

East Dunbartonshire HSCP

Performance Audit & Risk Committee Meeting

Tuesday 27th September 2022 at 2pm
Meeting will be held virtually via MS Teams

AGENDA

Item.	Lead	Description	Update	For Noting/Approval
1.	Councillor Smith	Welcome and Introductions	Verbal	Noting
2.	Councillor Smith	Minutes of Last Meeting – 28th June 2022	Paper	Approval
3.	G McConnachie	HSCP Internal Audit Update	Paper	Noting
4.	J Campbell	HSCP Delivery Plan 2022/23 Update	Paper	Noting
5.	A Cairns	HSCP Performance Management Framework	Paper	Noting
6.	D Pearce	Care Inspectorate Care at Home Service Inspection June 2022	Paper	Noting
7.	D Pearce	Care Inspectorate John Street Service Inspection July 2022	Paper	Noting
8.	J Campbell	Accounts Commission Report – Integration Joint Boards Financial Analysis 2020/21	Paper	Noting
9.	C Sinclair	Letter Accounts Commission – Best Value in IJBs	Paper	Noting
10.	J Campbell	HSCP PAR Agenda Planner	Paper	Noting
11.	Councillor Smith	A.O.C.B	Verbal	Noting
12.	Councillor Smith	Date of next meeting – tbc January 2023	Verbal	Noting

**Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Tuesday 28 June 2022 at 3pm
Location: Via MS Teams**

Present:	Calum Smith (Chair) CSm	Ketki Miles KM
	Jean Campbell JC	Gillian McConnachie GMcC
	Caroline Sinclair CS	David Aitken DA
	Derrick Pearce DP	Claire Carthy CC
	Vandrew McLean VM	Alan Moir AM
	Brian Gillespie BG	Susan Murray SM
Minutes :	Siobhan McGinley SMcG	

No.	Topic	Action by
1.	Welcome and Apologies	CSm
	Chair welcomed the Committee members to the meeting and introductions were made. Apologies submitted from: Ian Ritchie, Jacqui Forbes and Fiona Mitchell-Knight.	
2.	Minutes of last meeting	All SMcG
	Minutes of the meeting held on the 31 March 2022 were reviewed. Minor typos noted in the header and in the body of the minute at Item 2, year should be 2022, not 2021. Errors now corrected by SMcG. SM sought clarification on the last sentence of paragraph 2 of the Mental Welfare Commission Report and queried whether it should state ' <u>.....all vulnerable adults who agree to an advocate</u> ' as opposed to stating <u>all vulnerable adults</u> as this suggests they will be appointed one regardless. CS advised that those vulnerable adults who lack capacity and are unable to make a decision would be appointed what's referred to as non-instructed advocacy service. Anyone who doesn't wish to be appointed an advocate would not have one forced upon them. Regarding Item 7, SM asked whether the seminar had taken place. This will be part of the development sessions scheduled for the year ahead. JC agreed minute, KM seconded.	
3.	Draft Annual Accounts 2021/22	JC
	This is the 7 th set of annual accounts presented for the attention and approval of the Committee and onward submission to Audit Scotland to progress with their audit process. In line with local authorities' compliance regime, our IJB is required to submit these draft accounts to external auditors no later than 30 th June each year and following approval today they will be passed to Audit Scotland to begin the audit process. The draft accounts also require to be published for inspection and they will be uploaded to the website on 1 st July for any comments prior to finalising. JC highlighted the Year End Performance set out within the accounts. The Partnership generated a surplus in year of £14.1m against the available funding for 2021/22. Underspend largely relates to funding received in year from Scottish Government and what has not been spent will go to earmarked reserves. It relates primarily to £10m which was received in the final quarter relating to Covid and from other initiatives throughout the year where the full year allocation was received for PCIP, Mental Health Strategy, Children's Mental Health Wellbeing and ADRS funding. Adjusting for movement within the reserves provides for a £3.1m underspend on budget which has been tracked and reported to the IJB throughout the year so the outturn on the performance is as expected. In terms of the Partnership's reserves position, we will further our general reserves position to £3.1m in year which sits in line with our reserves policy and reflects the figures for a	

	<p>Partnership of our size and complexity. We are for the first time in line with our own reserves policy, this provides some financial sustainability going into future years and will help to manage any unplanned expenditure. We are in a position where we now carry significant earmarked reserves which are aligned for a specific purpose. The overall earmarked reserves total just under £24m.</p> <p>Contained within the report is the assessment against the Good Governance Framework with which we are largely compliant. The Qualities Impact Assessment Report requires updated and this will be done over the next few months. The Best Value Framework which assesses how the Partnership is expected to deliver best value and evidence is also available for members to consider.</p> <p>Approval awaited on The Annual Governance Statement contained within the annual accounts.</p> <p>SM commended the level of reserves and how this Partnership compared to other HSCPs. JC advised that we are broadly in line with Partnerships of a similar size i.e. East Renfrewshire and added that all were in the same position with regard to Covid funding. Larger Partnerships would be expected to hold significantly greater reserves.</p> <p>SM queried how the reserves would be utilised once absorbed into the HSCP. JC advised that the reserves have all been earmarked for specific purposes specified by Scottish Government including a PCIP reserve, MH Action 15, ADP which will be used for these specific purposes. We have been able to create some specific reserves to take forward partnership strategic priorities which include Accommodation redesign and transformation. KM provided further assurance having attended the NHS Board meeting where the annual accounts were signed off, that the IJBs are in line from a reserve perspective and any monies are being scrutinised and monitored.</p> <p>Recommendations Agreed by all.</p>	
4.	<p>HSCP Annual Internal Audit Report to June 2022</p>	<p>GMcC</p>
	<p>GMcC confirmed that reasonable assurance can be placed on the HSCP's internal control systems, governance systems and risk management systems in the year 31 March 2022 however, risks were identified in current and previous years in relation to contractual arrangements for Social Work Commissioned Care. That said, significant progress has been made in terms of a risk based approach in bringing contractual documents up to date, noted as further action required. The provision of reasonable assurance is important as it supports the governance statement within the draft accounts.</p> <p>Internal Audit has sought to be more flexible around demands and requests during what has been another challenging year. Home care audit work was deferred, governance and social work charging was progressed. Some additional unplanned consultancy work was undertaken over specific areas. Appendix 2 contains more detail on the follow up work and the number of outstanding Audit actions which have fallen compared to last year. Appendix 3 details the Audit work undertaken since last Committee meeting. Appendix 4 contains the internal audit plan for the year, the resources available have been approved by the EDC Audit and Risk manager. Initial planning and preparation work for 2022/23 has commenced.</p> <p>Recommendations Agreed by all.</p>	
5.	<p>HSCP Delivery Plan 2021 22 Update</p>	<p>JC</p>
	<p>This is a standard report in relation to the one year delivery plan 2021/22 and the first quarter 2022/23. There were a total number of 27 projects for 2021/22, 11 of those were at green status at year end and closed off, one was amber and one red. There were 14 projects delivered and completed. A total of 31 projects have been agreed for the year</p>	

	<p>2022/23. At the moment 26 are considered green and 5 at amber and none at red. The 5 at amber status are impacted by a delay in recruitment or progress of a service review. One project has been completed so far this quarter.</p> <p>Recommendations Agreed by all.</p>	
6.	<p>HSCP Corporate Risk Register Update</p>	<p>JC</p>
	<p>This update requires to be brought to this Committee for scrutiny and thereafter to the IJB for oversight bi-annually. Risks have been updated and the Risk Register is reviewed twice yearly, taken to the Performance and Audit Committee and HSCP IJB meetings. There are 21 risks on the register, informed by team or service level risks and requiring escalation to a corporate level. There were 3 risks removed, 2 relating to Covid and 1 relating to pressures on the ADRS Service. There was 1 additional risk added for recruitment and retention of GP staff. CS highlighted the rolling recruitment pressures across services, as well as additional winter funding which has created pressure across the HSCP. 10 risks are noted as being high risk out of the 13 related to the normal business of the HSCP. DA added that there we are struggling to recruit to core posts, DP further explained that the increase in the living wage has had an impact on the benefits threshold and teams are looking at work patterns which may be more attractive in recruiting to teams. AM agreed that the job market was extremely competitive in particular for pay and opportunities. CS explained there is little difference in pay and conditions across health boards, but there was variance across social care and in particular across neighbouring local authorities. JC confirmed that the Brexit has had very little impact locally and this had been removed but will continue to be monitored particularly in relation to price increases in certain areas such as prescribing.</p> <p>JC will reissue the risk register in an excel format.</p> <p>Recommendations Agreed by all.</p>	<p>JC</p>
7.	<p>HSCP Directions Log Update</p>	<p>JC</p>
	<p>JC confirmed this was first submission of the Directions Log to the Performance and Audit Committee. Directions are the mechanism to highlight to NHSGG&C and East Dunbartonshire Council how the objectives of its Strategic Plan, and any other strategic decisions taken during the lifetime of the plan, are to be delivered. Similar to the twice yearly submission of the Risk Register, the Directions Log will be brought to the Performance and Audit Committee and HSCP IJB forums. It is important that both meetings have oversight of the actions to be taken and those which have been completed.</p> <p>There was a total of 18 Directions issued for 2021, the status of the Directions are noted as:</p> <ul style="list-style-type: none"> • Current 10 • Complete 4 • Superseded 4 • Revoked 0 <p>For 2022, there were 6 Directions issued across the two IJB meetings held so far in 2022, the status of the Directions are noted as being:</p> <ul style="list-style-type: none"> • Current 4 • Complete 0 • Superseded 2 • Revoked 0 <p>Recommendations Agreed by all.</p>	

8.	Audit Scotland – Scotland’s Financial Response to Covid-19	JC
	<p>JC spoke to the Audit Scotland response to Covid-19. Sets out in detail the financial response throughout the period of the pandemic. JC detailed the key messages from the report, as also set out in the covering report as well as the recommendations contained within the report.</p> <ul style="list-style-type: none"> • The Scottish Government worked collaboratively and at pace with local and UK government to direct significant public spending in difficult circumstances. It is critical that lessons are learned about what worked well, and what did not to improve the public sector response to any future crises. • The Scottish Government streamlined governance arrangements to direct funds quickly, but it is hard to see how some financial decisions were reached. • The Scottish Government directed a large proportion of funding to councils and other public bodies who had existing systems and local knowledge to enable them to spend quickly. • The Scottish Government has managed its overall budget effectively but some Covid-19 funding remains unspent. • It is vital for transparency and financial planning that the Scottish Government and other public bodies are clear about how one-off Covid-19 funding has been spent, including where spending commitments may last for several years - • More work is needed by the Scottish Government to show how the wide range of Covid-19 spending measures have worked together to address the harms caused by the pandemic. <p>Noted by all</p>	
9.	HSCP PAR Agenda Planner September 2021 – September 2022	All
	Provided for update and consideration by committee members.	
10.	A.O.C.B	
	Nil of note.	
	Date of next meeting	
	Tuesday 27 th September 2022 at 2pm	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK COMMITTEE

DATE OF MEETING: 27th SEPTEMBER 2022

REPORT REFERENCE: PERF/270922/03

CONTACT OFFICER: GILLIAN MCCONNACHIE, CHIEF INTERNAL AUDITOR, 0141 574 5642

SUBJECT TITLE: INTERNAL AUDIT UPDATE

1.1 PURPOSE

- 1.2** The purpose of this report is to update the Committee on internal audit work completed in the period since the last Committee.
- 1.3** The information contained in this report relating to East Dunbartonshire Council or NHSGGC audits has been presented to the Council's Audit & Risk Management Committee (A&RMC) and the NHSGGC Audit & Risk Committee (ARC) as appropriate, where it has received scrutiny. Once noted by these committees, this report provides details on the ongoing audit work, for information, to the H&SCP Performance, Audit & Risk Committee and to allow consideration from the perspective of the H&SCP.

2.1 RECOMMENDATIONS

It is recommended that the Performance, Audit and Risk Committee:

- 2.2** Note the contents of the report and
- Request the Chief Finance & Resources Officer to submit performance monitoring reports detailing progress against Plan and audit results to future meetings of the Committee.

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

3 **BACKGROUND/MAIN ISSUES**

- 3.1 In the period since the last committee update, the Internal Audit Team finalised and reported on one output - the Directions report as shown in Table 2 below. The table below represents a continuation of the reporting on the Internal Audit work for 2022/23, with Outputs 1 to 3 having previously been completed and reported to committee.

Table 2 – Analysis of Internal Audit Outputs June to August 2022

Audit Area and Title	Areas Noted	High Risk	Medium Risk	Low Risk
Systems				
4 HSCP Use of Directions	1	-	1	-

- 3.2 One output was completed in the period, representing a year to date cumulative achievement of 4 outputs or 44% completion of the 9 outputs planned for the year 2022/23, at 42% through the year. In delivering these outputs, 45% of the resources in the Plan for the year were allocated.
- 3.3 There are no concerns about achievement of the audit plan at this stage and the ability to provide the year end audit opinion. Committee will be kept advised on progress.
- 3.4 Auditors have provided the following summary of the audit output completed since the last monitoring report for Members.
- HSCP Use of Directions*
- 3.5 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), places a duty on Integration Joint Boards (IJBs) to develop a Strategic Plan for functions and budgets under their control. IJBs require a mechanism to action their Strategic Plans, which takes the form of legally binding directions from the IJB to the Council and/or Health Board. In East Dunbartonshire, the IJB is referred to as the HSCP.
- 3.6 In January 2020, the Scottish Government issued statutory guidance to IJBs on improving the practice of issuing and implementing directions under the Act. The guidance recognised that directions are a key aspect of governance and accountability between partners. The HSCP reviewed the guidance and updated and improved its approach to directions, with a proposed approach being approved in January 2021 at the Board.
- 3.7 In order to ensure that the HSCP's revised approach to directions meets the requirements of the statutory guidance and the HSCP's strategic plans, Internal Audit reviewed the directions process and a sample of the directions issued. Additionally, the audit had within its scope to ensure that documented processes to manage and report on progress are applied in practice.
- 3.8 Auditors concluded that the control environment around the HSCP's directions process is generally reasonable. However, Auditors identified that assurances in the

area could be enhanced by the introduction of a review process by Senior Management of all directions previously issued.

- 3.9** The HSCP's documented directions process includes the review and completion of issued directions. However, whilst some directions were noted as being superseded, no other reviews of directions were recorded as having taken place.
- 3.10** To address this, the HSCP reviewed and updated its Directions log and presented it to the Performance, Audit and Risk (PAR) Committee on 28th June 2022. The HSCP has committed to reviewing and updating the log on a regular basis and bringing the log to the PAR committee twice a year.
- 3.11** Whilst the focus of the audit was on the HSCP's governance arrangements, in the course of that review the Audit team made the following low risk observation of relevance to the Council:
- The Council's Code of Conduct for Members and Employees was last updated in 2004 and refers to job titles which no longer exist, including Strategic Director and Assistant Chief Executive. The Audit team has recommended that the Code is reviewed periodically and updated.

EAST DUNBARTONSHIRE COUNCIL INTERNAL AUDIT PROGRESS

- 3.12** Work continues on the 2022/23 Internal Audit Plan. Progress against the plan will be reported in the first instance to the Council's Audit & Risk Management Committee (A&RMC). Following reporting to the A&RMC, the HSCP's PAR committee will be appraised of any findings relevant to the HSCP.
- 3.13** To date, work completed has included consultancy Education work, year-end governance requirements and Ukrainian Refugees Payment Advice. No findings of direct relevance to the HSCP have been identified. A large number of audits (nine) are in progress, with auditors managing audits around service demands.

NHSGGC INTERNAL AUDIT PROGRESS

- 3.14** An update on the NHSGGC's internal audit activity has been received by Internal Audit. The following audits were finalised and reported on to the ARC in June 2022: Assurance Framework – Directorate Risk Registers, Delayed Discharges, Nurse Bank, Bed Management, Time of Day Discharge, IT Service Delivery. There were two Amber (Substantial improvement required) rated reports relating to Delayed Discharges and Time of Day Discharges which went to the June ARC. Azets noted that the grading on these was Amber due to the level of focus the Board has on these areas, rather than the severity of the finding. The other reports were rated Yellow (Minor improvement required).

4 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Board Strategic Plan;- (select those that are relevant)

None.

- 4.2 Frontline Service to Customers – None.
- 4.3 Workforce (including any significant resource implications) – None.
- 4.4 Legal Implications – Legal risks are presented in the body of internal audit reports with reference to relevant legislation where appropriate.
- 4.5 Financial Implications – Internal Audit reports are presented to improve financial controls and aid the safeguarding of physical and intangible assets.
- 4.6 Procurement – Where applicable these are referenced in the body of internal audit reports with associated management actions for improvement.
- 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 The Risks are highlighted to management in audit reports. The risks are addressed through agreed action plans, appended to internal audit reports.

6 **IMPACT**

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – The risks identified in the internal audit reports relevant to East Dunbartonshire Council have been highlighted to the Council's Audit & Risk Management Committee.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – The risks relevant to the NHS Greater Glasgow & Clyde identified in the internal audit reports have been highlighted to the NHSGGC's Audit & Risk Committee.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction required.

7 **POLICY CHECKLIST**

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

8 **APPENDICES**

None

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
PERFORMANCE, AUDIT & RISK COMMITTEE**

DATE OF MEETING: 27th SEPTEMBER 2022

REPORT REFERENCE: PERF/270922/04

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCES OFFICER, TELEPHONE NUMBER,
0141 232 8216

SUBJECT TITLE: HSCP DELIVERY PLAN 2022/23 UPDATE

1.1 PURPOSE

- 1.2 The purpose of this report is to update the Committee on the delivery of the HSCP Delivery Plan for 2022/23.

2.1 RECOMMENDATIONS

It is recommended that the Performance, Audit & Risk Committee:

- 2.2 Note the update to the HSCP Delivery Plan for 2022/23.

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

3.1 BACKGROUND/MAIN ISSUES

- 3.2** The HSCP Board agreed the HSCP Delivery Plan 2022/23 at the IJB meeting on the 24th March 2022. The HSCP Delivery Plan draws together our strategic development priorities for the year, informed by the Strategic Plan's development priorities, the NHS Moving Forward Together Strategic Plan, the priorities of East Dunbartonshire Council as set out in the Community Planning Partnership's Local Outcome Improvement Plans, new statute and policy drivers, and identified areas for transformation change and our savings requirements.
- 3.3** The Delivery Plan is monitored through the HSCP Annual Delivery Plan Board comprising the Chief Officer, Chief Finance & Resources Officer, HSCP Heads of Services and organisational development and HR support from both the Council and NHS.
- 3.4** The projects within the Annual Delivery Plan have been classified to more clearly identify where these relate to efficiencies, improvements to service delivery, statutory / legal responsibilities, corporate priorities, sustainability and enhancement to assets. Each of the HSCP Delivery planning priorities has been classified according to these criteria and this is reflected within the highlight report for each priority. Some priorities will have more than one classification as a project may deliver efficiencies as well as improving services and outcomes for patients and service users.

HSCP Delivery Plan 2022/23

- 3.5** The dashboard setting out progress on delivery of the projects to be delivered during 2022/23 is attached as **Appendix 1** with a more detailed update on the final position for each project attached as **Appendix 2**.
- 3.6** The delivery of the service redesign aspects of the Delivery plan for 2022/23 included as part of the Budget 22/23 is indicating a small shortfall of £0,01m at this point in the financial years. This means the HSCP expects to achieve £0.439m of savings against a target of £0.449m during 2022/23. A copy of the financial implications of projects approved as part of the Budget 2022/23 are included as **Appendix 3**.
- 3.7** There are a total of 31 projects to be delivered within the Delivery Plan for 2022/23:-
- 28 (25) are considered at Green status – on track
 - 3 (6) are considered Amber status (at risk) – work is underway with some risk or delay to delivery.
 - 0 are considered Red status – more significant risks / delays to delivery.
- 3.8** The projects identified at risk have experienced some delays in progress, largely due to delays in recruitment of critical posts to take forward the work and based on the milestones set to be achieved at this point in the year. These are progressing and will continue to be monitored through the year.
- 3.9** There is 1 project which is 100% completed and this has been closed and moved to the List of Completed Projects, attached as **Appendix 4**.

4 IMPLICATIONS

The implications for the Committee are as undernoted.

- 4.1** Relevance to HSCP Board Strategic Plan –All. The Strategic Plan sets out the priorities and ambitions to be delivered over the next three years to further improve the opportunities for people to live a long and healthy life. The HSCP Delivery Plan sets out the priorities which will be delivered during 2022/23 in furtherance of the strategic priorities set out in the Strategic Plan.
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 HSCP Delivery Plan includes the transformation and service redesign priorities for the year including the areas requiring investment and dis-investment.
- 4.6** Procurement – None
- 4.7** ICT - None
- 4.8** Economic Impact – None
- 4.9** Sustainability – None
- 4.10** Equalities Implications – None
- 4.11** Other – None

5 MANAGEMENT OF RISK

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

- 5.1** The risks to the delivery of each priority are set out in the highlight report specific to each area. The overall risks associated with the delivery of the plan comprise financial risk in the event that savings are not delivered as planned or areas highlighted for service improvement do not progress as planned.

6 IMPACT

6.1 EAST DUNBARTONSHIRE COUNCIL - None

6.2 NHS GREATER GLASGOW & CLYDE - None

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

7 POLICY CHECKLIST

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

8 APPENDICES

8.1 Appendix 1 – HSCP Delivery Plan Dashboard 2022/23

8.2 Appendix 2 – HSCP Delivery Plan Highlight Report 2022/23

8.3 Appendix 3 – HSCP Savings Update 2022/23 Sept 22

8.4 Appendix 4 – List of Closed Projects Sept 22



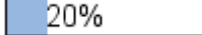





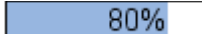

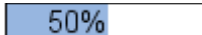



APPENDIX 1

HSCP TRANSFORMATION PROGRAMME 2022/2023								
Programme overview				Summary of RAG Status				
Projects 31		Decisions 0		On Track 28		At Risk 3	In Exception 0	
Priority	Project Name	Previous Status	Current status	Progress	Reason for RAG Status	Original Project End Date	Forecast Project End Date	Decision Required
65	Delivery of Year 2 of Children's House Project			<div style="width: 70%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 70%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.
52	Learning Disability: service review, action plan and implementation			<div style="width: 65%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 65%	Project on track	31-Mar-2023	31-Dec-2023	There are no decisions required.
51	Implement 22/23 Digital Action Plan			<div style="width: 40%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 40%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.
47	Social Support for Older People Strategy			<div style="width: 50%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 50%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Review of commissioned mental health and alcohol and drugs services. Develop action plan for reshaping of services			<div style="width: 15%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 15%	Project at risk	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Review of Community Occupational Therapy and Reablement services across the HSCP			<div style="width: 10%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 10%	Project at risk	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Review of HSCP organisational structures			<div style="width: 35%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 35%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Redesign of HSCP website			<div style="width: 40%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 40%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Review current model of Post Diagnostic Support delivery			<div style="width: 25%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 25%	Project at risk	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Increase uptake of support at a distance			<div style="width: 30%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 30%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Develop HSCP Public Health Strategy and refresh objectives for Public Health Improvement Team			<div style="width: 50%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 50%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Review and redefine operational			<div style="width: 30%;"><div style="background-color: #4F81BD; height: 10px;"></div></div> 30%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.









APPENDIX 1









	approach to community led support								
n/a	Develop compassionate communities model in East Dunbartonshire	▶	▶	<div style="width: 20%;"><div style="width: 20%; background-color: #4F81BD;"></div></div> 20%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Refresh HSCP Locality Plans	▶	▶	<div style="width: 20%;"><div style="width: 20%; background-color: #4F81BD;"></div></div> 20%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Identify a staff base in the West locality	▶	▶	<div style="width: 35%;"><div style="width: 35%; background-color: #4F81BD;"></div></div> 35%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Prioritising Public Protection	▶	▶	<div style="width: 60%;"><div style="width: 60%; background-color: #4F81BD;"></div></div> 60%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Refresh HSCP Carers Strategy	▶	▶	<div style="width: 40%;"><div style="width: 40%; background-color: #4F81BD;"></div></div> 40%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Implementation of The Promise	▶	▶	<div style="width: 50%;"><div style="width: 50%; background-color: #4F81BD;"></div></div> 50%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Implementation of the Children and Young People's Mental Health and Wellbeing Framework	▶	▶	<div style="width: 50%;"><div style="width: 50%; background-color: #4F81BD;"></div></div> 50%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Mainstream Testing	▶	▶	<div style="width: 60%;"><div style="width: 60%; background-color: #4F81BD;"></div></div> 60%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Refresh and streamline PPE arrangements	▶	▶	<div style="width: 50%;"><div style="width: 50%; background-color: #4F81BD;"></div></div> 50%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Review accommodation arrangements in line with SG guidance and GGC and EDC policies	▶	▶	<div style="width: 60%;"><div style="width: 60%; background-color: #4F81BD;"></div></div> 60%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Organisational Development Plan in support of staff orientation back to buildings	▶	▶	<div style="width: 40%;"><div style="width: 40%; background-color: #4F81BD;"></div></div> 40%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Unpaid work services backlog	▶	▶	<div style="width: 50%;"><div style="width: 50%; background-color: #4F81BD;"></div></div> 50%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Joint Commissioning Plan for Unscheduled Care	▶	▶	<div style="width: 25%;"><div style="width: 25%; background-color: #4F81BD;"></div></div> 25%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	
n/a	Delivery of a range of measures to support staff wellbeing.	▶	▶	<div style="width: 50%;"><div style="width: 50%; background-color: #4F81BD;"></div></div> 50%	Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.	

APPENDIX 1









n/a	Implementation of the recommendations from the Public Dental Service review Programme Board				Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Development of Annual Strategic Delivery Plan for 22/23				Project complete	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Review engagement framework to support collaborative approach with third and independent sector				Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Conclude implementation of the Primary Care Improvement Plan Memorandum of Understanding (2)				Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.
n/a	Property Strategy development and implementation				Project on track	31-Mar-2023	31-Mar-2023	There are no decisions required.

HIGHLIGHT REPORT

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-22-01-TRA Delivery of Year 2 of Children's House Project				<div style="border: 1px solid black; padding: 2px; display: inline-block;">70%</div>	Green - Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2023	31-Mar-2023	24-Mar-2022			
Project Description					
Ensure that cohort 2 of young people identified complete the programme and are offered permanent accommodation with support within East Dunbartonshire.					
Project Sponsor			Project Manager		
Claire Carthy			Raymond Walsh		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> In year 2 we have had 7 young people move into their homes. We have employed a care experienced young person to work with the project. We have also had an annual review and had excellent feedback. 			<ul style="list-style-type: none"> Continue to support young people in Cohort 2. Develop a business plan to outline plans for Year 3. 		
Key Issues and Risks Requiring Escalation					
Sustainability of the House project given the short term nature of the funding.					
Decision Required					
There are no decisions required.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
£200,000	£400,000	3	N/A	<ul style="list-style-type: none"> Improve outcomes for Care Experienced Young People moving on from care placements. EDC and HSCP fulfil duties as Corporate Parents. 	
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name	Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-02-TRA Learning Disability: service review, action plan and implementation			<div style="border: 1px solid black; background-color: #4f81bd; color: white; padding: 2px; display: inline-block;">65%</div>	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2023	31-Dec-2023	28-Apr-2022			
Project Description					
Move to new Allander Day Service and development of employability, and community based support alternatives to formal day care.					
Project Sponsor			Project Manager		
David Aitken			Richard Murphy; Gayle Paterson; David Radford; Caroline Smith		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Project Plan and RAG status now established and reviewed each month. Service User Forums and engagement sessions with Ceartas Involvement now complete. Compilation of FAQs for Staff completed. Transition arrangements being established for transition of existing service users and identification of those who could access the new Allander who currently attend external day services. 			<ul style="list-style-type: none"> Continue to implement Project Plan including regular meetings with Major Assets, H&S and Key personnel. Staff training for returning service users e.g. diabetes, tracheotomy. Review of New College Lanarkshire Partnerships – Campus LD Courses and Social Care Access Courses. Finalise employability pathway and continue to develop employment opportunities/programmes. Continued development of community assets. Continuing communication/engagement with Carers, SU, Staff and Stakeholders. Recruitment of volunteers and Outreach staff. Transition plan approval and implementation. 		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time.					
Decision Required					
There are no decisions required.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	5	N/A	<ul style="list-style-type: none"> Improved facilities and services. 	
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-03-TRA Implement 22/23 Digital Action Plan				40%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023	23-May-2022				
Project Description						
Implement 22/23 Digital Action Plan which seeks to maximise experience of remote technology for a digitally enabled workforce, implement Analogue to Digital Telecare Transformation by 2024.						
Project Sponsor			Project Manager			
Jean Campbell			James Gray; Elaine Marsh			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Staff survey in progress as next step to inform Digital Maturity Assessment, this along with other information produced in collaboration with the Digital Office will inform the Digital Action Plan. Workstreams progressing – Ask Sara has been rolled out, ARMED devices have been purchased with small pilot underway until full roll out and analogue to digital programme progressing ahead of plan. 			<ul style="list-style-type: none"> Finalise Digital Maturity Assessment which will inform the Digital Action Plan in collaboration with the SG Digital Office. Continue progress on a number of key initiatives – evaluate Ask Sara, roll out ARMED, shared desktop, analogue to Digital. 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time.						
Decision Required						
There are no decisions required.						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	Digital Services	<ul style="list-style-type: none"> Increase in digitally enabled workforce Reducing carbon footprint of HSCP 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	
						

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-04-TRA Social Support for Older People Strategy				50%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023	12-May-2022				
Project Description						
Development and consultation on new model for the delivery of social support options for older people to include interim contractual arrangements pending full implementation in April 2024.						
Project Sponsor			Project Manager			
Derrick Pearce			Kelly Gainty; Richard Murphy			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Following approval of the Draft Social Support Strategy for Older People 2023–28, the Strategy was published on the HSCP Consultation page on East Dunbartonshire Council's website for consultation with stakeholders. A programme of emails and social media posts for stakeholders has invited comments on the content of the draft Strategy. The consultation period is 1st July to 31st August 2022. 			<ul style="list-style-type: none"> Undertake 3 month consultation on approved Strategy Commence service review to determine delivery model and any relevant commissioning or service development actions It is intended that following closure of the consultation period, the Strategy will be further updated in preparation for approval at the HSCP Board in November 2022. 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	5 & 6	N/A	<ul style="list-style-type: none"> Dependable model of service delivery in place for medium to long term 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2









PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-05-TRA Review of commissioned mental health and alcohol and drugs services. Develop action plan for reshaping of services.				15%	Amber – Project at risk	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Review of commissioned Mental Health and Alcohol and Drugs recovery services to develop enhanced, holistic recovery focussed services across adult mental health and alcohol and drugs recovery.						
Project Sponsor			Project Manager			
David Aitken			Gillian Healey; Stephen McDonald			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Project Initiation Document completed and draft Project Plan established Initial consultation and engagement sessions and Provider Forum held and agreement from Ihub to support plans to take forward a Collaborative Commissioning model Agreement from MH Network and Scottish Drugs Foundation to work on collaborative basis on local service user engagement 			<ul style="list-style-type: none"> Locality Mental Health Strategy with partners for consultation and should be completed for next reporting period. Action Plan to be developed for reshaping of services. Recruitment of Project/Commissioning Lead to be reviewed within this reporting period (see Key Issues/Risks). Establish collaboration work plan with Ihub. 			
Key Issues and Risks Requiring Escalation						
Project lead post advertised three times and we have to date been unable to recruit. Given the requirements of the project this post is critical to the success of the project.						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	4, 5	N/A	<ul style="list-style-type: none"> Enhanced service provision 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name	Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-06-TRA Review of Community Occupational Therapy and Reablement services			10%	Amber – Project at risk	
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2023	31-Mar-2023				
Project Description					
Review of community OT and reablement service and implementation of review outcome to deliver an improved service model which addresses OT waiting times and maximise use of equipment digital options for supporting people within the community.					
Project Sponsor			Project Manager		
Derrick Pearce			Fiona Munro; Richard Murphy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Continued work to review performance and activity data (referrals/waiting times etc.). Some interim adjustment made to staffing via recruitment approvals. Await approval/resourcing to progress formal service review. Model of reablement as a concept embedded in care at home. 			<ul style="list-style-type: none"> Undertake inspection self-evaluation exercise Complete recruitment of reablement OT staffing Aim to achieve recruitment of reablement carers Initiate strategic service review 		
Key Issues and Risks Requiring Escalation					
Risk of delay to Strategic Service Review due to competing priorities and capacity challenges in EDC Digital and Business Change Team/HR and OD. Request to progress service review is pending					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	5, 6	N/A	<ul style="list-style-type: none"> Integrated delivery and increased capacity Increased capacity to absorb Reablement packages of care Increase in the number of customers requiring a reduced or no package following their 6 weeks of Reablement 	
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-07-TRA Review of HSCP organisational structures				35%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Review and implement a revised operating model which is fit for purpose and aligned to the strategic priorities of the HSCP post-pandemic.						
Project Sponsor			Project Manager			
Caroline Sinclair			Caroline Sinclair			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Business case now approved for proposals to increase capacity across Adult Social Work structures, move ahead to implementation. 			<ul style="list-style-type: none"> Move to recruitment/consolidation of interim arrangements now that Chief Officer permanently recruited. Continue to recruit to social care/health care workers/health professionals to increase capacity across health & social care in line with additional SG monies for Adult Winter Planning. Recruitment of Carers Lead to progress and support Carers agenda. 			
Key Issues and Risks Requiring Escalation						
Delays in consolidation of HSCP management structure, recruitment issues to increase capacity across a range of service areas including homecare, social work which will impact on ability to spend allocated funding in year and deliver on key priorities.						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A	<ul style="list-style-type: none"> Structure is fit for purpose, maximises integration and delivers on Scottish Government commitments to enhance capacity across health & social care services 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2







PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-08-TRA Redesign of HSCP website				40%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Redesign of HSCP website within scope of full EDC website design						
Project Sponsor			Project Manager			
Norma Marshall			Vandrew McLean; Alison Willacy			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Identification and creation of other relevant pages to enhance the information available on the website has begun. The review of the format of current and historic HSCP consultations in partnership with EDC has started. 			<ul style="list-style-type: none"> Continue with identification and creation of other relevant pages to enhance the information available on the website. Review the format of current and historic HSCP consultations in partnership with EDC. 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A	<ul style="list-style-type: none"> Increased hits on HSCP website pages 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	
						

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-09-TRA Review current model of Post Diagnostic Support delivery				25%	Amber – Project at risk	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Review current model of PDS delivery in line with refreshed Dementia Strategy and action plan						
Project Sponsor			Project Manager			
Derrick Pearce			Fiona Munro			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Expectations of external provider clarified for remainder of 2022/23 delivery year. Adjustments made to projected expenditure and to delivery targets in house and external. OPMH Operational Manager now recruited (due to commence October 2022) – first task is to conclude desktop review of PDS and develop proposal for longer term model. 			<ul style="list-style-type: none"> Start OPMH Operational Manager in post October 2022 Monitor delivery of agreed in year targets Start and progress review of model of Post Diagnostic Support Reconvene and Refresh East Dunbartonshire Dementia Strategy Group Commence development of East Dunbartonshire Dementia Strategy and Action Plan 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	5, 6	N/A	<ul style="list-style-type: none"> Improved access to Post Diagnostic Support within 6 weeks of diagnosis 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

PROJECT RAG STATUS UPDATE				
Project ID/ Project Name	Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-22-10 Increase uptake of support at a distance			<input type="text" value="30%"/>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board		
31-Mar-2023	31-Mar-2023			
Project Description				
Increase technological and digital options through Telecare, digital support and supported self-management to increase uptake of support provided at a distance.				
Project Sponsor		Project Manager		
Derrick Pearce		James Gray; Elaine Marsh		
HIGHLIGHT REPORT				
Actions completed within the last reporting period		Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Attend Anywhere – rolled out to PC Teams and Community Care Teams for use when their triage/situation permits, in CBT consults in CMHT, to support 2 key work streams supporting falls and frailty in avoidance of unscheduled care. Community Falls Pathway re-design in collaboration with SAS, FNC (Flow Navigation Centre) and NHS24, and Community Rehab Teams/ Home care Responders Teams; supporting reduced unnecessary conveyance/admission. BP Remote monitoring of BP- We have 2 GP sites in EDHSCP looking at implementing this and using the 'INHEALTHCARE', nationally procured remote monitoring system to support easier, more efficient ways of supporting self-management and Clinical monitoring of BP. eMar Test of Change been in situ since May. 25% trying eMAR to support Home Care staff to record prescribed creams digitally. Work ongoing to support compliance in test site –14 Users currently on trial. SOL Connect being used in Council Care packages to support users to access help/ advice when need arises. 		<ul style="list-style-type: none"> Injured Fallers support to Care Homes. This is currently being rolled out across GGC and plan in situ to have all EDHSCP care homes on by end December. 25% progress to date– on target from commencement of roll out. Progress East Dun implementation of Community Falls Pathway re-design in collaboration with SAS, FNC (Flow Navigation Centre) and NHS24, and Community Rehab Teams/ Home care Responders Teams; Progress Remote monitoring of Blood Pressure – Pilot in Kenmure and Kersland Practices Progress development of remote monitoring of Diabetes. ARMED project starting late August, supporting people to build up strength and wellbeing through use of Polar technology in Rehab. Delayed due to procurement of Kit, but now in progress. Progress work ongoing in relation to eMAR (Electronic Medication Administration Record) trial. 		
Key Issues and Risks Requiring Escalation				
There are no significant risks or issues at this time				
Decision Required				
There are no decisions required				

Appendix 2

Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	5, 6	N/A	<ul style="list-style-type: none"> Increase in choice and control and flexibility for service users 	
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-11 Develop HSCP Public Health Strategy and refresh objectives for Public Health Improvement Team				50%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Develop HSCP Public Health Strategy and refresh objectives for Public Health Improvement Team						
Project Sponsor			Project Manager			
Derrick Pearce			David Radford			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Draft in final stages of completion, timeline for consultation agreed 			<ul style="list-style-type: none"> Analyse outcome of survey and engagement exercise Draft Public Health Strategy for East Dunbartonshire Consultation timeline agreed 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	5	N/A	<ul style="list-style-type: none"> Renewed focus on public health and tackling health inequalities across the HSCP 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-12 Review and redefine operational approach to community led support				30%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Develop and implement model of community led support locally based on best practice which seeks to reduce waiting lists and divert needs to more appropriate service models						
Project Sponsor			Project Manager			
Derrick Pearce			Kelly Gainty; Kathleen Halpin; Fiona Munro			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Proposal paper developed based on benchmarking and scoping exercise. For consideration and adoption via East Dunbartonshire Unscheduled Care Group and SMT. 			<ul style="list-style-type: none"> Consider and approve proposal paper Hold local workshop to consider application of community led support in practice in East Dunbartonshire Agree preferred model and seek sign off via SMT and IJB Pilot first of the proposed Community Led Support 'Clinics' 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	5, 6	N/A	<ul style="list-style-type: none"> Maximised use of community assets Maximised self-management Increased choice and control 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-13 Develop compassionate communities model in East Dunbartonshire				20%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Develop and implement a delivery plan for No One Dies Alone (NODA) within East Dunbartonshire. Dependent on outcome of funding bid through endowments.						
Project Sponsor			Project Manager			
Leanne Connell; Derrick Pearce			Kathleen Halpin; David Radford			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Two HSCP officers identified to progress, key partners from which service will be benchmarked identified and meetings arranged 			<ul style="list-style-type: none"> Establish local project board and project team Clarify local vision and objectives for project Develop year 1 action plan and financial framework Benchmark and gain learning with neighbouring HSCP who have already implemented 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	









Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-14 Refresh HSCP Locality Plans				<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4F81BD; color: white; display: flex; align-items: center; justify-content: center;">20%</div>	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Review and redefine aims of locality planning groups to deliver improved outcomes for local people via collaboration and partnership action						
Project Sponsor			Project Manager			
Jean Campbell; Derrick Pearce			Kathleen Halpin; Vandrew McLean; Fiona Munro; Richard Murphy			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Further discussion progressed within SMT. Agreed to engage with Joint Account Management (JAM) to set up facilitated improvement discussions to re-focus Locality Planning Groups and refresh Locality Plans. 			<ul style="list-style-type: none"> Engage with Joint Account Management (JAM) Team Reconvene LPG meetings Develop locality need and demand profiles Profile commissioned services by locality Develop 2022/23 Locality Plans 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	5, 6	N/A	<ul style="list-style-type: none"> Locality focused and integrated delivery model Reduction in Care at Home travel 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-15 Identify a staff base in the West locality				35%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Identify and progress options for re locating staff within Milngavie Clinic to create more clinical/ front facing space within the clinic.						
Project Sponsor			Project Manager			
Jean Campbell; Derrick Pearce			Kathleen Halpin; Vandrew McLean; Fiona Munro; Richard Murphy			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Lease agreed for office base within Milngavie Enterprise Centre including drop in / meeting space – work underway to progress IT infrastructure / kit out of space for use, meeting space currently being utilised. Business case progressing for access to NHS capital funding to progress shop front options in Milngavie and Bishopbriggs to increase clinical space in delivery of strategic priorities. Feasibility study underway to scope options to maximise clinical space within Milngavie clinic. 			<ul style="list-style-type: none"> Progress IT / comms infrastructure / kit out within Milngavie Enterprise Centre to support staff re location. Progress next stage of business case approval for access to capital funding to support refurbishment of non-traditional premises, conclude feasibility study of Milngavie clinic to maximise clinical space within existing building. 			
Key Issues and Risks Requiring Escalation						
Lead in time for comms / internet access to support staff working within the building. Access to capital funding to support refurbishment						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	4,5	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-16 Prioritising Public Protection				<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 2px; display: inline-block;">60%</div>	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Ensuring the highest quality standards in identifying and responding to actual and potential social work public protection concerns through the implementation of 'Safe and Together', implementation of the Violence and Sex Offenders register (VISOR) and updating and implementation of the new Child Protection Guidelines						
Project Sponsor			Project Manager			
Claire Carthy			Alex O'Donnell			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Safe and Together whole system training programme is progressing as planned, the majority of the workforce are not trained. Supervisor training and train the trainers are planned. Visor: fully compliant with SG requirements and staff are going through the vetting process. Implementation date has been deferred by SG. 			<ul style="list-style-type: none"> VISOR; continue vetting process. Child Protection guidance refresh: West of Scotland consortium has commissioned an external agent to write the refreshed local guidance. Awareness raising will commence thereafter. 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	
						

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-17 Refresh HSCP Carers Strategy				40%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Development of a new Carers Strategy for East Dunbartonshire for implementation from 2023– review of existing strategy, consultation and engagement on new strategic objectives and delivery of new strategy to be completed.						
Project Sponsor			Project Manager			
David Aitken			Alan Cairns; Kelly Gainty			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Draft National Strategy was made available for review to HSCP in July 2022 and this has informed update of locality strategy. Work on completion of strategy has progressed and plans for engagement and consultation have been established with third sector and carers representatives, and individuals within HSCP identified to lead engagement sessions. 			<ul style="list-style-type: none"> Work on strategy has been progressed; progress meeting scheduled for next month. Next Carers Partnership Meeting scheduled for the 3 September 2022. Delivery Plan objective remains on schedule subject to successful recruitment of Carers Lead to support process (See below Key Issues / Risks for Escalation) 			
Key Issues and Risks Requiring Escalation						
Carers Lead Post authorisation has been delayed; failure to recruit to post will affect success of Delivery Plan Objective.						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	5, 6	N/A	<ul style="list-style-type: none"> Updated Carers Strategy to enhance access to carer support services and improve carer support and access to information. Improved engagement and carer lead services. Enhanced public awareness and carer friendly communities. 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-18 Implementation of The Promise				<input type="text" value="50%"/>	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023	24-Mar-2022				
Project Description						
Implementation of The Promise with a focus on Family Group Decision Making, ensuring that every child grows up loved, safe and respected, able to realise their full potential.						
Project Sponsor			Project Manager			
Claire Carthy			Raymond Walsh			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Funding for the post will end in August, we are exploring different funding options. Contribution to the national progress updates and newsletters. Family Group Decision Making tender process is almost complete. 			<ul style="list-style-type: none"> Submit grant bid for additional funding. Conclude procurement process of FGDM. Submit updates to SG. 			
Key Issues and Risks Requiring Escalation						
Year 1 funding ends in August, alternative funding sources are being explored.						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3	N/A	<ul style="list-style-type: none"> Improve outcomes for Looked After Children. Ensure EDC and HSCP fulfil duties as Corporate Parents. 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-19 Implementation of the Children and Young People's Mental Health and Wellbeing Framework				50%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023	24-Mar-2022				
Project Description						
Implementation of the Children and Young People's Mental Health and Wellbeing Framework						
Project Sponsor			Project Manager			
Claire Carthy			Claire Carthy			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Jan-June 2022 report has been submitted to Scottish Government. Lifelink counselling has been extended to 16+ who are no longer in Education or who are Care Experienced. Continue multi-agency improvements of Tier 1 and Tier 2 services in line with the Framework. Test of change focussing on CAMHS waiting list. 			<ul style="list-style-type: none"> Implement the Compassionate Distress Response Service. Agree the priorities for the continued improvement of Tier 1 and Tier 2 services. 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3	N/A	<ul style="list-style-type: none"> Improve Tier 1 and Tier 2 mental health and wellbeing services for children, young people and families. 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-20 Mainstream Testing				60%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Consolidate support to maintain testing required to identify Covid within care homes and other settings.						
Project Sponsor			Project Manager			
Caroline Sinclair			Derrick Pearce			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Operational processes clarified and implemented. Resourcing to be agreed and relevant posts made permanent 			<ul style="list-style-type: none"> Implement permanency for relevant EDHSCP Covid-19 Hub posts via EDHSCP Vaccinations team 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-21 Refresh and streamline PPE arrangements				50%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Consolidate arrangements to maintain support to PPE distribution to support the ongoing delivery of front facing services in line with guidance						
Project Sponsor			Project Manager			
Caroline Sinclair			Derrick Pearce			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Continue per last update in line with Scottish Governance Guidance – conclude actions relating to ED HSCP Covid-19 Hub and implement longer term model 			<ul style="list-style-type: none"> Relocate PPE hub from Woodlands Centre to KHCC to be run by HSCP Covid-19 Hub, pending its review in line with actions around Mainstreaming Testing 			
Key Issues and Risks Requiring Escalation						
There are no significant risk or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-22 Review accommodation arrangements in line with SG Guidance and GGC and EDC policies				<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #4a86e8; color: white; display: flex; align-items: center; justify-content: center;">60%</div>	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Ensure arrangements for accommodation remain compliant with SG guidance on physical distancing, infection control measures, mask wearing, ventilation etc and are in line with NHSGGC and Council policies						
Project Sponsor			Project Manager			
Jean Campbell; Caroline Sinclair			Jean Campbell			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Relaxation of physical distance guidance across NHS premises now implemented, some increased capacity across Council premises to support additional clinical services return to KHCC and facilitation of additional meeting space. 			<ul style="list-style-type: none"> Continued engagement with Council colleagues to further align NHS and Council guidelines for physical distancing/mask wearing to ensure consistency across all buildings occupied by HSCP staff. Business case developed for access to Southbank for Social Work children & families services. Review of use of space across HSCP services underway at KHCC to ensure frontline services prioritised for use of space to more effectively deliver services. 			
Key Issues and Risks Requiring Escalation						
Space continues to be restricted to support full extent of requests to resume service delivery within building – review of capacity underway to ensure this is prioritised to team which need to work together within buildings.						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-23 Organisational Development Plan in support of staff orientation back to buildings				40%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Development and implementation of OD Plan aligned to changes in Covid guidance which ensure staff are safely re-orientated back to offices.						
Project Sponsor			Project Manager			
Caroline Sinclair			Jean Campbell			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Changes to Physical Distancing Guidance communicated to staff as these happen, restrictions on desk capacity remains for Council building therefore no further staff expected back into buildings until this is updated. Review of desk usage in KHCC to maximise allocation of space to staff groups already requiring to work in offices, wide engagement and communication with staff on any changes as a result. 			<ul style="list-style-type: none"> Conclude recruitment to OD post to support formal development plan for staff. Continue to manage staff coming into buildings in line with blended working policies. 			
Key Issues and Risks Requiring Escalation						
Successful recruitment to post						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-24 Unpaid work services backlog				50%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023	24-Mar-2022				
Project Description						
Addressing the unpaid work services backlog and ensuring those sentenced are able to complete their hours and are not breaching any order.						
Project Sponsor			Project Manager			
Claire Carthy			Alex O'Donnell			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Continue to monitor the outstanding hours closely and offer a range of alternative mechanisms for the completion of hours. This includes in person work, digital group work and on line learning. 			<ul style="list-style-type: none"> Develop Peer Navigation programme. 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	4	N/A	<ul style="list-style-type: none"> Enable those sentenced to complete unpaid work hours. 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-25 Joint Commissioning Plan for Unscheduled Care				25%	Green – Project on track	
Original Project End Date	Forecast Project End Date		Date of last project board			
31-Mar-2023	31-Mar-2023					
Project Description						
Implementation of 22/23 actions within the Joint Commissioning Plan for un scheduled care including the establishment of a frailty hub and spoke model						
Project Sponsor			Project Manager			
Derrick Pearce			Fiona Munro; Alison Willacy			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Local UCC Action Plan for 2022/23 routinely reviewed at local UCC Group. District Nursing Extended Core Hours approved for implementation 19 September 2022 Proposal paper for community led support models for potential use in East Dunbartonshire progressing developed for sign off in due course Frailty Hub and Spoke (Home First Response Service) being developed for HSCP and QEUH implementation Care Homes 'Care About Physical Activity' project progressing, local posts now occupied and operational 			<ul style="list-style-type: none"> Implement DN extended hours from 19 Sept 2022 and continuously review Implement model of enhanced overnight care and support, at pace of recruitment successes Progress implementation of HSCP spoke of Home First Response Service Continue to progress CAPA Project Roll our Delayed Discharge data tracker and use to inform improved performance management 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	









Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-26 Delivery of a range of measures to support staff wellbeing.				50%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Delivery of a range of measures to support staff wellbeing and support options						
Project Sponsor			Project Manager			
Tom Quinn			Tom Quinn			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> iMatter survey completed by staff, analysis of results has been undertaken and relevant action plans have been developed. Staff thank you packs have been distributed. 			<ul style="list-style-type: none"> Continue with wellbeing plan implementation and associated actions. Staff Resilience / Emotional Intelligence sessions being reviewed. Coffee mornings being organised to provide advice on finance, wellbeing, active staff, mental health along with a number of active events. Team development sessions to be investigated. 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	









Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-27 Implementation of the recommendations from the Public Dental Service review Programme Board				20%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Implementation of the recommendations from the Public Dental Service review Programme Board						
Project Sponsor			Project Manager			
Lisa Dorian			Karen Gallacher			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Delivery of short term plan is underway. 			<ul style="list-style-type: none"> Work ongoing on medium and long term plans as still awaiting clarity on ongoing funding for dental recovery. Develop Quality Improvement Plans in relation to post covid-19 recovery. 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A	<ul style="list-style-type: none"> To maximise current and future estate, that is fit for purpose and future proof To review service delivery model to identify gaps in staff resources and skill mix To ensure focus on providing appropriate clinical care to those most in need To ensure the Public Dental Service is part of the Board's Digital Strategy 		
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-28 Development of Annual Strategic Delivery Plan for 22/23				<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 2px; display: inline-block;">100%</div>	Project Complete	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Development of Annual Strategic Delivery Plan for 22/23						
Project Sponsor			Project Manager			
Alison Willacy						
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> The development of the Annual Strategic Development Plan for 22/23 was signed of at IJB in March 22 and was operational by 1st April 2022. 			N/A			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions. The HSCP Transformation Board approved the closure of this project on 30 th August 2022						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	
						

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-29 Review engagement framework to support collaborative approach with third and independent sector				<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 2px; display: inline-block;">80%</div>	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023	30-Aug-2022				
Project Description						
Review engagement framework to support collaborative approach with third and independent sector.						
Project Sponsor			Project Manager			
David Aitken; Gillian Healey			Gillian Healey			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Review completed, SBAR outlining revised proposal drafted next steps – submit to SMT for approval I 			<ul style="list-style-type: none"> Following SMT approval, revised proposal rolled out / implemented across HSCP / commissioned sectors 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	
						

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-30 Conclude implementation of the Primary Care Improvement Plan Memorandum of Understanding (2)				50%	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023					
Project Description						
Conclude implementation of the Primary Care Improvement Plan Memorandum of Understanding (2)						
Project Sponsor			Project Manager			
Derrick Pearce			James Johnstone; Dianne Rice			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> Induction process for Primary Care Transformation Manager on track for completion. Programme underway with Primary Care Transformation Manger, Primary Care Development Officer and MoU Workstream Leads to discuss current service, delivery models and overall programme approach. 			<ul style="list-style-type: none"> Induct new Primary Care Transformation Manager Review and evaluate current levels of delivery against plan and models of delivery in place Continue to review accommodation levels and financial framework – reporting to SG and IJB as required 			
Key Issues and Risks Requiring Escalation						
There are no significant risks or issues at this time						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Appendix 2

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-22-31 Property Strategy development and implementation				<div style="border: 1px solid black; width: 100px; height: 20px; background-color: #4a86e8; display: flex; align-items: center; justify-content: center;">65%</div>	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board				
31-Mar-2023	31-Mar-2023	24-May-2022				
Project Description						
Development of an HSCP Property Strategy which reflects and delivers on the priorities to support delivery of PCIP, wider HSCP property requirements and maximises opportunities related to hybrid working						
Project Sponsor			Project Manager			
Jean Campbell			Vandrew McLean			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> NHS Draft strategy for Primary Care property available for comment prior to finalisation with NHS colleagues. Business case for access to NHS capital funding to support shop front options in Milngavie and Bishopbriggs progressing through NHS capital planning processes. Feasibility studies progressing across current HSCP premises to develop options for maximising use of current space. 			<ul style="list-style-type: none"> Continue to progress business case through next stages of NHS capital planning processes for access to capital funding. Conclude feasibility studies on existing premises – Milngavie Clinic, Woodlands, KHCC to maximise use of existing space within building. 			
Key Issues and Risks Requiring Escalation						
Identified shop front premises within Bishopbriggs subject to competing interest which may result in loss of opportunity in this area with limited alternate options available to the HSCP. Engagement with NHS Property team to progress commitment on lease arrangements. Capital funding may not be available or approved to deliver all of the priorities identified for progression locally – reserves will provide some opportunity for the HSCP.						
Decision Required						
There are no decisions required						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits		
N/A	N/A	3, 5, 6	N/A			
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	

Workstream	Action	Project Lead	Full Year Approved Saving 22/23	Full Year Achieved Saving 22/23
	Service Redesign (21/22 Savings Cfwd)			
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
	New Savings 22/23			
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

HSCP Transformation Programme 2022/23

Completed/Concluded Projects

Ranking from Highest Priority to Lowest – Assessed by the Priority Scoring Matrix

Priority Scoring	Title	Current Due Date	Comments	Indicative Full Year Financial Benefit	Estimated Financial Benefit 2022/23
-	Development of Annual Strategic Delivery Plan for 22/23	March 2023	Project completed. Transformation Board agreed closure of this project at the meeting held on 30 August 2022.	N/A	N/A

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK COMMITTEE

DATE OF MEETING: 27th SEPTEMBER 2022

REPORT REFERENCE: PERF/270922/05

CONTACT OFFICER: ALAN CAIRNS, PLANNING, PERFORMANCE & QUALITY MANAGER, 07971451655

SUBJECT TITLE: HSCP PERFORMANCE MANAGEMENT FRAMEWORK

1.1 PURPOSE

1.2 The purpose of this report is to ask the Performance, Audit and Risk Committee to note the preparation of an updated HSCP Performance Management Framework.

2.1 RECOMMENDATIONS

It is recommended that the Performance, Audit and Risk Committee:

2.2 Note the HSCP Performance Management Framework at **Appendix 1**

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

3 BACKGROUND/MAIN ISSUES

- 3.1** The East Dunbartonshire Integration Scheme includes a duty for the Chief Officer to prepare a Performance Management Framework relating to the functions and services delegated to the HSCP Board.
- 3.2** The objective of the Performance Management Framework is to set out how the HSCP intends to measure, monitor and continuously seek to improve what it does, to ensure confidence at all levels that it knows how well it is performing, that it knows what should improve and how, and that it knows the impact of any such improvements.
- 3.3** The HSCP's Performance Management Framework provides the overarching statement on how the HSCP ensures scrutiny, self-evaluation and reporting in three main areas:
- The fulfilment of the HSCP Strategic Plan, which is a high level statement of our 3-year strategic priorities and enablers;
 - Operational improvement, which should be a continuous process of balancing effectiveness, efficiency and economy, and;
 - Quality management, which should involve applying scrutiny and evaluation to ensure that our core services are delivering the best possible experiences and outcomes.
- 3.4** The document sets out the HSCP's obligations with respect to Best Value, its systematic approach to continuous improvement (including organisational alignment, often called the "*golden thread*") and its associated governance arrangements.
- 3.5** The Performance Management Framework also sets out in detail its approach to monitoring and measuring success in a supporting appendix.

4 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Board Strategic Plan;-
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 MANAGEMENT OF RISK

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

- 5.1 The risks are principally around the capacity of the HSCP Board to manage the demands of delivering the Performance Management Framework.
- 5.2 The principal control measures are set out in the Integration Scheme, which places a function on the Council and Health Board to provide adequate support resources to meet the performance management and reporting obligations of the HSCP Board.

6 IMPACT

- 6.1 **STATUTORY DUTY** – The Performance Management Framework ensures compliance with the associated terms of the Integration Scheme.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – None
- 6.3 **NHS GREATER GLASGOW & CLYDE** – None
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – None

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 – HSCP Performance Management Framework**



Performance Management Framework

September 2022

1 INTRODUCTION

- 1.1 In order to know whether the East Dunbartonshire Health and Social Care Partnership (HSCP) is achieving the priorities and objectives it has set out in its plans, it must have a robust and timely approach to monitoring and measuring performance and quality.
- 1.2 All organisations with a commitment to delivering a strategic vision, high quality services and meeting personal outcomes for service users, should have in place a framework to measure, monitor and continuously seek to improve what it does. There should be confidence at all levels that it knows how well it is performing, that it knows what should improve and how, and that it knows the impact of any such improvements.
- 1.3 Measuring success in delivering positive change is a complex task, but should start and end with the desired outcomes. Improving outcomes usually requires changing the processes and systems that are in place, whether that be the way that we identify risk, or how we work better together to remove gaps or obstacles to good outcomes, or how we communicate and involve the people we are supporting, or how well treatment and support services themselves are delivered. Improvement may in some circumstances involve maintaining positive outcomes with improved levels of efficiency.
- 1.4 The approach outlined in this document is underpinned by the HSCP principles and culture. The HSCP's vision statement is: "Caring together to make a positive difference". The vision is supported by the HSCP values:
- Respect
 - Honesty
 - Integrity
 - Professionalism
 - Empathy & Compassion

2 PERFORMANCE AND QUALITY MANAGEMENT

- 2.1 Together, performance and quality management can demonstrate if something is, for example: achieving timescale or volume targets, how good the processes are, how good the results are and what the experience is like for the people we support. In very general terms, performance management often explores **how many or how much** we have done or **by when**, while quality management asks **how well** we have undertaken a task, or **how good** was a service that we delivered. The separation between the two disciplines can sometimes be very narrow, so they should be considered as a

twin approach to ensuring efficiency and effectiveness for both the organisation and the service user.

- 2.2 This Performance Management Framework will include the reporting of both efficiency and effectiveness, in order that these combined results can support scrutiny of how well the HSCP and its services are operating, how well it is meeting its efficiency targets and how well it is delivering outcomes for people.
- 2.3 The HSCP has a separate Quality Management Framework that is aligned to the European Foundation of Quality Management and shares a methodology and approach that is consistent with the care Inspectorate and Healthcare Improvement Scotland. Our Quality Management Framework looks more deeply into service quality and safety issues. It explores quality at a very detailed level and examines our achievement in support of the Health and Social Care Quality Standards. It operates within the HSCP's wider approach to clinical and care governance.
- 2.4 The HSCP's Performance Management and Quality Management Frameworks should therefore work together to support scrutiny and self-evaluation in three main areas:
 - (i) The fulfilment of the HSCP Strategic Plan, which is a high level statement of our 3-year strategic priorities and enablers;
 - (ii) Operational improvement, which should be a continuous process of balancing effectiveness, efficiency and economy, and;
 - (iii) Quality management, which should involve applying scrutiny and evaluation to ensure that our core services are delivering the best possible experiences and outcomes.

3 BEST VALUE

- 1.1 All public sector agencies, and the partners with whom they work and commission services from, have a duty to demonstrate "Best Value": ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public. National legislation makes this duty clear for both NHS Greater Glasgow and Clyde and East Dunbartonshire Council, as well as for Integration Joint Boards. Best Value places an expectation on the HSCP to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirement and to contribute to the achievement of sustainable development.

4 PERFORMANCE AND CONTINUOUS IMPROVEMENT

- 4.1 The delivery of high quality, safe, effective, person centred and efficient health and social care services is the core business of the HSCP. An essential component of delivering this is ensuring that the Partnership's resources (including its staff, time, money, assets and equipment), are aligned to this common goal. To achieve this we need to have in place a robust process to plan improvements in line with our Strategic Plan, to review the effectiveness of these improvements and to ensure that a clear focus is maintained on the delivery of high performing core business.
- 4.2 Measuring the extent to which the HSCP delivers on the priorities and actions set out in the Strategic Plan will involve a number of different but associated and interconnected elements. It is sometimes helpful to see this process in terms of the commissioning cycle:



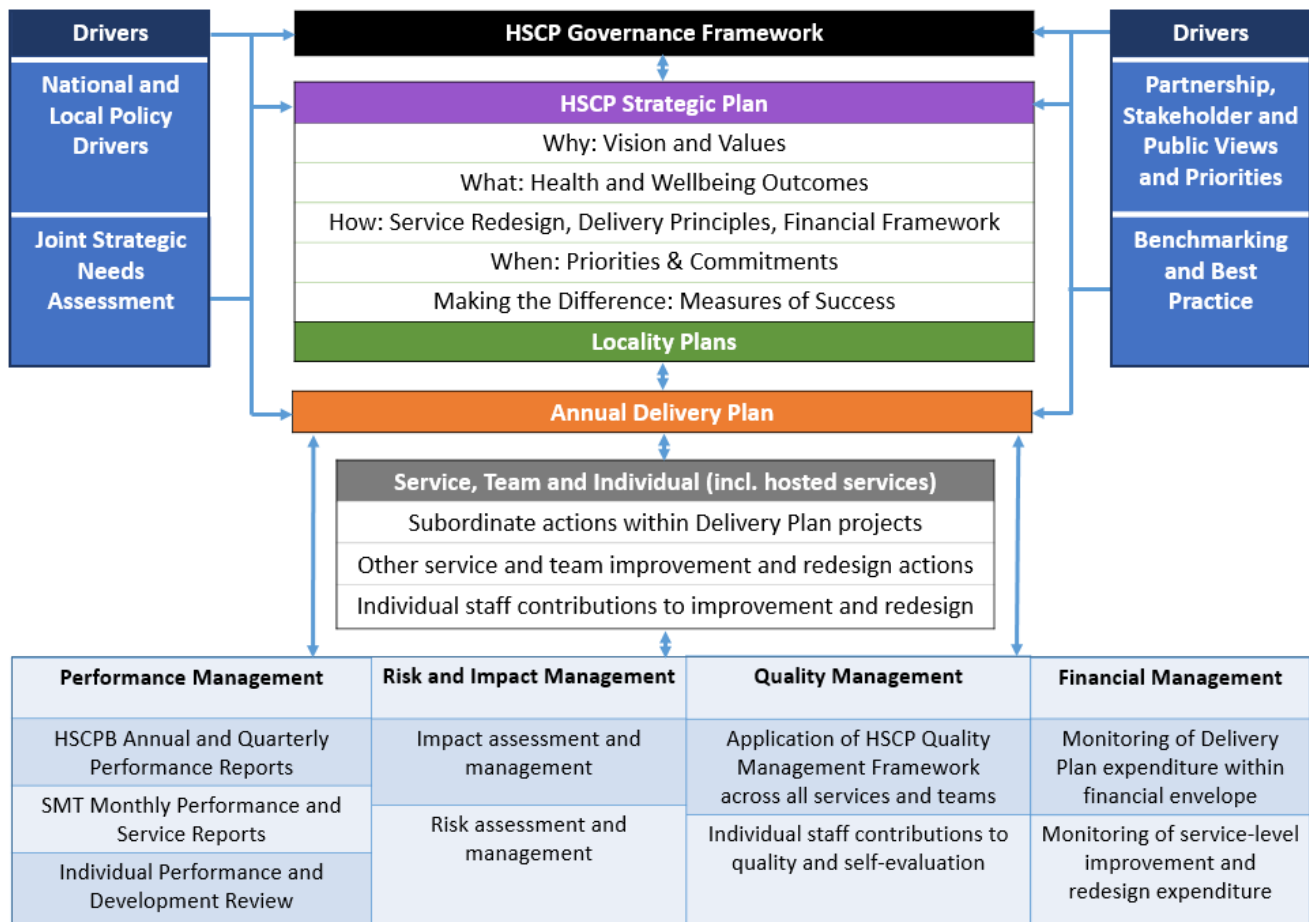
The activity is in reality more dynamic than the commissioning cycle might indicate though. For example, the process of “analyse, plan, do and review” suggests that we might only need to measure success at the “review” stage. But in reality, as we move through these stages, we need to have confidence that each is being carried out properly. Positive outcomes can only come about through effective change processes.

We need to ensure that our analysis is good, that our planning is collaborative and properly targeted and that our action plans are specific, measurable achievable, realistic and deliverable in timescale (SMART). Only then can we realistically measure the value of these changes in terms of the experiences and outcomes for service users, patients and carers.

5 PERFORMANCE IMPROVEMENT AND ORGANISATIONAL ALIGNMENT

- 5.1 The HSCP's Performance Management Framework takes account of all of the aspects outlined above, when setting out scrutiny and reporting arrangements for the HSCP.
- 5.2 The Performance Management Framework should enable all staff working within the Partnership to identify how their work contributes to achieving the Partnership's overall priorities. This framework, therefore, sets out how this process operates from the strategic level through to the contribution of individual staff members. The link between these levels is sometimes known as "organisational alignment" or 'the golden thread'.
- 5.3 **Fig 1** below sets out the relationship between the main policy drivers, the HSCP governance relationships, and the structure of planning from the HSCP Strategic Plan through to the contribution of teams and individual staff members. This approach demonstrates the principles of organisational alignment. The mechanisms that support effective planning and improvement are shown along the bottom of the image, including the management of performance, risk and impact, quality and finance.

Fig 1: Improvement Planning and Organisational Alignment



- 5.4 The planning of services in an integrated health and social care context is complex and multi-faceted, with a range of influences and accountabilities established in statute by the Public Bodies (Scotland) Act 2014 and further by the Integration Scheme that establishes the relationships between the Council, the NHS Board and the HSCP Board.
- 5.5 There are many factors that shape the HSCP’s performance management approach, including legislative and policy drivers, analysis of best practice and clinical care, as well as national, regional and local plans.
- 5.6 The Public Bodies (Joint Working) (Scotland) Act 2014 places a requirement on integration authorities to draft, consult, agree and publish a Strategic Plan that sets out how integration functions will be delivered, how outcomes will be met and locality arrangements. The Strategic Plan 2022-25 is at the heart of the HSCP’s approach to planning and improving services, but it is a relatively high level document comprising a series of Strategic Priorities and Enablers, and it is influenced by the planning requirements and improvement obligations of a much wider “whole system”.

- 5.7 The HSCP Board is supported in the preparation of the Strategic Plan and in oversight of its delivery by a **Strategic Planning Group**, which has representation from a wide range of partners and stakeholders. The Strategic Planning Group is established by statute and is at the heart of the work of the HSCP.
- 5.8 Each year a number of improvement actions in support of the Strategic Plan are drawn down into an **Annual Delivery Plan**. Supporting detail is held in service-specific plans, locality plans and service commissioning plans, which collectively set out how the high level strategic priorities and enablers will be pursued. A **Delivery Planning Group** coordinates activity relating to the Annual Delivery Plan and provides progress reports, which allows the Strategic Planning Group and the HSCP Board to oversee how well these aspects of the Strategic Plan are being implemented.
- 5.9 The Public Bodies Act requires that each HSCP area should be arranged into at least two **Localities**, to support the development of integrated health and social care services at a community level. In East Dunbartonshire, we operate two localities, each of which operates a **Locality Planning Group** which also bring together a wide range of partners and stakeholders. The Locality Planning Groups each develop a **Locality Plan** for their area, reflecting local priorities that also contribute to the Strategic Plan's objectives. Where possible, Locality Plans reflect and are linked to the **Community Planning Partnership** areas, where performance and improvement reporting is jointly to the HSCP Strategic Planning Group and the Community Planning Partnership Board.
- 5.10 The Annual Delivery Plan is relatively high level, as it focuses on strategic improvement and transformation. At an operational level, **Operational Improvement and Development Plans** are established by each Head of Service to lead on their allocated strategic improvement actions within the Annual Delivery Plan, as well as to include key service and team level improvement planning associated with their functional remits.
- 5.11 The East Dunbartonshire HSCP also hosts responsibility for the NHS Greater Glasgow and Clyde Board wide Oral Health Service. Planning for this service sits within the Strategic Plan framework with the planning and oversight of the strategic and service level activity undertaken through the Oral Health service's management structure.
- 5.12 **Service / Team Plans** are developed by all teams and focus in the main on management actions, continuous improvement, service quality and staff experience within teams and provide a link to **individual annual staff development and review**. This encourages the development of the *golden*

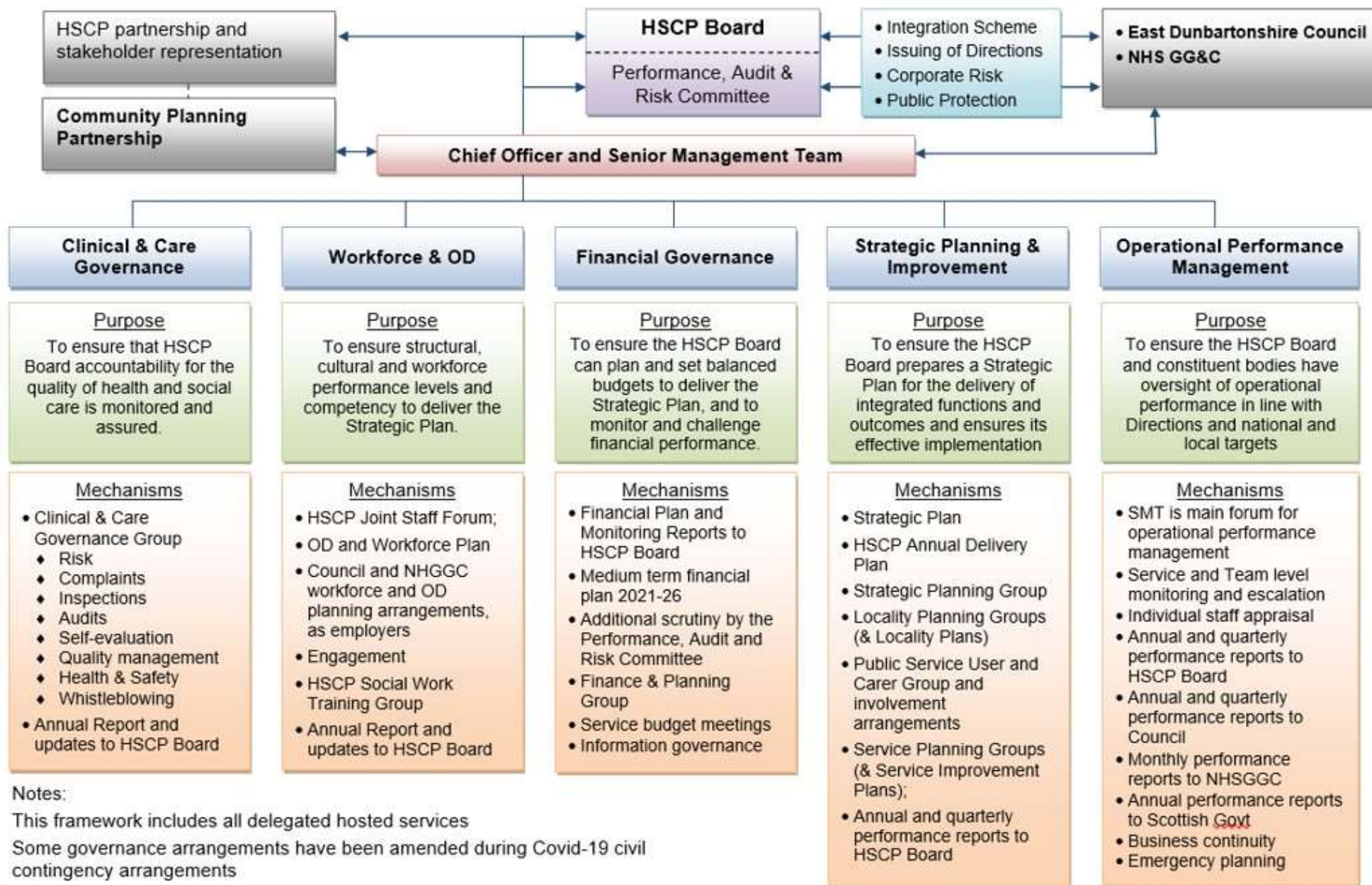
thread, which sees ownership and accountability at all levels, to ensure delivery of operational and strategic objectives and improved outcomes.

- 5.13 Substantial levels of service are provided by voluntary and independent providers. These organisations will operate their own performance management arrangements and many of these will be influenced by regulatory requirements. The Council in particular commissions considerable levels of social care services, which are also subject to contract management arrangements, and works closely with service providers to ensure effective performance, quality and continuous improvement.
- 5.14 **Financial Planning** is crucial at all stages of strategic, business and operational planning. The HSCP's **Chief Finance and Resources Officer** will support all aspects of strategic and operational planning to ensure that activity operates within robust financial frameworks and that associated targets are met. This is used to inform the HSCP's Financial Plan and is scrutinised by the Finance, Audit and Risk Committee and HSCP Board through routine Financial Monitoring Reports.

6 GOVERNANCE

- 6.1 The HSCP has an established Governance Framework to ensure that the following aspects of HSCP governance are undertaken effectively, within the wider context of organisational assurance:
- Clinical and Care Governance (including Quality Management)
 - Workforce Governance
 - Financial Governance
 - Strategic Planning and Improvement
 - Operational Performance Management
- 6.2 A detailed illustration of the Governance Framework showing links to key areas of governance is at **Fig 2** on the following page

Fig 2: HSCP Governance Framework



7 MONITORING AND MEASURING SUCCESS

- 7.1 The HSCP will monitor and measure success in a number of ways. This is already well established, with quarterly performance reports to the HSCP Board and fuller Annual Performance Reviews, with financial planning updates and regular progress reports on delivery of each Annual Delivery Plan. We will continue to develop more refined ways of measuring success, based on the following key areas, supported by the East Dunbartonshire HSCP Quality Management Framework and in pursuit of the National Health and Social Care Standards:
- (i) How well action plans at all levels across the HSCP are being progressed in support of the Strategic Priorities and Enablers;
 - (ii) How well the HSCP is operating financially;
 - (iii) How well local, regional and national quality and performance standards and targets are being met, including the national Health and Social Care Standards. These are usually a measure of how well operational systems and processes are working;
 - (iv) How well commissioned services are meeting regulatory and quality standards, and;
 - (v) How good the experiences and outcomes are for service users, patients and carers.
- 7.2 The Strategic Plan sets the direction of travel with clear commitments on action in pursuit of our strategic priorities and enablers. Performance targets are generally set on an annual basis, so these will be aligned to Annual Delivery and Financial Plans and reported on a quarterly basis to the HSCP Board.
- 7.3 In addition to the HSCP measuring and monitoring the performance of the functions and services delegated to it, there are additional obligations that require the HSCP to prepare reports for wider purpose. Often these needed by the Council or the Health Board, or for national performance monitoring purposes. Sometimes these are required on a regular ongoing basis, while in other situations they are carried out on a one-off or short term basis only. These have been particularly prevalent during the period of the pandemic, to report on activity and service response metrics. The HSCP commits to providing these data reports timeously and accurately.
- 7.4 The schedule at **Appendix 1** sets out an initial framework for monitoring and measuring success aligned to the HSCP Strategic Plan 2022-25 and our wider statutory delivery requirements. The details will inevitably change over time, in response to new local or national approaches.

Appendix 1: Measuring and Monitoring Success

Annual Delivery Plan (yearly actions in pursuance of the Strategic Plan)
Agreement of an Annual Delivery Plan for each year of the Strategic Plan that will draw down specific actions and deliverables for the year, in support of the Strategic Priorities and Enablers.
Preparation of subordinate, more detailed action plans where necessary, to ensure that a SMART based approach to project management is undertaken. This would be expected to reside in Head of Service Improvement Plans
Quarterly reporting to the HSCP Board on the progress of the Annual Delivery Plan.
Yearly reporting of progress in the Annual Performance Review
Head of Service Improvement and Development Plans
Preparation of Head of Service Improvement and Development Plans, reporting to Chief Officer. These to comprise:
<ul style="list-style-type: none"> • Head of Service lead actions in Annual Delivery Plan
<ul style="list-style-type: none"> • Key areas of development / improvement action below the waterline <ul style="list-style-type: none"> ○ Associated with new policy or statute ○ Developments that attract specific or additional funding ○ High profile developments ○ Cross cutting developments that cover more than one Head of Service, with one as lead (in one place) • Developments that the HoS or SMT would want to have visibility on.
<ul style="list-style-type: none"> • Significant quality management / self-evaluation activities in preparation for inspection or service review

Service / Team Plans
Preparation of Service / Team Improvement and Development Plans, reporting to Head of Service. These to comprise:
<ul style="list-style-type: none"> • Service manager / lead officer actions that exist in Head of Service Plans or Annual Delivery Plan
<ul style="list-style-type: none"> • Actions in support of continuous improvement to processes and outcomes (quality management and performance improvement)
<ul style="list-style-type: none"> • Budget and cost management actions

<ul style="list-style-type: none"> • Service / team training and joint training actions
<ul style="list-style-type: none"> • Developing the learning system: Knowing how good things are...
<ul style="list-style-type: none"> • Periodic highlight reporting to SMT on rolling basis.
<ul style="list-style-type: none"> • Ensuring individual staff appraisal and personal / professional development links to strategic and operational priorities, via organisational management information systems.

Quality Management and Self Evaluation

Monitoring and evaluation of service quality and improvement for directly provided and purchased services, in support of continuous improvement and to measure impact of service redesign associated with the Strategic Plan.

Organisational development in support of the aims and values of the organisation and in pursuit of its objectives, as set out in the Strategic Plan.

Workforce development and wellbeing support to ensure staff are equipped to contribute their part to the delivery of the Strategic Plan.

The above initiatives to be reflected in Head of Service and/or Service / Team Plans and reported through the Clinical and Care Governance Group.

Financial and Budget Reporting

Agreement of an annual budget, based on the cost of continuation of current services adjusted for changed costs and obligations, plus development and redesign distributions in support of each Annual Delivery Plan.

Quarterly reporting to the HSCP Board on the progress of the annual budget.

HSCP Corporate and Service Performance Reporting

Quarterly and annual performance reporting across a wide range of measures, indicators and targets that measure performance of services and impact of changes consequent to improvement and redesign undertaken through Annual Delivery Plans. These include:

Integration Core Indicators

Percentage of adults able to look after their health very well or quite well (National Outcome 1)

Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2)

Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (National Outcome 2, 3)
Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9)
Total percentage of adults receiving any care or support who rated it as excellent or good (National Outcome 3)
Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3)
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (National Outcome 4)
Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6)
Percentage of adults supported at home who agreed they felt safe (National Outcome 7)
Premature mortality rate for people aged under 75yrs per 100,000 persons (National Outcome 1,5)
Emergency admission rate (per 100,000 population) (National Outcome 1,2,4,5)
Emergency bed day rate (per 100,000 population) (National Outcome 2,4,7)
Readmission to hospital within 28 days (per 1,000 population) (National Outcome 2,4,7,9)
Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9)
Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9)
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (National Outcome 3,4,7)
Percentage of adults with intensive care needs receiving care at home (National Outcome 2)
Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) (National Outcome 2,3,4,9)
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9)
Ministerial Strategic Group – Performance Measures
Unplanned admissions – rate per 1000 population (National Outcomes 1,2,3,4)
Unplanned bed days - rate per 1000 population (National Outcomes 2,4,7)
A&E attendances - rate per 1000 population (National Outcomes 1,2,9)

Admissions from A&E – rate per 1000 population (National Outcomes 1,2,3,4)
Delayed discharge bed days - rate per 1000 population (National Outcomes 2,3,4,9)
Last 6 months of life spent at home or in a community setting - rate per 1000 population (National Outcomes 2,3,9)
Balance of Care (% of population in community or institutional settings) - rate per 1000 population (National Outcomes 2,4,9)
Local Social Work and Social Care Standards
Percentage of child care Integrated Comprehensive Assessments (ICA) for Scottish Children’s Reporter Administration (SCRA) completed within target timescales (20 days), as per national target
Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral
Percentage of first Child Protection review case conferences taking place within 3 months of registration
Balance of Care for looked after children: % of children being looked after in the Community
Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated
No. of Homecare Hours per 1,000 population 65+
Number of people taking up Self Directed Support options
People Aged 75+yrs with a Telecare Package
Number of People Aged 65+yrs in Permanent Care Home Placements
Number of Care Home Admissions and Discharges (including deaths)
Percentage of Adult Protection cases where the required timescales have been met
Percentage of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery
Percentage of people 65+ indicating satisfaction with their social interaction opportunities
Percentage of service users satisfied with their involvement in the design of their care packages
Percentage of adults receiving social care support whose personal outcomes have been partially or fully met
Percentage of Criminal justice Social Work Reports submitted to court by due date
Percentage of individuals beginning a work placement within 7 working days of receiving a Community Payback Order

Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt

Local Health Care Standards

Percentage of People Waiting <3wks for Drug & Alcohol Treatment

Percentage of People Starting Treatment <18wks for Psychological Therapies

Percentage of People Newly Diagnosed with Dementia Accessing Post Diagnostic Support within 12 weeks of new diagnosis

Number of Alcohol Brief Interventions delivered against target

Smoking quits at 12 weeks post quit in the 40% most deprived areas against target

Percentage of People Waiting <18wks for Children and Adolescent Mental Health Services (CAMHS)

Percentage of Children receiving 27-30 month health assessment

EAST DUNBARTONSHIRE COUNCIL

HSCP Business Improvement Plan (BIP) relating to Council delegated functions and services

Monthly and annual "How Good Is Our Service" (HGIOS) progress reports on service performance and progress towards HSCP BIP

GREATER GLASGOW AND CLYDE NHS BOARD

Reporting across a range of performance measures relating to NHS delegated functions, services and inter-dependencies

Reporting on local progress towards Health Board-wide service strategies, including Moving Forward Together

GREATER GLASGOW AND CLYDE NHS BOARD

National data submissions and progress reporting across a range of performance, development and improvement activity: variable and various.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
PERFORMANCE, AUDIT & RISK COMMITTEE**

DATE OF MEETING: 27th SEPTEMBER 2022

REPORT REFERENCE: HSCP/270922/06

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY
HEALTH AND CARE SERVICES, 07813752285

SUBJECT TITLE: CARE INSPECTORATE - CARE AT HOME
SERVICE INSPECTION JUNE 2022

1.1 PURPOSE

1.2 The purpose of this report is to appraise members of the outcome of the Care Inspectorate Inspection of the internal Care at Home (Homecare) Service in June 2022.

2.1 RECOMMENDATIONS

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

2.2 Note the outcome the most recent Care Inspectorate Inspection of the internal Care at Home Service and Action Plan in response;

2.3 Note the continuous significant improvements observed by the Care Inspectorate at a time of extreme pressure for this frontline service central to the HSCP response to the Covid-19 pandemic.

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

3.1 **BACKGROUND/MAIN ISSUES**

3.2 The HSCP Internal care at home service was inspected by the Care Inspectorate over 3 days in June 2022. This was an unannounced inspection. The dimensions that were inspected are noted below, along with the corresponding grades and descriptors awarded by the Care Inspectorate.

3.3 Dimensions and Grades main theme areas:

How well do we support people's wellbeing? 5 - **Very Good**

How good is our leadership? 4 - **Good**

How good is our staff team? 5 - **Very Good**

How well is our care and support planned? 3 – **Adequate**

3.4 The overall grades above recognise the main grade for each thematic area – with the overall grade for each area always being aligned to the lowest score awarded. The service was inspected on 7 specific areas and achieved overall five Very Goods, one Good and one Adequate as below:

1.1 People experience compassion, dignity and respect 5 - **Very Good**

1.3 People's health and wellbeing benefits from their care and support 5 - **Very Good**

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure 5 - **Very Good**

2.2 Quality assurance and improvement is led well 4 - **Good**

3.1 Staff have been recruited well 5 - **Very Good**

3.2 Staff have the right knowledge, competence and development to care for and support people 5 - **Very Good**

5.1 Assessment and personal planning reflects people's outcomes and wishes 3 – **Adequate**

3.4 The inspection outcome (**Appendix 1**) represents a significant improvement on the previous inspection in January 2021 and a continuation of improvement in all dimensions since the last inspection. The context for this inspection – and the quality assurance information which was scrutinised during the process – was that it was based on performance during the Covid Omicron spike, which placed severe pressures on staffing and on the internal and external care at home providers in EDC.

3.5 When last inspected the service was awarded 3 goods and two adequates over five areas of inspection

3.6 Key messages from this inspection identified by care inspectorate were:

High level of user and family satisfaction with the service

Staff are well trained and feel well supported

Good joint working with health services

Service is making efforts to move towards an outcome focused approach to measure the difference it makes to people's lives

Six-monthly reviews of care plans are not up to date.

3.7 One Requirement and one area of improvement were identified:

Requirement:

1. By 30 September 2022 to ensure that people experience care and support that is safe and right for them, the provider must ensure that individuals' personal plans are:

- reviewed on a six-monthly basis, or more frequently as required
- reviews capture the views and preferences of people and, where appropriate, their family members
- include the views of relevant others, for instance, health care staff and, where appropriate, care staff. This is to ensure care and support is consistent with and in order to comply with:
Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - a requirement for a plan of care

Area for improvement:

1. The provider should consider how it records routine records like complaints, incidents and accidents. This should be with a view to detail, where appropriate, what lessons might be learned and what actions might be implemented to improve outcomes for people.
This is to comply with Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

- 3.8** The requirement in this report pertains to the fact that 11 customer reviews were noted as being outstanding – as identified in the service's quality assurance quarterly report.
- 3.9** The above 11 reviews were outstanding during the Omicron spike.
- 3.10** The action plan to the report is attached (**Appendix 2**).

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 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

Care at Home services contribute to the delivery of all HSCP Strategic Plan objectives.

- 4.3** Frontline Service to Customers – Inspection allows us to continually reflect on the quality of support provided and levels of satisfaction of customers

4.4 Workforce (including any significant resource implications) – Inspection supports the eliciting of feedback from frontline workforce. There are no new workforce implications

4.5 Legal Implications – None

4.6 Financial Implications – None

4.7 Procurement – None

4.8 ICT - None

4.9 Economic Impact – None

4.10 Sustainability – None

4.11 Equalities Implications – None

4.12 Other - None

5.1 **MANAGEMENT OF RISK**

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

5.2 There are no new risks arising from this report.

6.1 **IMPACT**

6.2 **STATUTORY DUTY** – No new impact noted

6.3 **EAST DUNBARTONSHIRE COUNCIL** – No new impact noted

6.4 **NHS GREATER GLASGOW & CLYDE** – No new impact noted

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

7.1 **POLICY CHECKLIST**

7.2 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.

8.1 **APPENDICES**

8.2 Appendix 1. Inspection Report June 2022 (received final report August 2022)

8.3 Appendix 2. Inspection Action Plan September 2022

Home Care Services - Mainstream Team Housing Support Service

Kirkintilloch Health Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF

Telephone: 01415 782 101

Type of inspection:
Unannounced

Completed on:
23 June 2022

Service provided by:
East Dunbartonshire Council

Service provider number:
SP2003003380

Service no:
CS2004082079

About the service

Home Care Services - Mainstream Team provides care at home services to people living in the East Dunbartonshire area.

The service provides support to people with a range of needs including physical and mental health conditions, dementia and palliative care. It has a small reablement part providing short term support, mainly to people discharged from hospital to maximise their independence.

The provider of the service is East Dunbartonshire Council which is part of the East Dunbartonshire Health and Social Care Partnership. The Health and Social Care Partnership has the following aims and objectives for care at home services:

'We believe that people who use our care at home services have the right to the same respect, dignity and privacy we would expect for ourselves.

As individuals and as a team we commit to continually develop and improve our care for individuals. We will strive to achieve the best outcomes for all.

We will do this through reflective practice, effective communication, good teamwork and warm professionalism. We will lead by example and act as supporters, advocates and carers for the most vulnerable in our society.'

About the inspection

This was an unannounced inspection which took place on 21 and 22 June 2022. Feedback was given to the service on 23 June. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with seven people using the service and their families
- spoke with 15 staff and management
- reviewed documents
- spoke with health care professionals.

Key messages

- High level of user and family satisfaction with the service
- Staff are well trained and feel well supported
- Good joint working with health services
- Service is making efforts to move towards an outcome focused approach to measure the difference it makes to people's lives
- Six-monthly reviews of care plans are not up to date.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We spoke to a number of people who were supported by the service and family members. We were told that the service was flexible. If people needed additional support, for instance, when preparing for trips away from home, the service arranged this without fuss. People said the care staff were respectful and competent in how they provided assistance. One person said, 'They are exceptional, really nice people, every one of them.' Another said, 'I find them a pleasure, lovely to see them every day.'

A family member, who's loved one had only had support for a few weeks following discharge from hospital, said their loved one 'had made remarkable progress' and the care provided 'gives me peace of mind.'

People's health and wellbeing were promoted by the service. Care plans, sometimes called support plans, provided information on what areas people required support in and how that should be provided. For instance, whether practical assistance was required with medication or simply reminders. The service had an in-house moving and assistance assessor. People's abilities and support needs in this area were assessed in their home with care staff present. This meant that care staff were provided with clear guidance on how people were supported to move, for instance, from bed to wheelchair to armchair. It also made clear to people how they would be supported and what they could expect.

Health care professionals, including community nurses, told us of positive working relationships with the service. This included carers and senior carers being able to contact community nurses directly for advice and direction. Health staff told us care staff followed their guidance and they were confident in the abilities of those staff in carrying out their guidance. This relationship meant that care staff were confident in seeking direction when they were concerned about areas like deterioration in people's skin conditions and continence issues.

Infection prevention and control is an essential part of care services. Good practice means the risk of infection and cross infection is reduced for people supported and staff. The service had a robust approach to this. People told us staff visiting them washed their hands and wore appropriate PPE (personal protective equipment) like masks and gloves. Staff we interviewed were confident in explaining how they used PPE (personal protective equipment) and told us they were able to access supplies without problems. Infection control training including refresher training was provided to staff. The service also did direct observations of staff practice. This provided reassurance to staff on following good standards.

How good is our leadership?

4 - Good

Care staff and health care professionals made positive comments about the leadership provided by service management. The managers were able to demonstrate an understanding of the resources and challenges the service has. Effective leadership and management requires sound planning and quality assurance systems to identify areas to be worked on and measure progress on these.

The service had development plans in place. These show areas that would be improved by management action. For instance, the service intended to develop how its electronic care planning system worked to improve information and guidance for care staff. Managers had also identified situations where some people supported by the service became distressed or upset. To address this and improve outcomes for people, management had identified appropriate training for staff and had plans for implementation.

There were processes in place to improve the accuracy and effectiveness of care plans. This involved manager's assessing the contents and identifying areas for action. This was part of a drive to make the plans more reflective of the individual person and make clear how well the person was being supported in achieving their desired outcomes. This approach is new and the impact will be looked at in future inspections.

Record of complaints, incidents and accidents can provide managers with indicators of potential areas for action. The service provided examples of robust recordings of these areas. Managers agreed that they could be developed further by identifying, where appropriate, what lessons were learnt during investigations and what areas of operations might change as result. See area for improvement one.

Areas for improvement

1. The providers should consider how it records routine records like complaints, incidents and accidents. This should be with a view to detail, where appropriate, what lessons might be learned and what actions might be implemented to improve outcomes for people.

This is to comply with Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

5 - Very Good

We interviewed a range of care staff during our inspection including carers and senior carers from across the service. We met with new staff and experienced staff.

We reviewed processes and paperwork related to how the service recruited new staff. There was a robust recruitment policy in place which gave directions on the standards expected and the processes to be followed. We saw evidence that applicants had their identities confirmed, formal interviews carried out and references obtained. This helps ensure that new staff are recruited safely and are suited to the care role.

Training for staff was well organised. There were systems in place to ensure staff had received essential or mandatory training on areas, moving and assisting people, medication support and supporting vulnerable adults. Refresher training took place when required. For example, staff were required to have refresher moving and assistance training on a yearly basis. When staff were unable to attend such refresher training within a certain time, perhaps because of absence from work, they were required to complete the full training. This means that people who are supported by the service can be confident that staff have the skills and knowledge to help them achieve good outcomes.

All staff were supported through supervision and direct observations. Supervision allowed staff to talk about their work with people and any issues or assistance they might need to improve outcomes. Direct observations of staff practice, for example supporting people with toileting, meant that managers could observe how staff performed their work and identify resources or additional training required. Managers met with groups of local staff on a regular basis. This gave managers the chance to ensure staff were up to date with any developments or guidance. It also gave staff groups time to discuss shared concerns, for instance, how staff rotas are working and might be improved.

The service asked staff to contribute to surveys that included questions around work-life balance and how this might be improved. Staff were given a commitment that any comments or suggestions would be considered.

Staff told us they felt well supported in their work. They said they were kept up to date with developments and managers made themselves available when needed.

How well is our care and support planned?

3 - Adequate

The service has an electronic care system in place which provides information to care staff on what support should be delivered to people. This system was able to provide updates on people's situation including when they might require additional or different supports. The system provided management with confirmation that visits had occurred and the appropriate assistance had been provided.

We reviewed a number of care plans. We could see that the service was making effort to make them more person centred and include specific outcomes to describe what difference or impact supports should have on people's health and wellbeing. We will evaluate the progress on this at future inspections.

Risk assessments are important to ensuring that people and staff are safe. They should be used in situations where there are potential risks and detail how these risks might be managed, reduced or avoided. At previous inspections, we had been concerned that assessments were limited to risks around the person's home. At this inspection the service provided information that they had developed their approach on this. We saw good examples of risk assessments around supporting people when moving. Other risk assessments, on people becoming upset or distressed did not clearly identify potential triggers. The service should consider how these can be further developed.

Care plans should be reviewed on a six-monthly basis. This ensures the information about people is up to date. It provides the service and people with an opportunity to discuss and decide if changes are required to the assistance provided. Although the service has a programme in place to have six-monthly reviews, we are concerned that a significant number of people have not had their supports reviewed for some time. See requirement one.

Requirements

1. By 30 September 2022 to ensure that people experience care and support that is safe and right for them, the provider must ensure that individuals' personal plans are:

- reviewed on a six-monthly basis, or more frequently as required
- reviews capture the views and preferences of people and, where appropriate, their family members
- include the views of relevant others, for instance, health care staff and, where appropriate, care staff. This is to ensure care and support is consistent with and in order to comply with:

This is to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - a requirement for a plan of care.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	5 - Very Good
3.1 Staff have been recruited well	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Agenda Item Number: 6b. Appendix 2

Area for improvement

1. The provider should consider how it records routine records like complaints, incidents and accidents. This should be with a view to detail, where appropriate, what lessons might be learned and what actions might be implemented to improve outcomes for people.

This is to comply with Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

The service has reviewed and changed the format for incidents/accidents and complaints. This is now explicit with regard to actions taken, lessons learned and expected outcomes for people who use our service. An audit of routine records is part of the quarterly Quality Assurance processes in place in the service, and the quality of recording and an evident link to outcomes will be reviewed to ensure there is a consistent standard in recordings, actions and outcomes.

This will be embedded by 30th September 2022 and reviewed thereafter.

Responsible for action: Care at Home Service Team Leaders and Care at Home Monitoring and Review Officer.

Requirement

1. By 30 September 2022 to ensure that people experience care and support that is safe and right for them, the provider must ensure that individuals' personal plans are:

- reviewed on a six-monthly basis, or more frequently as required
- reviews capture the views and preferences of people and, where appropriate, their family members
- include the views of relevant others, for instance, health care staff and, where appropriate, care staff. This is to ensure care and support is consistent with and in order to comply with: Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Outstanding reviews – 11 at the time of inspection, have been carried out. Additional supports were also put in place to ensure pending reviews were allocated and all future reviews are tracked. The content of reviews has also been scrutinised to ensure that they contain an accurate reflection of customers' views and wishes, including an explicit outcome focus. Personal plans (support plans) are randomly audited during supervision sessions and the standard expected from these is provided through a mock example of a comprehensive person centred, outcome focused plan. A full yearly audit of all plans will be carried, as planned, in October 2022.

Responsible for action: Care at Home Service Team Leaders and Care at Home Monitoring and Review Officer.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
PERFORMANCE, AUDIT & RISK COMMITTEE**

DATE OF MEETING: 27TH SEPTEMBER 2022

REPORT REFERENCE: HSCP/270922/07

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY
HEALTH AND CARE SERVICES, 07813752285

SUBJECT TITLE: CARE INSPECTORATE JOHN STREET
SERVICE INSPECTION JULY 2022

1.1 PURPOSE

1.2 The purpose of this report is to appraise members of the outcome of the Care Inspectorate Inspection of the John St Residential Service in July 2022.

2.1 RECOMMENDATIONS

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

- 2.2** Note the outcome of the most recent Care Inspectorate Inspection of John St House – last inspected pre pandemic.
- 2.3** Note the positive grades and feedback observed by the Care Inspectorate at a time of extreme pressure for this residential service

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

3.1 **BACKGROUND/MAIN ISSUES**

3.2 The HSCP Internal John St Residential service was inspected by the Care Inspectorate over 2 days in July 2022 (**Appendix 1**). This was an unannounced inspection. The dimensions that were inspected are noted below, along with the corresponding grades and descriptors awarded by the Care Inspectorate.

3.3 Dimensions and Grades main theme areas:

How well do we support people's wellbeing? **5 - Very Good**

How good is our leadership? **4 - Good**

3.4 The overall grades above recognise the main grade for each thematic area – with the overall grade for each area always being aligned to the lowest score awarded. The service was inspected on 4 specific areas and achieved overall three Very Goods, one Good as below:

1.3 People's health and wellbeing benefits from their care and support **5 -Very Good**

1.4 People experience meaningful contact that meets their outcomes, needs and wishes **5 - Very Good**

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure **5 - Very Good**

2.1 Quality assurance and improvement is led well **4 – Good**

3.5 The inspection outcome represents a continuation of high grades for this service – despite the pressures it has faced throughout the pandemic. This is the first inspection which has taken place in the service since December 2019. The context for this inspection – and the evidence and information which was scrutinised during the process – was that it was based on performance during the Covid Omicron spike, which placed severe pressures on staffing.

When last inspected the service was awarded 2 Very Goods, with a further 3 areas not assessed.

3.6 Key messages from this inspection identified by care inspectorate were:

- The service has a history of excellent and very good evaluations.
- Residents told us they were happy living at the home.
- Staff were kind and caring and provided good care.
- There was ample opportunity for people to socialise and to increase their level of independence.
- Following the Covid-19 pandemic there was a need to focus again on staff supervision and development

3.7 One area of improvement was identified:

Area for improvement:

1. The provider should ensure that staff are given regular supervision and support. Through addressing this, staff will be supported to discuss practice issues with management and will be able to develop and improve the quality of their practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (3.14) and 'I am confident that people are encouraged to be innovative in the way they support and care for me'. (4.25)

3.8 The action plan to the report is currently being completed

4.1 IMPLICATIONS

The implications for the Board are as undernoted.

4.2 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

Care at Home services contribute to the delivery of all HSCP Strategic Plan objectives.

4.3 Frontline Service to Customers – Inspection allows us to continually reflect on the quality of support provided and levels of satisfaction of customers

4.4 Workforce (including any significant resource implications) – Inspection supports the eliciting of feedback from frontline workforce. There are no new workforce implications

4.5 Legal Implications – None

4.6 Financial Implications – None

4.7 Procurement – None

4.8 Economic Impact – None

4.9 Sustainability – None

4.10 Equalities Implications – None

4.11 Other - None

5.1 MANAGEMENT OF RISK

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

5.2 There are no new risks arising from this report

6.1 IMPACT

6.2 STATUTORY DUTY – No new impact noted

6.3 EAST DUNBARTONSHIRE COUNCIL – No new impact noted

6.4 NHS GREATER GLASGOW & CLYDE – No new impact noted

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

7.1 POLICY CHECKLIST

7.2 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.

8.1 APPENDICES

8.2 Appendix 1. Inspection Report June 2022 (received final report August 2022)

John Street House Care Home Service

38 John Street
Kirkintilloch
Glasgow
G66 2HE

Telephone: 01417 777 708

Type of inspection:
Unannounced

Completed on:
22 July 2022

Service provided by:
East Dunbartonshire Council

Service provider number:
SP2003003380

Service no:
CS2003000797

About the service

John Street House is a small care home for 11 adults who have learning disabilities and mental health difficulties. The service is located in a residential area of Kirkintilloch near to public transport links and some local shops. This service is operated by East Dunbartonshire Council.

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011. The purpose-built building provides accommodation at ground level. There are two spacious lounge areas, a central communal dining room, 11 en-suite single bedrooms and three small kitchen areas. There is also a large kitchen that staff use to prepare meals for people.

One of the small kitchens can be used by people who live in the service to be supported by staff to prepare meals. There are laundry facilities where people can do their own washing and ironing with support from staff if needed.

There is a large landscaped garden to the rear of the property with a pleasant seating area and a small garden to the side of the home.

John Street House aims to provide a 'safe and homely environment to live in. Trained and experienced staff, support to achieve independence, the opportunity to use communal facilities, support to develop and maintain local supports and friendships and the opportunity to integrate with the community'.

At the time of this inspection there were 10 people staying at the service.

About the inspection

This was an full inspection which took place on 21st and 22nd July 2022.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we spoke with eight people using the service and three of their family members. We spoke with five staff including management, observed practice and daily life, reviewed documents and spoke with visiting professionals.

Key messages

The service has a history of excellent and very good evaluations.

Residents told us they were happy living at the home.

Staff were kind and caring and provided good care.

There was ample opportunity for people to socialise and to increase their level of independence.

Following the Covid-19 pandemic there was a need to focus again on staff supervision and development.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5- Very Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good as the service demonstrated major strengths in supporting positive outcomes for people.

There was a homely atmosphere at John Street House. People's rooms were all decorated to their individual style and taste. Meal times were relaxed and unhurried and people were seen to enjoy chatting with each other and staff at these times. People were able to influence the choices on the menu and feedback was facilitated and encouraged. Fresh fruit and vegetables were readily available. People were able to choose when they wished to get up in the morning and when they wished to go to bed and they had a choice over when they wished support with personal care, if required. People were actively engaged in the running of the house by undertaking errands and chores. There were opportunities for people to get involved in community activities which promoted physical health as well as opportunities for meaningful activity. This meant that there were many opportunities for people to maximise their skills and independence.

People and family members gave positive feedback about their home environment and about staff. Family members had confidence in the staff team's ability to support their loved ones. People were seen to respond positively to warm, natural and respectful interactions with staff who they were familiar with. There were opportunities for family members to join in at mealtimes when visiting their loved ones or meet with them privately. Both people and family members were actively involved in the review process and feedback was encouraged. The service used a WhatsApp group in which family members could see photos from activities and outings that people participated in within the home and the community. This ensured that meaningful links with family were facilitated and encouraged.

Feedback from people and their family members who were consulted during the inspection process were positive. Comments included:

'happy in home'
'staff nice, good to you'
'food really good'
'five star. Staff are lovely. Hard to find fault with anything'
'staff are excellent.'

People's health assessments were thorough and they were regularly reviewed as people's needs changed. Good communication and regular support from the wider Health and Social Care Partnership ensured that these reviews were comprehensive and external professionals commented on the professionalism of staff at the service. Medication management by staff was very good and there wasn't a reliance on pro re nata (PRN) medication to manage distress. Instead, staff used their skills and knowledge of the person to help support them when they were upset. There was a low staff turnover which meant that people were supported by staff who knew them well and were responsive to their needs. This meant that people's health benefitted from their care and support.

Staff had received a range of appropriate training including Infection prevention and control and Covid-19 specific training. The home was clean, clutter free, welcoming and there was plenty of access to hand gel dispensers. Staff were compliant with PPE (personal protective equipment) which minimised people's exposure to covid-19. This ensured that the risk of people contracting covid-19 was minimised.

How good is our leadership?

4 - Good

We evaluated this quality indicator as good as there were a number of important strengths in leadership which clearly outweighed areas for improvement.

There was evidence of regular reviews of people's care and at these reviews there was opportunity for the person to participate fully and to offer feedback on the review process. Family members were also encouraged to be part of the review process. People were encouraged to make their own decisions about their daily routines and their preferred social activities. They were also given the opportunity to comment on the menus on offer. This meant that people's views as well as their family members views were taken into account when planning people's care.

The manager is well established at the service which means that the management team are very aware of the needs of the people being supported as well as the staff team. The staff team reported that they prioritised spending time with people and got satisfaction from seeing people become more skilled and confident. This meant that people received support which was unhurried and they benefitted from warm interactions with staff who knew them well.

The management team were looking at service development which included looking at staffing levels, training requirements, introducing more audits of systems and increasing the number of staff supervision sessions. This meant that there was an ongoing improvement plan which benefits people who live in the service by improving the service and ensuring that it continues to support positive outcomes for people.

There was a recognition that although informal support had been offered to staff during the Covid-19 pandemic that there was a need to reintroduce more regular formal supervision to staff. This will improve communication between staff and management, ensure that staff feel listened to and ensure that staff are given the opportunity to develop their role. We have made this an area for improvement given the important role that supervision plays in maintaining both staff skills and staff morale.

Areas for improvement

1. The provider should ensure that staff are given regular supervision and support. Through addressing this, staff will be supported to discuss practice issues with management and will be able to develop and improve the quality of their practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (3.14) and

'I am confident that people are encouraged to be innovative in the way they support and care for me'. (4.25)

How good is our staff team?

n/a

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

To find out more

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
PERFORMANCE, AUDIT & RISK COMMITTEE**

DATE OF MEETING: 27th SEPTEMBER 2022

REPORT REFERENCE: HSCP/270922/08

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCES OFFICER, TELEPHONE NUMBER,
0141 232 8216

SUBJECT TITLE: ACCOUNTS COMMISSION REPORT –
INTEGRATION JOINT BOARDS FINANCIAL
ANALYSIS 2020/21

1.1 PURPOSE

1.2 The purpose of this report is to present the Accounts Commission report on Integration Joint Boards Financial Analysis 2020/21.

2.0 RECOMMENDATIONS

It is recommended that the Performance, Audit & Risk Committee:

2.0 Note the contents of the Accounts Commission report on Integration Joint Boards Financial Analysis 2020/21.

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

3.1 **BACKGROUND/MAIN ISSUES**

3.2 This Accounts Commission report provides a high-level independent analysis of the financial performance of Integration Joint Boards (IJBs) during 2020/21 and their financial position at the end of that year. It also looks ahead and comments on the financial outlook for IJBs in 2021/22 and financial planning in the medium and longer terms.

3.3 The key messages from the report are set out below:

IJB finances 2020/21

- Overall funding to IJBs increased in cash terms by 11.9 per cent to £10.6 billion in 2020/21 (9.8 per cent in real terms), largely reflecting an increase in funding to respond to the impacts of Covid-19. This increase in funding contributed to all 30 IJBs achieving a year-end surplus position.
- Total reserves held by IJBs tripled by the end of 2020/21 reflecting unspent Covid-19 funding and the late allocation of non-recurring specific funding for primary care, community, mental health and alcohol and drug support.

Medium- and longer-term outlook for IJB finances

- The identified budget gap decreased from £185 million in 2020/21 to £151 million in 2021/22. The proportion of the budget gap with bridging actions still to be identified at budget-setting also fell from 25 per cent for 2020/21 to 15 per cent for 2021/22. The identification of savings on a recurring basis is key to medium- and longer-term financial sustainability.
- IJBs face significant financial sustainability risks exacerbated by uncertainty of future funding, rising demand and the potential impact of a national care service. The non-recurring nature of some funding streams, and the reserves held by IJBs, presents a significant challenge to IJBs. It is essential that IJBs identify significant recurring savings to maintain current levels of service provision at the same time as transforming the way services are delivered.

3.4 The Accounts Commission report is included as **Appendix 1**.

4.1 **IMPLICATIONS**

The implications for the Committee are as undernoted.

1. Relevance to HSCP Board Strategic Plan – 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 Economic Impact – None
- 4.9 Sustainability – None
- 4.10 Equalities Implications – None
- 4.11 Other – None

5.1 **MANAGEMENT OF RISK**

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

- 5.2 There risks identified within the Accounts Commission report relate to the financial sustainability of IJBs going forward and the need to identify recurring savings to support expenditure.

6.1 **IMPACT**

- 6.2 **STATUTORY DUTY** – None.
- 6.3 **EAST DUNBARTONSHIRE COUNCIL** - None
- 6.4 **NHS GREATER GLASGOW & CLYDE** - None
- 6.5 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required

7.1 **POLICY CHECKLIST**

- 7.2 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.

8.1 **APPENDICES**

- 8.2 Appendix 1 – Accounts Commission report ‘Integration Joint Boards Financial Analysis 2020/21’.

Integration Joint Boards

Financial analysis 2020/21



ACCOUNTS COMMISSION 

Prepared by Audit Scotland
June 2022

Contents

Key messages	3
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Funding and expenditure	5
Reserves	6
Financial outlook	10

Further information on health and social care integration in Scotland is available in the following publications:

Health and social care integration: update on progress

November 2018

What is integration? A short guide to the integration of health and social care services in Scotland

April 2018

Health and social care integration

December 2015



Key messages

IJB finances 2020/21

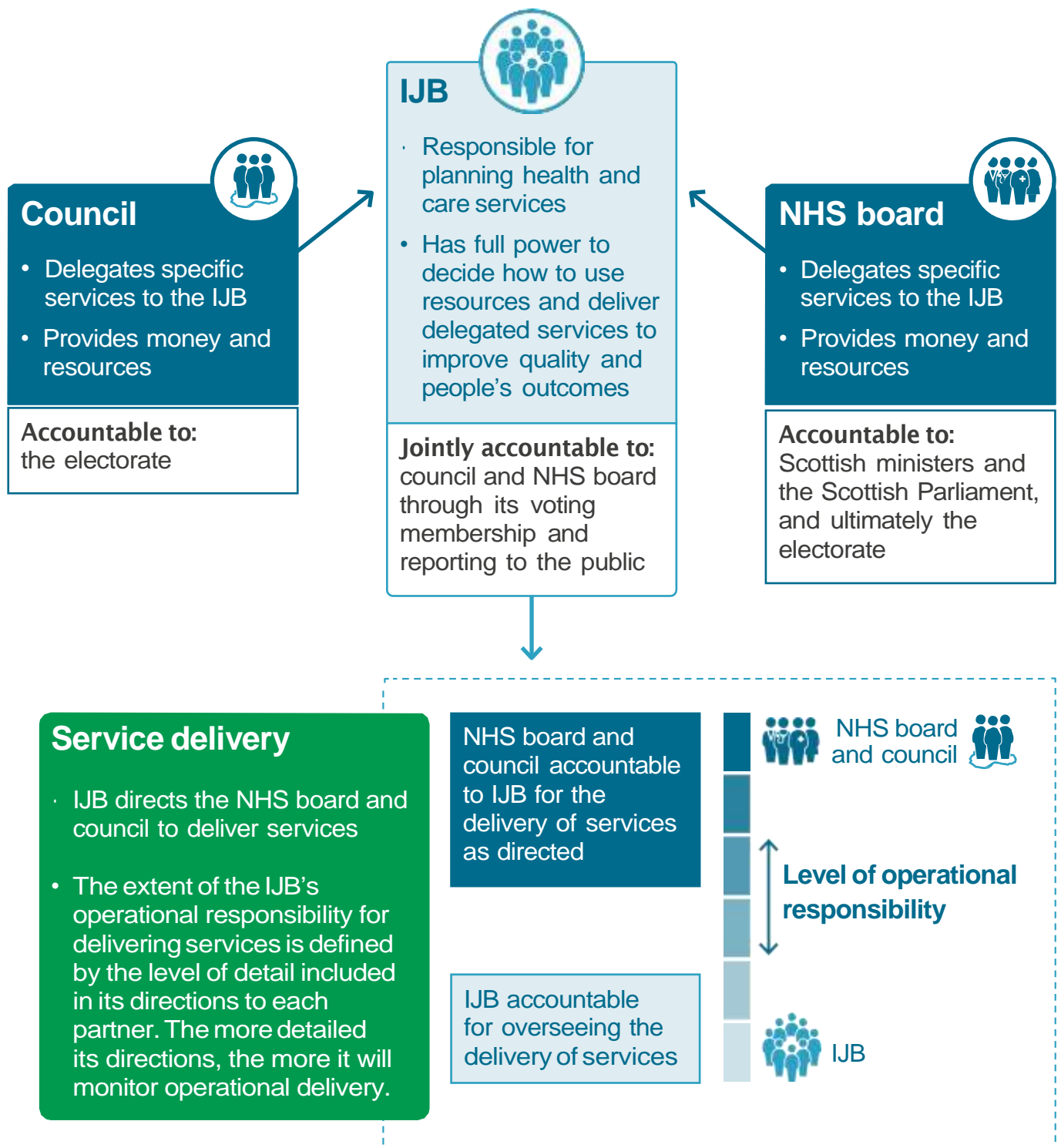
- Overall funding to IJBs increased in cash terms by 11.9 per cent to £10.6 billion in 2020/21 (9.8 per cent in real terms), largely reflecting an increase in funding to respond to the impacts of Covid-19. This increase in funding contributed to all 30 IJBs achieving a year-end surplus position.
- Total reserves held by IJBs tripled by the end of 2020/21 reflecting unspent Covid-19 funding and the late allocation of non-recurring specific funding for primary care, community, mental health and alcohol and drug support.

Medium- and longer-term outlook for IJB finances

- The identified budget gap decreased from £185 million in 2020/21 to £151 million in 2021/22. The proportion of the budget gap with bridging actions still to be identified at budget-setting also fell from 25 per cent for 2020/21 to 15 per cent for 2021/22. The identification of savings on a recurring basis is key to medium- and longer-term financial sustainability.
 - IJBs face significant financial sustainability risks exacerbated by uncertainty of future funding, rising demand and the potential impact of a national care service. The non-recurring nature of some funding streams, and the reserves held by IJBs, presents a significant challenge to IJBs. It is essential that IJBs identify significant recurring savings to maintain current levels of service provision at the same time as transforming the way services are delivered.
-

Background

The Public Bodies (Joint Working) (Scotland) Act 2014 set out a framework for integrating adult health and social care services. The Act obligated councils and NHS boards to work together to form new partnerships, known as Integration Joint Boards (IJBs), with statutory responsibilities to coordinate local health and social care services. The aim of this reform was to meet the challenges of Scotland's ageing population by shifting resources to community-based and preventative care at home, or in a homely setting. IJBs were structured as follows:



Introduction

1. This Accounts Commission report provides a high-level independent analysis of the financial performance of Integration Joint Boards (IJBs) during 2020/21 and their financial position at the end of that year. It also looks ahead and comments on the financial outlook for IJBs in 2021/22 and financial planning in the medium and longer terms.

Funding and expenditure

Overall funding to IJBs increased by 11.9 per cent in 2020/21

2. Overall funding to IJBs in 2020/21 increased by £1.1 billion in cash terms (or 11.9 per cent (9.8 per cent in real terms)) to £10.6 billion. All 30 IJBs achieved a year-end surplus position, totalling £414 million. Two IJBs achieved a year-end surplus position after additional unplanned funding allocations from their partners. The overall increase in funding was largely as a result of an increase in Scottish Government funding to help IJBs respond to the impacts of Covid-19.

3. By way of comparison, 16 of the 30 IJBs reported a total deficit of £32 million in 2019/20. The remaining IJBs either reported a surplus or broke even, delivering a total surplus of £17 million.

4. During 2020/21, total funding contributions from councils increased by 4.6 per cent from £2.6 billion to £2.7 billion and NHS contributions by 15.4 per cent from £6.5 billion to £7.6 billion. Other non-ringfenced grants and contributions remained at £0.3 billion. Scottish Government Covid-19 funding was passed onto IJBs via the NHS, explaining the majority of this increase.

Thirty per cent of Covid-19 funding received in 2020/21 was carried forward to 2021/22

5. IJBs reported that they received £507 million of funding to support them in responding to the impacts of Covid-19 in 2020/21. £354 million of this was utilised in 2021/22 with the remaining £153 million carried forward in specific reserves.

IJBs reported mixed performance against the achievement of savings targets in 2020/21

6. As part of our [Local government in Scotland: Financial overview 2019/20](#) report, we noted that auditors identified a 2020/21 budget gap for IJBs of £185 million, assuming that additional Covid-19 related expenditure would be funded in full by the Scottish Government. Of this gap, 62 per cent was anticipated to be bridged through identified savings, 25 per cent through unidentified savings and the remainder covered through the utilisation of reserves.



Seventy per cent of Covid-related funding received in 2020/21 was utilised in year. The remaining 30 per cent was carried forward into 2021/22.

7. In 2020/21, 56 per cent of planned efficiency savings was reported by IJBs to have been achieved. There was significant variation in the achievement of efficiency savings targets, ranging from 1.6 to 100 per cent. Only two IJBs achieved their efficiency savings targets in full with an additional two IJBs achieving at least 80 per cent of their 2020/21 target:

- Cùram Is Slàinte nan Eilean Siar achieved savings of £2.4 million in 2020/21. Auditors reported that 25 per cent of these savings were achieved on a recurring basis.
- West Lothian IJB had a savings target of £6.7 million in 2020/21 of which they reported that this was achieved in full.
- Inverclyde IJB achieved 98 per cent of their 2020/21 savings target of £1 million.
- South Ayrshire IJB delivered 82 per cent of their 2020/21 savings target of £3.8 million.

8. Many IJBs reported that work on the transformation of services and the delivery of savings was suspended during the year as resources were allocated to respond to the pandemic. Some IJBs also suspended the monitoring of savings programmes to allow a focus on responding to the impacts of the pandemic.

9. The Scottish Government provided IJBs with additional funding to cover the projected 2020/21 shortfalls in efficiency savings plans on a non-recurring basis. It is essential that clear plans are put in place to demonstrate how IJBs intend to achieve ongoing saving requirements on a recurring basis and support required service transformation.

Reserves

Total reserves held by IJBs have tripled in 2020/21

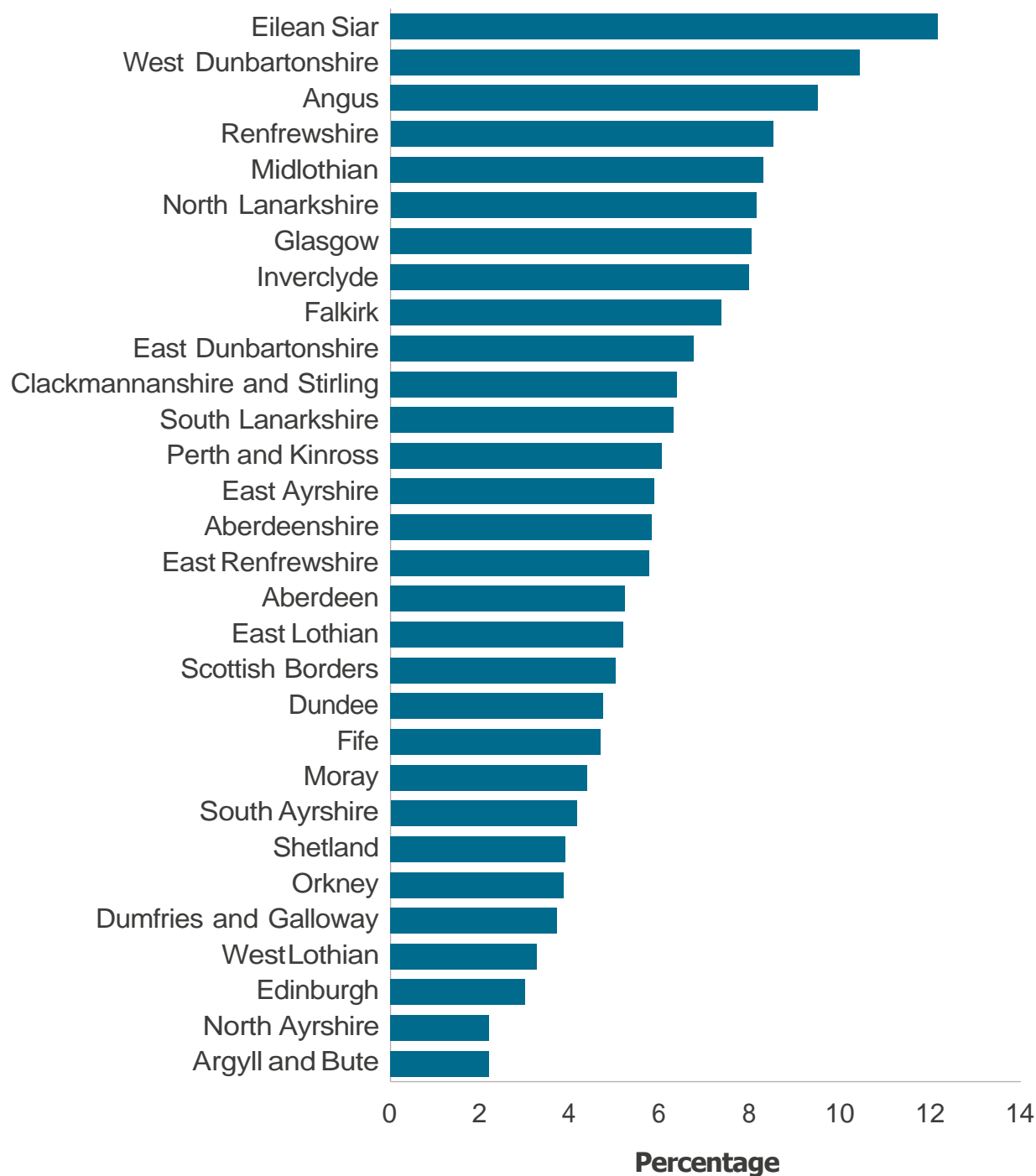
10. In 2020/21, all IJBs recorded an increase in their level of reserves with the overall reserve balance increasing by £437 million (304 per cent) to £581 million.

11. The total reserves balance as a proportion of each individual IJB's net cost of services varied between 2.2 per cent and 12.2 per cent ([Exhibit 1, page 7](#)).



Many IJBs reported that work on the transformation of services and the delivery of savings was suspended during the year as resources were allocated to respond to the pandemic.

Exhibit 1. 2020/21 IJB reserves as a proportion of net cost of services

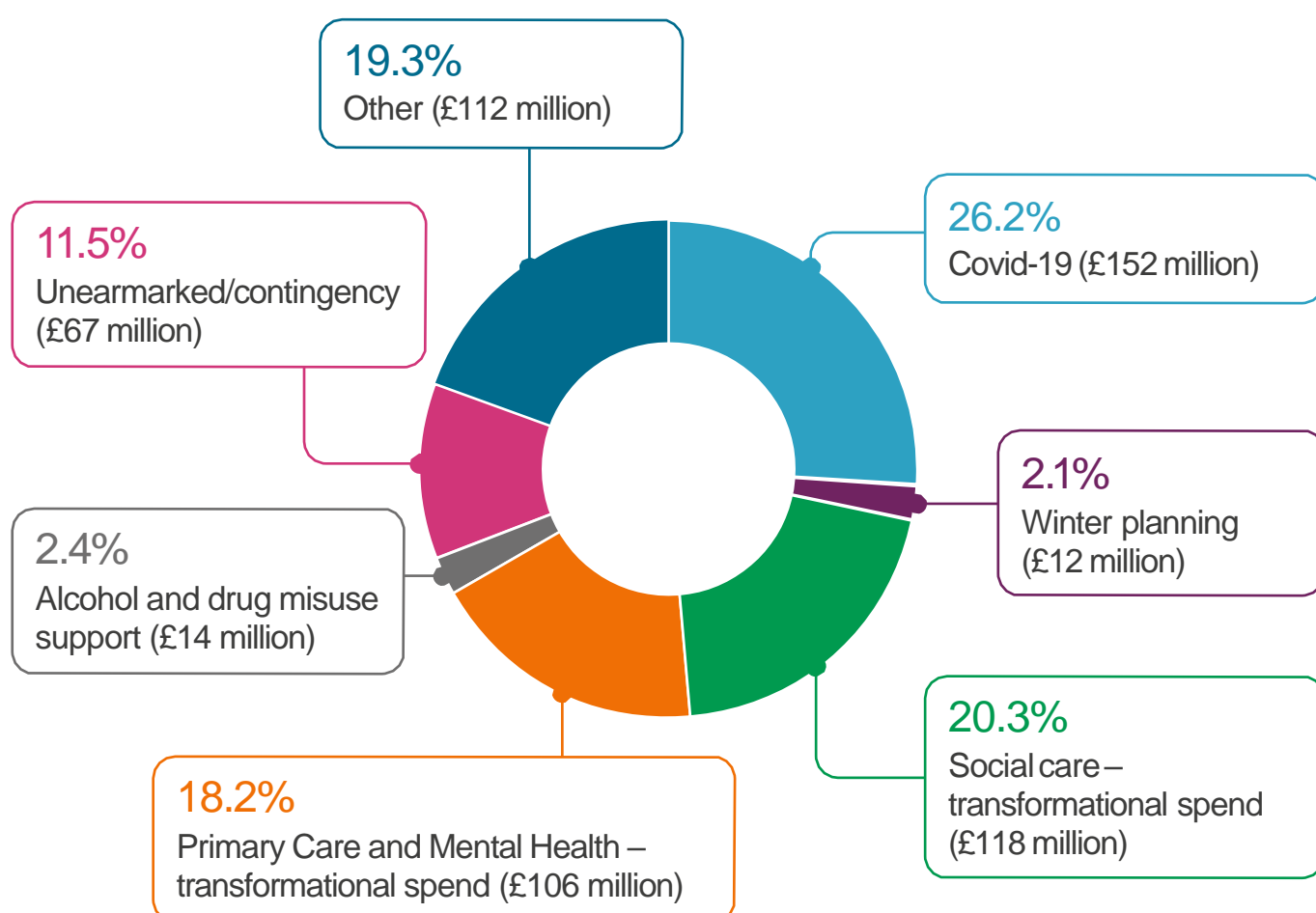


Source: IJB audited annual accounts 2020/21

12. Covid-19 funding carried forward for future years made up the biggest proportion of the overall increase with £153 million (26.2 per cent) explicitly relating to ongoing Covid-19 costs.

13. Other large areas included the reserves relating to Social Care (20.3 per cent) and Primary Care and Mental Health transformational spend (18.2 per cent). Funding from the Scottish Government relating to Winter Planning for Adult Social Care, Community Living Change Fund and further Integration Authority Support contributed to the increase in these related reserves at the year end ([Exhibit 2](#)).

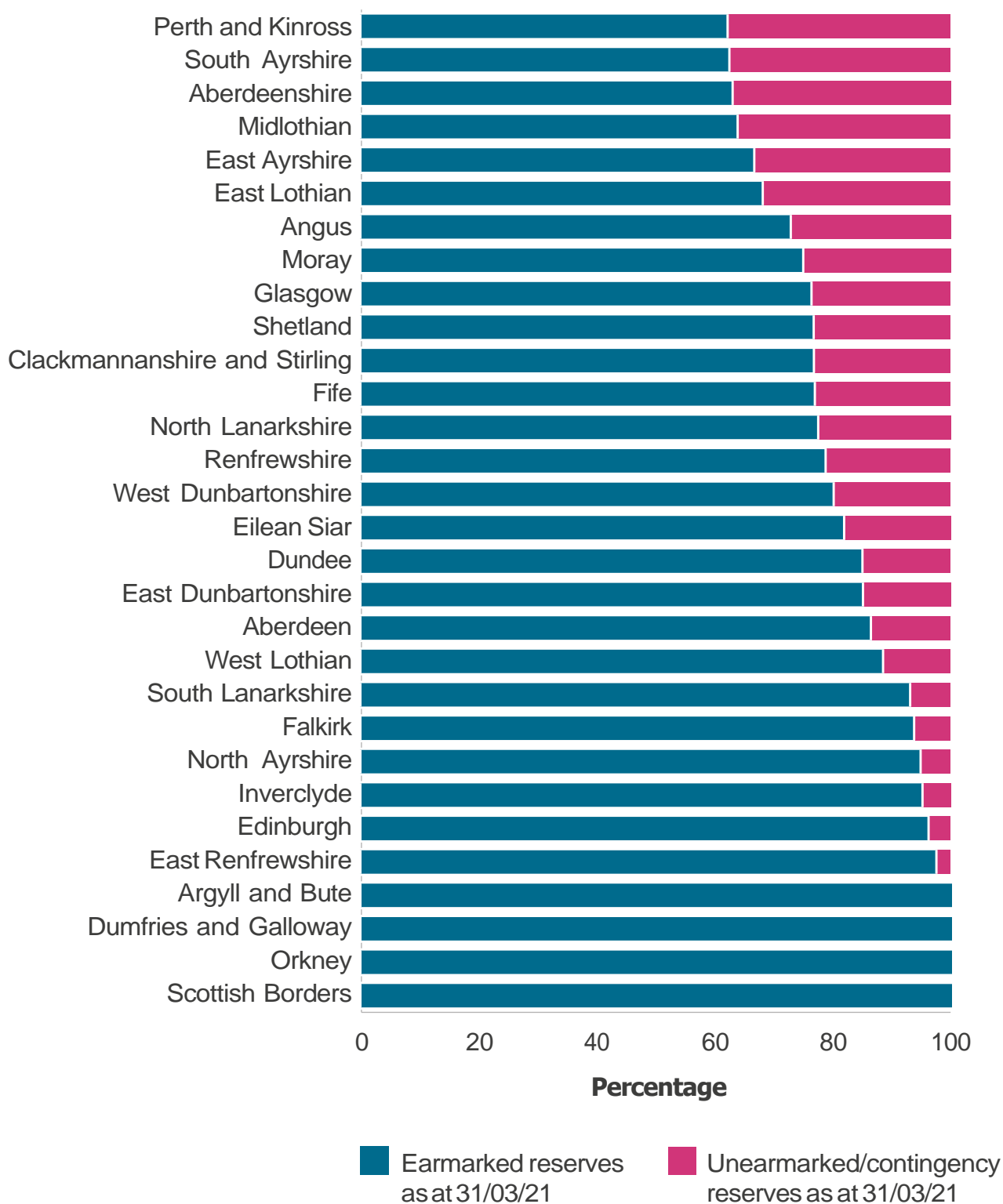
Exhibit 2. 2020/21 IJB reserves



Source: IJB audited annual accounts 2020/21

14. IJBs considered 80.7 per cent of the year-end reserves balance as being ringfenced/earmarked. The remaining balance of reserves was classified as contingency reserves and the level of contingency reserves as a proportion of total reserves varied across IJBs, between zero and 38 per cent ([Exhibit 3, page 9](#)).

Exhibit 3. Proportion of 2020/21 IJB reserves earmarked



Source: IJB audited annual accounts 2020/21

Financial outlook

Most IJBs agreed 2021/22 budgets with partners before the start of the financial year

15. IJBs have a requirement to agree their budgets by 31 March each year. For 2021/22, 24 of the 30 IJBs agreed their budget before the start of the financial year. Delays in the agreement of NHS partner funding was the most common reason for budgets not being agreed at the start of the financial year. Having clear, complete, and detailed agreed budgets is a fundamental business and governance tool.

The 2021/22 projected budget gap was £151 million, down from £185 million in 2020/21

16. IJB budget papers for 2021/22 identified an overall budget gap of £151 million. This is down from the £185 million budget gap in 2020/21 and £208 million in 2019/20. Individual budget gaps ranged from £0.3 million at West Dunbartonshire IJB to £31.3 million at Edinburgh IJB. The budget gaps as a proportion of each IJBs net cost of service varied from 0.2 per cent in West Dunbartonshire to 7.1 per cent in Shetland ([Exhibit 4, page 11](#)).

Identified savings are anticipated to bridge the majority of the projected budget gaps

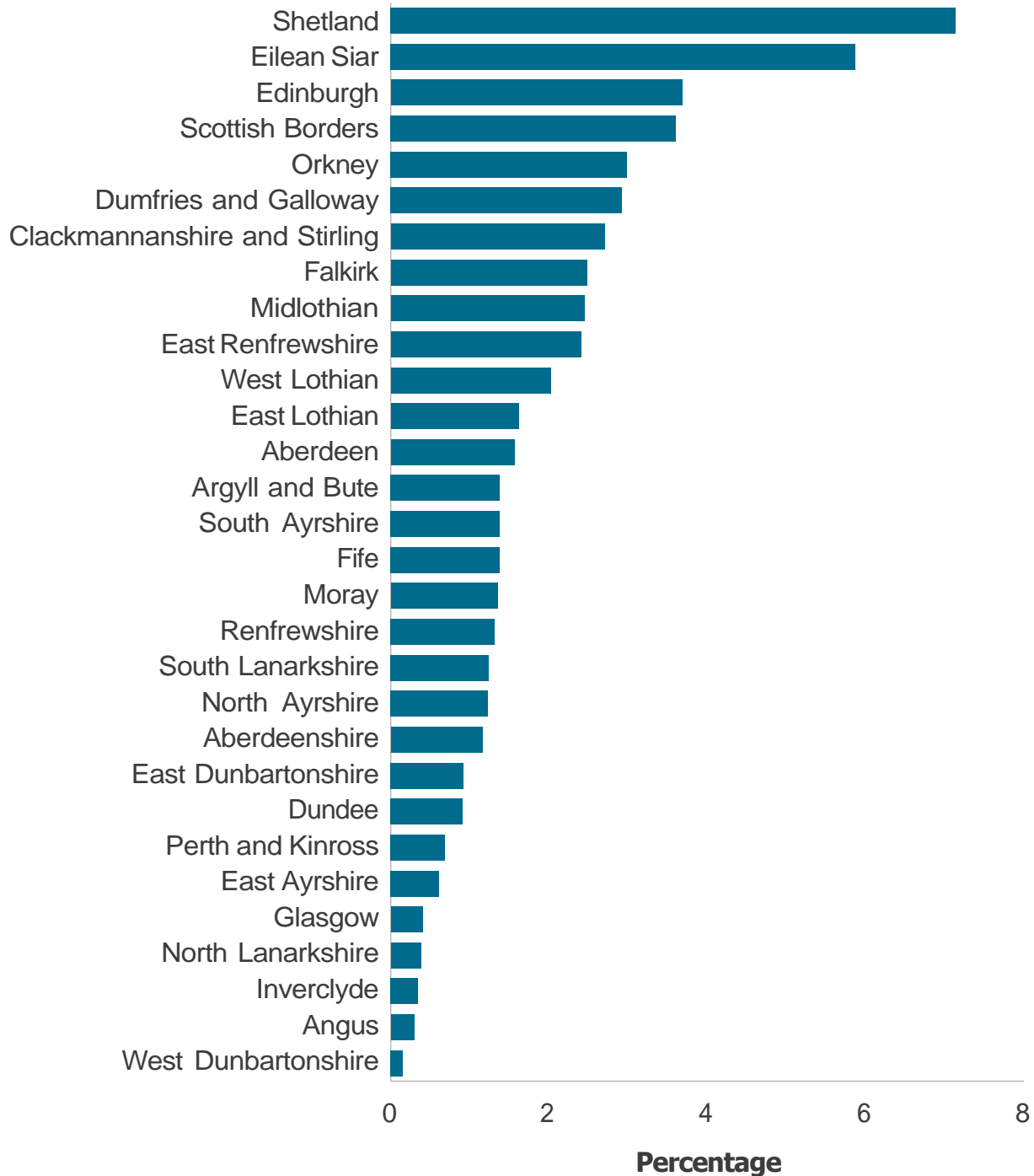
17. Of the total budget gap, 72 per cent (62 per cent in 2020/21) is anticipated to be met by identified savings, of which 61 per cent is classified as recurring and 11 per cent classified as non-recurring ([Exhibit 5, page 12](#)).



For 2021/22, 24 of the 30 IJBs agreed their budget before the start of the financial year.

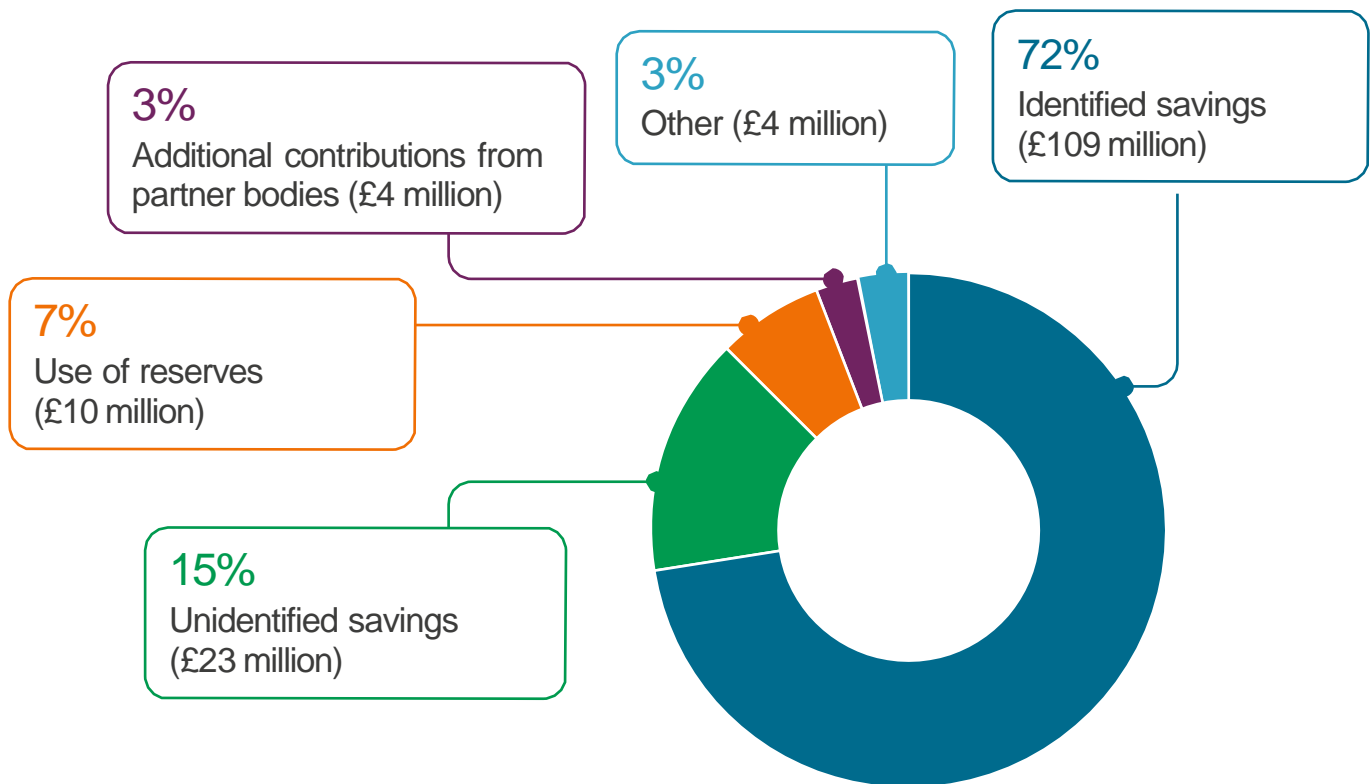
Exhibit 4.

2021/22 Budget gap as a proportion of the net cost of service



Source: IJB 2021/22 budget papers

Exhibit 5. 2021/22 IJB budget gap planned action



Source: 2020/21 annual audit reports, IJB 2021/22 budget papers

18. There was a slight improvement in the number of IJBs that included unidentified savings as part of budget plans, decreasing from eleven to ten IJBs. This totals £22.6 million (15 per cent of the total budget gap) and means that these budgets were not balanced at the start of the financial year (30 per cent and 25 per cent for the 2019/20 and 2020/21 budgets respectively) ([Exhibit 5](#)).

19. The remaining budget gap was expected to be bridged by a combination of using reserves, increased partner contributions and the transfer of specific anticipated underspends. The identification of savings on a recurring basis is key to medium- and longer-term financial sustainability.

Medium- and long-term financial planning has improved

20. The total number of IJBs with a medium-term financial plan in place has increased from 26 to 27. The impact of Covid-19 was cited as a reason for the delays in developing or updating medium-term financial plans at those IJBs where these are not in place.

21. We reported in 2018/19 that no IJBs had financial planning in place which extended more than five years. This increased in 2020/21, with five IJBs now having a long-term financial plan in place. It is important that IJBs revise their financial plans in response to the long-term impacts of Covid-19 and increased cost pressures, including rising demand and inflation.

IJBs face significant financial sustainability risks, exacerbated by uncertainty of future funding, rising demand and the potential impact of a national care service

22. IJBs are facing unprecedented challenges as they seek to balance the impact of Covid-19, the remobilisation of services and rising demand. This is against a backdrop of financial and workforce pressures, uncertainty over future financial settlements and social care reform.

23. The Scottish Government funding that IJBs received during 2020/21 to support the underachievement of savings was provided on a non-recurring basis. The non-recurring nature of these funds, and the reserves, presents a significant challenge to IJBs. It is essential that IJBs identify significant recurring savings to maintain current levels of service provision at the same time as transforming the way services are delivered.

24. From a review of 2020/21 Annual Audit Reports, we note that almost all IJB auditors have reported there is a financial sustainability risk in the medium term. As an example of this, some IJBs report that they will face difficulties in delivering savings required in 2021/22:

- Aberdeenshire IJB have already reported that a significant proportion of planned savings will not be met.
- Argyll and Bute IJB continues to overspend and is unlikely to achieve financial balance in the medium term.
- Dumfries and Galloway IJB will have difficulty delivering a significant savings target of £27.6 million in 2021/22.
- Moray IJB Redesign and Transformation programme may not generate the level of savings required.

25. Following the publication of the [Independent Review of Adult Social Care](#) in February 2021, work is currently under way nationally to develop and implement a new National Care Service. This has the potential to significantly change the way that IJBs are structured and operate. There is still a degree of uncertainty on the scope of this planned reform, including establishing the true costs. The potential impacts of wider social care reform and the challenges currently facing the social care sector are explored further in our [2022 Social Care Briefing](#). Further information about our work on [Transforming health and social care in Scotland](#) is available on the Audit Scotland website.



Some IJBs report that they will face difficulties in delivering savings required in 2021/22.

Integration Joint Boards

Financial analysis 2020/21

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Jacquie Forbes
Chair
East Dunbartonshire Health and Social Care Partnership

15 July 2022

Dear Jacquie

Best Value in Integration Joint Boards

I know that my predecessor has engaged with many of you over the past couple of years about the Accounts Commission's intention to develop a new approach to auditing Best Value (BV) in Integration Joint Boards (IJBs). Audit Scotland then developed the new BV audit approach and piloted it in two IJBs in 2021.

We have always maintained that our emerging proposals would need to be flexible and take account of the Feeley independent review of social care. Since the Commission agreed to introduce a new approach to auditing BV in IJBs the Scottish Government has made a commitment to deliver a National Care Service (NCS) before the end of this parliament, i.e. by end 2026. Under the current proposals IJBs will be reformed into local care boards, accountable to Scottish Ministers and the new bodies will therefore be audited by the Auditor General for Scotland. This significant structural and organisational change, combined with wider issues associated with the proposed creation of the NCS, such as the need to consider the impact of planning for the introduction of the NCS on IJBs, raised some important questions about our current plans for auditing BV in IJBs.

I am now writing to inform you that after careful consideration and given the direction of travel regarding the NCS and having engaged intensively with stakeholders, the Accounts Commission has taken the decision not to proceed with the planned roll out of a new approach to auditing BV in IJBs.

The Commission has instead agreed to undertake a broad-based programme of national and local audit work on IJBs which we believe will have greater impact and make better use of audit resources than the Commission's plan to implement a new approach to auditing BV in IJBs. We anticipate that this programme of work will include:

- a further joint national performance audit with the Auditor General for Scotland on progress with health and social integration (including the identification of good practice);
- national thematic performance audit work in areas such as social care workforce planning and commissioning;
- a continued focus on IJB risks and performance through annual audit reports; and
- audit work in conjunction with the Auditor General for Scotland on Scottish Government planning and preparations for the new NCS.

The new proposals have been designed to ensure that the Commission (and where appropriate the AGS) are providing robust independent oversight and public reporting at both national and local level on the current performance of IJBs as well as monitoring and reporting on the risks and challenges created by the proposed creation of the new NCS.

We will keep you informed regarding our future programme of audit work as it progresses. I am keen in maintaining regular engagement with stakeholders in IJBs in coming months, and therefore will be in touch further.

Meantime, however, if you have any queries about our proposals, then please do not hesitate to get in touch.

Yours sincerely

A handwritten signature in black ink that reads "William Moyes". The signature is written in a cursive style with a prominent loop at the end of the word "Moyes".

William Moyes
Chair

**East Dunbartonshire HSCP Performance, Audit & Risk (PAR) Committee Agenda
Planner
Meetings
September 2022 – September 2023**

Updated 20/09/22

Standing items (every meeting)
Minutes of last meeting (JC)
Internal Audit Update (GMcC)
Committee Agenda Planner (JC)
HSCP Annual Delivery Plan Update (JC)
Care Inspectorate Reports as available
Relevant Audit Scotland reports as available
HSCP Committee Agenda Items – October 2022 (Special Meeting to approve Annual Accounts 2021/22)
Final Audited Annual Accounts 2021/22 (JC)
Audit Scotland Annual Audit Report (PL)
HSCP Committee Agenda Items – January 2023
Internal Audit Update (GMcC)
Interim Internal Audit Follow Up Report (GMcC)
Performance Management Update Qtr2 22/23 (AC / AW)
HSCP Directions Log Progress Update
Corporate Risk Register Update

HSCP Committee Agenda Items – March 2023
Internal Audit Plan 2023/24 (GMcC)
Annual Audit Plan – Audit Scotland (PL)
Performance Management Update Qtr3 22/23 (AC / AW)
HSCP Board Agenda Items – June 2023
Annual Internal Audit Report (GMcC)
Final Internal Audit Follow Up Report (GMcC)
Unaudited Annual Accounts 2022/23 (JC)
Performance Management Update Qtr4 22/23 (AC / AW)
HSCP Directions Log Progress Update
Corporate Risk Register Update
HSCP Board Agenda Items – September 2023
Performance Management Update Qtr1 23/24 (AC / AW)
Final Audited Annual Accounts 2022/23 (JC)
Audit Scotland Annual Audit Report (PL)