPSUC@ggc.scot.nhs.uk

**East Dunbartonshire HSCP Board Agenda Planner
Meetings
January 2022 – March 2023**

Update: 19.12.22

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Board Agenda Planner (CS)
HSCP Board Agenda Items – 20th January 2022
Performance Reports
Financial Reports
Transition/Recovery Planning
ADP Annual Report
Oral Health Performance Report
Sexual Health Service Review Implementation Plan – tbc
HSCP Board Development Session – 25th February 2022
Financial Planning 2022/23
Stage 2 Consultation of the Strategic Plan
HSCP Board Agenda Items – 24th March 2022
Topic Specific Seminar – (Oral Health?)
Performance Reports
Financial Reports
Transition/Recovery Planning
Unscheduled Care Delivery Plan
HSCP Board Agenda Items – 30th June 2022
Older Adults Support Strategy
Update on Property Strategy and Delivery – Jean Campbell – to be confirmed

Directions Log update – Jean Campbell - to be confirmed
HSCP Corporate Risk Register – Jean Campbell
HSCP Board Development Seminar – 18th August 2022 (tbc)
Introduction to the HSCP
Oral Health
HSCP Board Agenda Items – 15th September 2022
Topic Specific Seminar – Update on the New Allander – David Aitken
HSCP 3 Year Workforce Plan – Tom Quinn
Learning Disability Strategy – David Aitken
Annual Performance Report – Alan Cairns
Annual Clinical & Care Governance Report – Paul Treon
Commissioning Spend
Integrated Children's Services Plan 2023-26
Equal, Expert and Valued report 2022 – D Pearce to be confirmed
HSCP Board Development Seminar – 20th October 2022
Integrated Children's Services Plan
Inspection of Services for Children at Risk
Alcohol and Drugs Partnership strategy and key areas of work update
HSCP Board Agenda Items – 17th November 2022
CSWO Annual Report 2021 – 2022 – Caroline Sinclair
Code of Conduct – Jean Campbell
HSCP Property Review and Accommodation Update – Jean Campbell
Carers Strategy 2023-2026 – David Aitken
Un Scheduled Commissioning Plan Update – Derrick Pearce

Inspection of Services for Children at Risk in East Dunbartonshire – Claire Carthy
Primary Care Improvement Plan update – Derrick Pearce
HSCP Board Development Seminar – xx January 2023
Specialist Children’s Services Realignment
Financial Planning 2023/2024
HSCP Board Agenda Items – 19th January 2023
Topic Specific Seminar – Frailty Update – Derrick Pearce
HSCP Public Health Strategy – Derrick Pearce
CAMHS/Paediatric Services – C Sinclair
Older People’s Social Support Strategy – Derrick Pearce
Directions Update – Jean Campbell
Risk Register Update – Jean Campbell
HSCP Board Development Seminar – 16th February 2023 (tbc)
Children & Families & Criminal Justice
Care & Community Services
Finance update 2023/24
Alcohol and Drugs Partnership strategy and key areas of work update
HSCP Board Agenda Items – 23rd March 2023
CAMHS/Paediatric Services – C Sinclair
HSCP Public Health Strategy – D Pearce