

East Dunbartonshire HSCP

Performance Audit & Risk Committee Meeting

Thursday, 19th June 2025, 1.30pm

Meeting will be hybrid with in person attendance in F26, Kirkintilloch Health and Care Centre or virtually via MS Teams

AGENDA

Item	Lead	Description	Update	For Noting/ Approval
STANDING ITEMS				
1.	L Cairns	Welcome and Introductions	Verbal	Noting
2.	L Cairns	Minutes of Last Meeting – 30 th January 2025	Paper	Approval
3.	T Reid	Forvis Mazars – Audit Progress Report for year ending 31 st March 2024	Paper	Approval
4.	A McCready	Financial Update for Year Ending 31 st March 2025	Verbal	Noting
5.	P Brown	HSCP Internal Audit Update Report	Paper	Approval
6.	A Willacy/A Craig	HSCP Annual Performance Report 2024-2025	Paper	Approval
7.	A Willacy/A Craig	HSCP Annual Delivery Plan update 2024-2025	Paper	Approval
8.	C Carthy	East Dunbartonshire Justice Social Work Self Evaluation	Paper	Noting
9.	C Carthy	Children And Young People's Community Mental Health And Wellbeing Framework Annual Report 2024/2025	Paper	Noting
10.	K Lamb	John St Inspection	Paper	Noting

Chief Officer
Derrick Pearce

Item	Lead	Description	Update	For Noting/ Approval
11.	A McCready	HSCP Corporate Risk Register Update	Paper	Approval
12.	A McCready	HSCP Directions Log Update	Paper	Approval
13.	A McCready	HSCP PAR Agenda Planner	Paper	Noting
14.	L Cairns	AOCB	Paper	Noting
15.	L Cairns	Date of next meeting – between 11 th – 18 th September 2025	Verbal	Noting

**Minutes of the
East Dunbartonshire HSCP Performance, Audit & Risk Committee.**

Date: Thursday 30th January 2025, 9.00am
Location: Via MS Teams

Present:			
	Ketki Miles (Chair)	NHS Non - Executive Board Member	KM
	Calum Smith	EDC Councillor, Depute Leader	CS
	Alan Moir	EDC Councillor, Elected Member	AM
	Derrick Pearce	HCSF Chief Officer	DP
	Claire Carthy	Head of Children's Services and Criminal Justice	CC
	Fiona Shields	HSCP Principle Finance Manager	FS
	Gillian McConnachie	Chief Internal Audit and Risk Manager	GM
	Jamie Robertson	EDC CFO and EO for Finance & Digital Services	JR
	Lesley-Anne McDonald	NHS Non – Executive Board Member	LM
	Ishana Singh	Manager at Mazars, External Auditors	IS
	Tom Reid	Manager at Mazars, External Auditors	TR
	Vandrew McLean	Corporate Business Manager	VM
	Libby Cairns	NHS Non – Executive Board Member	LC
Minutes:	Siobhan McGinley	PA to SMT	SM

Item No.	Topic	Action by
1.	Welcome and Introductions	KM
	KM opened the meeting and welcomed members. This is the first meeting of the Committee since June 2024 due to postponement of multiple dates towards the end of last year due to delays in receiving information to prepare accounts. The meeting was quorate.	
2.	Minutes of last meeting 20th June 2024	KM
	CS had attended the last meeting and was able to confirm the minute as an accurate reflection of discussions, therefore approved.	CS
	Item Approved.	
3.	HSCP Internal Audit Update and Report	GM
	GM provided an overview of the report and 2 appendices which detail some of the work undertaken between June and December 2024. Six out of the ten Internal Audit Outputs were completed during this period and it was explained that a reduction in personnel resource had impacted the ability of the team to fulfil the entire remit. In order to meet the Audit Plan 2024/25, it has been necessary to de-prioritise the Private Sector Housing Grant Audit which was classed as low priority in the audit plan and to reconsider this as part of the planning process for the 2025/26 audit plan. It is the opinion of the Chief Internal Auditor that the current structure is sufficient to provide for assurance needs.	

	<p>The addition of a formal action plan was highlighted as a minor area for improvement and all recommendations will be included in any reports to the HSCP Board.</p> <p>At the request of Finance, a piece of consultancy work was carried out on the increased use of All Pay Cards over recent years. Findings showed there was no documented procedure or guide for staff using these cards. Purchases which ought to have been logged in the EDC purchasing system had not, which meant the use of cash had not been recorded. This had implications upon VAT and unused cash not banked.</p> <p>A small sum of cash was discovered in an office area around the time when staff were instructed to work from home during the pandemic. Immediate action was taken within the children and families social work service to suspend the use of cash except in the case of an emergency and procedures to mitigate this risk were implemented. Further assurance was provided by CC that this had been a one-off incident as a result of the sudden implementation of home working requirements and staff absence at the outset of the pandemic and no cash is routinely kept on premises. The exception would be services such as Ferndale where a small amount of petty cash is held to cover in the event of unexpected situations arising. It had also been agreed that a small petty cash float could be held by the Community Support Team.</p> <p>CC noted that the issue had been within the House project where at a point in time, a one off, stand-alone grant became available. This is now included in the relevant Head of Service Plan to take forward in the next financial year and colleagues from Finance and Audit planning will be invited along to staff briefings. SOPs have been developed for All Pay cards and are being reviewed by Shared Services Finance team for comment prior to being rolled out.</p> <p>One of the high-risk actions outstanding at the time of reporting, relates to the Interim Care Home Funding report. This will be closed off once refreshed guidance on funding relating to pending Guardianship applications has been provided to practitioners.</p> <p>Updates on the work being carried out across the EDC and NHS sides are available in the report, together with the Global Internal Audit standards which come into effect as of 1st April 2025. These standards will be reflected upon to highlight any actions to be taken forward as an internal audit service.</p> <p>KM asked regarding the areas of planned audit work that hadn't been carried out and when this was likely to happen. GMcC advised that in addition to the Private Sector Housing Grant mentioned already, some of the other ongoing audits or those at the planning stage are being discussed with management to agree which ones will be completed by year-end and the decision brought back to the next meeting.</p>	
--	--	--

	<p>On the subject on the use of cash, LC asked about the frequency of financial training for staff, whether the HSCP has insurance for holding cash on premises and assurance that cash limits are being adhered to. GMcC advised that on entering new roles, staff are directed towards procedures and guidance on the Intranet. A level of insurance cover does exist however, given this incident happened out with normal procedure, insurance was not considered. Going forward, the revised procedures will be in line with insurance arrangements.</p> <p>Item Noted.</p>	
4.	Unaudited Annual Accounts 2023/2024	FS
	<p>FS requested the approval from the Committee of the unaudited accounts 2023/24 with an underspend in budget of £2.344m after adjustments to earmarked reserves of £2.467m for some specific Scottish Government initiatives. This allows for a small overspend of £0.123m needed to be drawn from general reserves. The aim overall is to increase the balance on reserves from £20.062m to £22.406m. Two million pounds is made up of general reserves and £18.2m of earmarked reserves.</p> <p>The Reserves policy recommends 2% of net expenditure less set aside which would be around £4.5m. The HSCP is sitting slightly below that figure. To assure the Committee, and as part of the 2024/5 budget setting, it was agreed to designate some of the earmarked reserves of £4.7m to a smoothing reserve to mitigate pressures until efficiencies are realised.</p> <p>At point 1.1 on the main report there is a typo which reads “...<i>financial out turn for 2023/34</i>”. It should read “...<i>financial out turn for 2023/24</i>”.</p> <p>LC asked whether the delays on the 2023/24 accounts would impede the deadlines set in 2024/25. FS advised we are on track and are in contact with the external auditors to conclude the 2023/24 accounts as soon as possible. JR highlighted that the statutory timescales have been exceptionally challenging over the last 12 months as are resource pressures. Work is ongoing with Forvis Mazars and HSCP colleagues to bring back the timescales. Any anticipated extension to the timescale will be communicated to this Committee, Audit Scotland and Forvis Mazars.</p> <p>KM queried whether the underlying issues which created this delay had been resolved. JR advised there had been several issues which contributed to the delay. This included the late start of the Audit process to attain the EDC draft accounts and have them audited, which only took place in December 2024. Lack of resources both in the Council and Mazars together with the implementation of a new ledger system all played a part in the delay.</p> <p>LC noted page 85 (43) in the papers, where it is mentioned to the period 30th September 2025, in relation to going concern and asked for clarity on whether the time period is 12 months from the signing of accounts or from the year-end.</p>	

	JR assured that the auditors would pick up on those in terms of signing and any technical amendments would be made.	
	Item Approved	
5.	HSCP Delivery Plan 2024-25 Update Qtr. 3	DP
	<p>There were 33 actions within the Delivery Plan, 27 are green and will be delivered as planned, 4 are amber, 2 are red and not expected to be delivered in-year.</p> <p>A paper is expected to be devised in March regarding the Older People's Social Support Strategy, proposing that the final aspect of the strategy would not be delivered in order to mitigate an overspend as part of the financial planning.</p> <p>The other area in red relates to the repatriation of services being delivered by our HSCP to the Stepps, Chryston and Moodiesburn areas, also known as the Northern Corridor. The aspiration was, that the services would be delivered by North Lanarkshire HSCP and NHS Lanarkshire. This is a complex process in terms of Service Level Agreements and time delays to ensure due diligence is implemented, in particular, where patients are receiving support and treatment from the Mental Health Service. The project is expected to be fully delivered in 2025/26.</p> <p>Item Noted</p>	
6.	HSCP Corporate Risk Register 2024-25	VM
	<p>VM provided the narrative on the updated Corporate Risk Register report which represents the high-level risks for the HSCP and Hosted Services. This was last presented to the Committee in June 2024. Individual service risk registers are reviewed and updated monthly by operational leads and SMT. Monthly reviews are carried out on the 21 individual service risk registers with lower-level risks being reviewed quarterly.</p> <p>As of January 2025, there were 19 risks, an increase of 4 on the previous risk register. The additional risks are set out at 3.6 of the cover report and highlighted below.</p> <p>HSCP 16 relates to Prison-based social work, increased demand and lack of funding to provide the service. Mitigating actions set out will reduce the risk score from 16 to 9.</p> <p>HSCP 17 relates to insufficient funding from central government to offset the planned increase in employers' national insurance rate across commissioned services which is under review by Scottish Government. The Council and HSCP are working to estimate the likely cost impact of this on our services.</p> <p>HSCP 18 relates to Senior Management Team Vacancies/Capacity which includes the role of CFRO and Head of Health and Community Care. In order to mitigate associated risks, a number of actions have been implemented including temporary cover within the SMT structure.</p>	

	<p>HSCP19 relates to the impact of further reductions to the working week for NHSGG&C staff. All staff are working hard to quantify the impact of this reduction.</p> <p>Item 3.8 in the cover report details the change in risk scores for HSCP01 and HSCP09 relating to the ability to deliver a balanced budget, the failure to achieve transformational change and service redesign plans within necessary timescales and at the pace required. These elements combined, total a score of 25 which is the highest risk score on the register. A number of actions have been identified to seek to mitigate these risks to a score of 16. These include monitoring the delivery of savings plans already identified through the HSCP Annual Delivery Board, reviewing and updating the IJB Medium Term Financial Plan and the continued work of the budget working group to scope and progress budget savings options to deliver a sustainable financial position.</p> <p>Of the 19 risks, it is considered 3 are very high, 11 are high and 5 are medium. Following the risk management actions set out, this reduces to 5 as high risk, the remaining 14 risks reducing to medium or low risks.</p> <p>KM and LC both commented on the exceptional work that had gone into producing the report. Questions were raised with regards to HSCP 18, particularly around the recruitment of a new CFRO, and whether we propose to do anything differently in the recruitment process to ensure a successful appointment.</p> <p>DP advised that the usual parameters are being adhered to within the recruitment process. Additionally, individual conversations are happening with potential applicants and more pre-support offered. The process is supported by HR to ensure that critical posts are appointed to successfully.</p> <p>Item Approved.</p>	
7.	Accounts Commission – Integration Joint Boards Finance and Performance 2024	DP
	<p>DP reflected on the report by Audit Scotland and the challenges faced by the HSCP going into the future. There exists a particular focus on Scotland and the scale of transformation required and models of delivery, with the need to move away from traditional models in terms of client-group and focus more on outcomes and recognition for the need for natural resources.</p> <p>We are looking to benchmark with other areas with other COs and HSCPs to move forward as one.</p> <p>Huge demand is felt across our services and is projected to be the case into the future in particular within the older population and children requiring to be looked after.</p>	

	LC highlighted Page 7, for Members interest “a checklist of questions,...for IJB members to consider”, which had not been circulated separately but was found to have been useful. Item Noted.	
8.	HSCP PAR Agenda Planner	DP
	DP noted that all going to plan, detail of the Unaudited Accounts and Directions Log would be brought before the March IJB and will keep Members fully updated on moving timescales. GM confirmed that the Audit plan for next year and an update on the progress of current Audit work will be brought to the next Committee. TR advised he would be better placed to comment on the accuracy of the timetable regarding the Final Audited Accounts after consulting with Fiona next week. Item Noted.	
9.	AOCB	KM
	Nil of note. KM thanked all who attended.	
10.	Date of next meeting – 13th March 2025 (tbc)	KM

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

DATE OF MEETING: 19TH JUNE 2025

REPORT REFERENCE: PERF/190625/03

CONTACT OFFICER: ALI MCCREADY, CHIEF FINANCE &
RESOURCES OFFICER

SUBJECT TITLE: FORVIS MAZARS – AUDIT PROGRESS
REPORT FOR YEAR ENDING 31ST MARCH
2024 AS AT JUNE 2025

1.0 PURPOSE

- 1.1** The purpose of this report is to update the committee on Forvis Mazars Audit Progress Report for East Dunbartonshire IJB for the year ending 31 March 2024.

2.0 RECOMMENDATIONS

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

- 2.1** Note and agree the content of the Annual Audit Progress Report for the IJB.

**DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Audit Progress report provides the Performance Audit and Risk Committee with information on current status of the audit for 2023/24 and outstanding matters.
- 3.2** The Progress Report highlights the Audit Area, the level of Risk of Material Adjustment or Significant Change and provides a description of the outstanding matters.
- 3.3** Forvis Mazars continue to meet regularly with the Chief Finance and Resources Officer and her team and will continue to do so as the audit progresses.
- 3.4** A copy of the Audit Plan Progress Report to 31st March 2024 is included as **(Appendix 1)**.
- 3.5** The Audit Plan Progress report highlights the areas at Medium or High risk of material adjustment or significant change as the reconciliation of the IJBs general ledger to East Dunbartonshire Council's full trial balance and Data Migration. Both of these audit areas are contingent on East Dunbartonshire Council's completion of financial statements and assurance of data migration to the Council's new financial reporting system.

4.0 IMPLICATIONS

The implications for the Committee are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2025-2030 Priorities;-

1. Empowering People
2. Empowering and Connecting Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery

The annual audit plan sets out the arrangements for review of areas related to financial governance, management, sustainability and assurance on value for money across the HSCP financial landscape. This ensures the partnership delivers on these key aspects which in turn supports the continued delivery of priorities set out within the strategic plan.

4.2 Frontline Service to Customers – None

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None

4.5 Financial Implications – The Annual audit progress plan provides an update on the ongoing review of the financial performance of the IJB for 2023/24 through a review and opinion on the annual accounts for the partnership and considers the wider audit dimensions that frame the scope of public sector audit requirements including financial management arrangements, financial sustainability, governance and transparency and value for money.

- 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

5.0 **MANAGEMENT OF RISK**

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

- 5.1 The report sets out the significant risks for the IJB.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – Forvis Mazars are the externally appointed auditors for the IJB. The scope of engagement is set out in the Code of Audit Practice, issued by the Auditor General and the Accounts Commission available from the Audit Scotland website: Code of audit practice | Audit Scotland ([audit-scotland.gov.uk](https://www.audit-scotland.gov.uk)). The responsibilities are principally derived from the Local Government (Scotland) Act 1973 (the 1973 Act) and the Code of Audit Practice.

- 6.2 **EAST DUNBARTONSHIRE COUNCIL** - None

- 6.3 **NHS GREATER GLASGOW & CLYDE** - None

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1** – Forvis Mazars Audit Progress Report for the year ending 31 March 2024 as at June 2025.

Audit Progress Report

East Dunbartonshire Integration Joint
Board – Year ended 31 March 2024

June 2025



Contents

01 Audit progress

02 National publications

01

Audit progress

Audit progress

Purpose of this report

This report provides the Integration Joint Board with information about progress in delivering our responsibilities as external auditors for East Dunbartonshire Integration Joint Board (“the IJB”).

Our 2023/24 Annual Audit Plan, which we presented to the June 2024 Performance, Audit and Risk Committee meeting, included the timeline for the audit, with completion in September 2024. This was contingent on the timely receipt of the unaudited annual report and accounts and supporting working papers, as agreed with officers. We received the 2023/24 unaudited annual report and accounts on 4 February 2025. We are progressing the 2023/24 audit and plan to present our draft Annual Audit Report to the next Performance, Audit and Risk Committee meeting, subject to completion of outstanding work which is summarised in the table below.

We have not identified any requirement to change our audit approach, including the significant and enhanced risks in the 2023/24 Annual Audit Plan. We have however updated our materiality levels. At the planning stage materiality was based on gross revenue expenditure as per the signed 2022/23 financial statements. We have updated our materiality calculation based on gross revenue expenditure per the 2023/24 unaudited accounts. This has resulted in an overall materiality for the year ended 31 March 2024 of £5.81m, performance materiality of £4.07m and a clearly trivial threshold of £0.17m.

We have been meeting regularly with the Chief Finance Officer and her team and will continue to do so as the audit progresses.

Status of the audit

Audit Area	Risk of material adjustment or significant change	Description of the outstanding matters
Reconciliation of the IJB’s general ledger to East Dunbartonshire Council’s full trial balance	Medium	Council officers have not yet provided a complete trial balance for the Council. We require this to verify the completeness and accuracy of the IJB’s ledger, which is a sub-ledger within the Council’s general ledger.
Data migration	High	The IJB’s annual accounts are based on information from East Dunbartonshire Council’s financial reporting system. The Council transitioned to a new financial reporting system (Oracle Fusion) during 2023/24. This means we need to obtain assurance over the completeness and accuracy of the data migrated from the old system to the new system. The Council is still to provide all the information we require to complete this work.

Audit progress

Status of the audit (continued)

Audit Area	Risk of material adjustment or significant change	Description of the outstanding matters
Comprehensive Income and Expenditure Statement (CIES)/ Expenditure and Funding Analysis by Nature (EFA) Presentation Discussion	Low	We have raised queries with management on the appropriateness of the CIES and EFA presentation. Officers are considering whether the current service headings and inclusion of an EFA align with CIPFA guidance and the IJB's operational structure.
Confirmation of EDC Transactions and Balances	Low	<p>We require confirmation from East Dunbartonshire Council regarding the following transactions and balances with the IJB for 2023/24, along with supporting documentation. This includes:</p> <ul style="list-style-type: none">• Contribution in respect of the Integration Functions• Payments in respect of directed functions• Taxation and non-specific grant income• Debtor and creditor balances at 31 March 2024• Investment held in the Joint Venture. <p>This confirmation is required to support audit evidence and ensure consistency between the IJB and Council financial records.</p>
Related Parties	Low	We require further information from East Dunbartonshire Council to complete our audit procedures.
Financial Statement Closing Process Walkthrough	Low	We are in the process of completing our walkthrough of the financial statement closing procedures. This includes reviewing the processes followed by management to prepare the annual accounts, assessing the adequacy of controls over the closing process, and ensuring that all relevant disclosures and adjustments have been appropriately considered.
Wider Scope Review	Low	We are in the process of reviewing this area.

Audit progress

Status of the audit (continued)

Audit Area	Risk of material adjustment or significant change	Description of the outstanding matters
Audit quality control and completion procedures	Low	Our audit work will undergo final stages of review by the Engagement Lead and further quality and compliance checks. In addition, there are residual procedures to complete, including updating post balance sheet event considerations to the point of issuing the opinion, obtaining final management representations and agreeing adjustments to the final set of accounts.
Annual report and accounts and letter of representation	Low	We will complete our final review of the annual report and accounts upon receipt of the signed version of the accounts and letter of representation.

National publications

National publications

Audit Scotland

1. Publication: Integrated Joint Boards finances continue to be precarious
2. Local government budgets 2025/26

Forvis Mazars

3. Annual Local Government Risk Report
4. Public sector in focus: Charting the road ahead

National publications

Audit Scotland

1. Publication: Integration Joint Boards finances continue to be precarious

There is a concerning picture of continued overspending, depletion of reserves and savings being met through one-off rather than recurring savings.

Link: <https://audit.scot/publications/integration-joint-boards-finances-continue-to-be-precarious>

2. Local government budgets 2025/26

Mounting pressures from inflation, increasing costs and demand are exceeding the Scottish Government's additional investment in Scotland's councils. In 2025/26 councils received over £15 billion in government funding, with more money set to be raised from council tax and charges for some services. With communities paying more for services, their expectations are increasing.

Link: [Local government budgets 2025/26 | Audit Scotland](#)

National publications

Forvis Mazars

3. Annual Local Government Risk Report

This publication deep dives into the known and emerging risks for Local Authorities in 2025/26, as well as what local authorities should consider including in their internal audit plans.

Link: [Annual Local Government Risk Report for 2025/26 - Forvis Mazars - United Kingdom](#)

4. Public sector in focus: Charting the road ahead

This report addresses the significant challenges faced by the public and social sectors, including economic pressures, workforce shortages, and rising demand for services. It emphasises the need for innovative strategies and effective partnerships to navigate these complexities and highlights the importance of operational and technological innovation to improve service delivery and build resilience in public sector organisations.

Link: [Public sector in focus: Charting the road ahead - Forvis Mazars - United Kingdom](#)

Contact

Forvis Mazars

Tom Reid

Audit Director

Tom.Reid@mazars.co.uk

Forvis Mazars LLP is the UK firm of Forvis Mazars Global, a leading global professional services network. Forvis Mazars LLP is a limited liability partnership registered in England and Wales with registered number OC308299 and with its registered office at 30 Old Bailey, London, EC4M 7AU. Registered to carry on audit work in the UK by the Institute of Chartered Accountants in England and Wales. Details about our audit registration can be viewed at www.auditregister.org.uk under reference number C001139861. VAT number: GB 839 8356 73

© Forvis Mazars 2024. All rights reserved.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK COMMITTEE

DATE OF MEETING: 19th JUNE 2025

REPORT REFERENCE: PERF/190625/05

CONTACT OFFICER: PAUL BROWN, CHIEF INTERNAL AUDITOR
(TEMPORARY), 0141 574 5655

SUBJECT TITLE: INTERNAL AUDIT UPDATE TO MARCH 2025

1.0 PURPOSE

- 1.1** The purpose of this report is to update the Committee on internal audit work completed in the period since the last Committee.
- 1.2** Updates are provided on audits carried out on the H&SCP and in addition, for further context and assurance, updates are provided on audits carried out in the partner organisations of East Dunbartonshire Council and the NHSGGC.
- 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.

2.0 RECOMMENDATIONS

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

- 2.1** Approve the Internal Audit Planning Summary for 2025/26 (Appendix 1)
- 2.2** Note the contents of the report and request the Chief Finance & Resources Officer submits performance monitoring reports detailing progress against Plan and audit results to future meetings of the Committee.

DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 **BACKGROUND / MAIN ISSUES**

Internal Audit Outputs January to March 2025

- 3.1 In the months of January to March 2025, the Internal Audit Team finalised and reported on the audits as shown in Table 1 below. The table represents a continuation and completion of the reporting on the Internal Audit work for 2024/25, with Outputs 1 to 6 having previously been completed and reported to Committee.

In relation to the period since the last monitoring report, Auditors highlight the following:

Table 1 – Analysis of Internal Audit Outputs January to March 2025

	Audit Area and Title	Areas Noted	High Risk	Medium Risk	Low Risk
	Assurance Audits				
7	HSCP Transport Policy	4	-	3	1
	Consultancy Reports				
8	Use of Self-Service Technology (AskSara)	1	-	-	1

- 3.2 Two outputs were completed in the period, representing a year-end cumulative achievement of 8 outputs, or 80% completion, of the 10 outputs planned for 2024/25. In January 2025, it was reported to the Committee that the team were targeting 80% completion of the audit plan due to a change in available resources, and this has been achieved.
- 3.3 A follow-up report to the Carefirst Payments 23/24 audit is nearing completion and will be presented at the next committee meeting.

Audit Team Structure

- 3.4 Interim arrangements have been established, with the Chief Internal Auditor temporarily moving to the Council's Finance Team to assist in delivering the annual accounts processes. Consequently, the Council's Audit Senior has been seconded to the Chief Internal Auditor role until November 2025.

Internal Audit Planning 2025/26

- 3.5 The planned focus areas for the Audit Team within the HSCP are outlined in *Appendix 1* for 2025/26. These areas have been identified as risks after discussions with senior management and represent a proposed scope of coverage for the upcoming year.
- 3.6 Due to the structural changes noted in 3.4 it will be necessary to review the work planned for the coming year to ensure the proposed plan is feasible and any changes to this Audit Plan will be brought forward to the next Committee. The Chief Internal Auditor will also meet with the HSCPS's Chief Financial and Resources Officer to discuss any proposed changes.

Assurance Audits

HSCP Transport Policy

- 3.7** Auditors reviewed the progress made in implementing the HSCP's Transport Policy, which was originally approved by the HSCP Board in January 2020 after a consultation period. The onset of Covid-19 caused delays in the rollout of the policy.
- 3.8** The review found that the implementation of the Assistance with Transport Policy was still ongoing, and as a result, auditors could not provide reasonable assurance regarding its application at the time of the audit.
- 3.9** 3 Medium Risks were noted during the review and these are summarised below:
- 3.10** Internal Communication – Sample testing highlighted a variable level of awareness of the new policy's requirements. The result of this was that new service users, or current users due to be assessed under the new policy during their care assessment, were not being evaluated under the new policy.
- 3.11** Assistance with Transport Assessment Form – From discussions with two teams, neither was utilising the 'Assistance with Transport Assessment Form', which is a key control in administering the new policy.
- 3.12** External Communication – Policy Change – A programme of consultation took place in 2019 with key stakeholders and those impacted by the proposed Policy. Auditors have not seen any direct correspondence with individuals to notify them of the forthcoming changes to assistance with transport, although information on the new policy is available on the HSCP's website.
- 3.13** Management provided target dates for completing the actions by March 2025, supported by a revision to the Fair Access Policy, staff briefings and enhanced engagement. Auditors will present a follow-up report at the next Committee and will report on the implementation of these to ensure that the Policy has been effectively rolled out.

Consultancy Reports

Use of Self-Service Technology (AskSara)

- 3.14** As part of the 2024/25 audit plan, HSCP management requested that the use of a new technology, AskSara, be reviewed. AskSara aims to provide free advice and guidance to individuals needing help and support with everyday activities at home, focusing on both disabled and older people. As an online tool created in partnership with the Disability Living Foundation, it helps to identify which aids and adaptations could be suitable for their needs. It is featured in the HSCP's Digital Action Plan.
- 3.15** Auditors noted data quality issues regarding the number of visits to the AskSara website and a recommendation was made around the requirement to ensure that site visit recording is accurate. The Disability Living Foundation is currently investigating this discrepancy, with one meeting held to date but further one is required. Accurate recording of site visits will help the HSCP in concluding as to the level of use of the technology.

EAST DUNBARTONSHIRE COUNCIL INTERNAL AUDIT PROGRESS

- 3.16** Work on the Council's internal audit plan for 2024/25 has continued with the Team seeking to close out any outstanding audits from 2024/25. Since the last PAR in January-25 no high risks of relevance to the HSCP have been reported to the Council. Any additional high risks of relevance to the HSCP, from the audits being closed off, will be brought to the next meeting of the PAR.
- 3.17** Work will begin soon on completing both the annual reports and audit opinions for the HSCP and the Council. It is planned that these will be provided alongside the draft accounts.

NHSGGC INTERNAL AUDIT PROGRESS

- 3.18** Since the last meeting of the PAR, two reports have been presented to the NHSGGC Audit and Risk Committee: one on Waiting List Management in Mental Health and another on eHealth Project and Programme Management. Both audits were noted as having Minor Improvement Required with controls being evaluated as adequate, appropriate and effective.

PUBLIC SECTOR INTERNAL AUDIT STANDARDS UPDATE

- 3.19** New Global Internal Audit Standards (GIAS), superseding the Public Sector Internal Audit Standards (PSIAS), came into effect on 1st April 2025. PSIAS remain in force for internal audit work supporting the annual audit opinion for the year ending 31 March 2025.
- 3.20** Progress towards completing a detailed self-assessment is still ongoing. The last External Quality Assessment (EQA) was performed in 2023 and the internal audit service was deemed to be fully compliant with the fourteen assessment areas. Whilst the internal audit service cannot state that it is compliant with the new standards, given the strong assessment under the PSIAS, the team is in a strong a position as possible to ensure full compliance with the new standards.
- 3.21** The EQA is a five-year rolling program that is assessed externally. An EQA against the new GIAS will take place in 2028. As part of the annual accounts process for 2025/26, a statement of compliance with the new standards will need to be submitted. By the end of the financial year, a self-assessment will be conducted to identify any gaps in compliance, along with an action plan to address those gaps.
- 3.22** The current PSIAS remained in place until 31 March 2025, allowing for the completion of the annual audit opinion for the 2024/25 financial year.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Board Strategic Plan 2025-20230;- 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.

5.0 **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.
- 5.2 Where cross over risks to the H&SCP have been identified through audit work in partner organisations these are highlighted in the body of the report above and if material are reflected in the H&SCP's risk register, with appropriate control measures applied.

6.0 **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.

7.0 **POLICY CHECKLIST**

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

8.0 APPENDICES

8.1 Appendix 1 – Internal Audit Planning 2025/2

Appendix 1 - Internal Audit Planning 2025/26

Outputs	Area	Review	Planned Days	Status	Rationale	Priority
1	Audit	Financial Monitoring – Resource Allocation Processes	30	New	Review of processes for ensuring allocations of care packages are managed within available budgets.	1
2	Audit	Provider Uplifts Process	7	Carry Forward	Review of the process for increasing rates paid to social care providers given governance and budgetary risks	2
3	Audit	Grant Funding Received Processes	25	New	Review of HSCP processes for maximising, tracking and ensuring compliance with external grant funding received.	2
4	Audit	Standardised Support Package	15	New	Consultancy time for reviewing standardised support packages. Scope to include monitoring and success measures	3
5	Regularity	Annual Audit Report	1	Recurring	Annual report	1
6	Regularity	Annual Follow Up	2	Recurring	Follow up on previously issued recommendations	1
7	Regularity	Annual Governance Statements	2	Recurring	Annual requirement for accounts and to support Annual Report	1
8	Regularity	Interim Follow Up	2	Recurring	Follow up on previously issued recommendations	1
9	Regularity	Internal Audit Plan 2026/27	2	Recurring	Preparation of following year's internal audit plan	1
	Total Days		86			

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

DATE OF MEETING: 19TH JUNE 2025

REPORT REFERENCE: PERF/190625/06

CONTACT OFFICER: ALISON WILLACY, PLANNING
PERFORMANCE & QUALITY MANAGER

SUBJECT TITLE: HSCP ANNUAL PERFORMANCE REPORT
2024/25

1.0 PURPOSE

- 1.1** The purpose of this report is to present for consideration and approval the HSCP Annual Performance Report 2024/25 that sets out progress towards the delivery of its Strategic Plan and in pursuance of the National Health & Wellbeing Outcomes.

2.0 RECOMMENDATIONS

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

- 2.1** Considers the HSCP Annual Performance Report 2024/25 at **Appendix 1**;
- 2.2** Note that data related to a number of national performance indicators has not yet been published by Public Health Scotland and the final data publication is not scheduled until July 2024, impacting on the completeness of all HSCP Annual Performance Reports;
- 2.3** Grants the HSCP Chief Officer the delegated authority to make final amendments to the Annual Performance Report 2024/25 in relation to any necessary updates to performance data, in consultation with the Chair of the HSCP Board;
- 2.4** Approves the Annual Performance Report 2024/25 for publication following the relevant updates;

**DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 places an obligation on Integration Joint Boards to publish a performance report annually, for publication by 31 July each year. The minimum contents of annual performance reports are prescribed in regulation and guidance and include:
- a) An assessment of performance in relation to the national health and wellbeing outcomes.
 - b) A description of the extent to which the arrangements set out in the strategic plan and the expenditure allocated in the financial statement have achieved, or contributed to achieving, the national health and wellbeing outcomes;
 - c) Information about the integration authority's performance against key indicators or measures in relation to the national health and wellbeing outcomes over the reporting year and 5 preceding years where complete;
 - d) Financial planning and performance;
 - e) Best value in planning and carrying out integration functions;
 - f) Performance in respect to localities;
 - g) Inspection and regulation of services.
- 3.2** An Annual Performance Report for 2024/25 is set out at **Appendix 1** for consideration and approval.
- 3.3** Public Health Scotland (PHS) released Core Suite Integration Indicators as management information in May which has been reflected in the draft report. A second publication will be published on 1st July which will contain the finalised data required to report against all National Core Integration Indicators set out in Part 2 of the Annual Performance Report.
- 3.4** PHS have also advised that the next Ministerial Steering Group (MSG) quarterly update, required for reporting performance against the Scottish Government MSG Indicators in Part 2 of the Annual Performance Report, will not be released until June.
- 3.5** The Annual Performance Report will be updated when available and final sign off of the report for publication will be granted by the Chief Officer.

4.0 IMPLICATIONS

The implications for the Committee are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2025-2030 Priorities;-

- 1. Empowering People
- 2. Empowering and Connecting Communities
- 3. Prevention and Early Intervention
- 4. Public Protection
- 5. Supporting Carers and Families
- 6. Improving Mental Health and Recovery

The Annual Performance Report reflects progress towards all of the priorities of the Strategic Plan.

4.2 Frontline Service to Customers – None

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – The publication of the HSCP Annual Performance Report meets duties set out in Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows: None

6.0 IMPACT

6.1 STATUTORY DUTY – The publication of the HSCP Annual Performance Report meets duties set out in Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

6.2 EAST DUNBARTONSHIRE COUNCIL – None

6.3 NHS GREATER GLASGOW & CLYDE – None.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – None

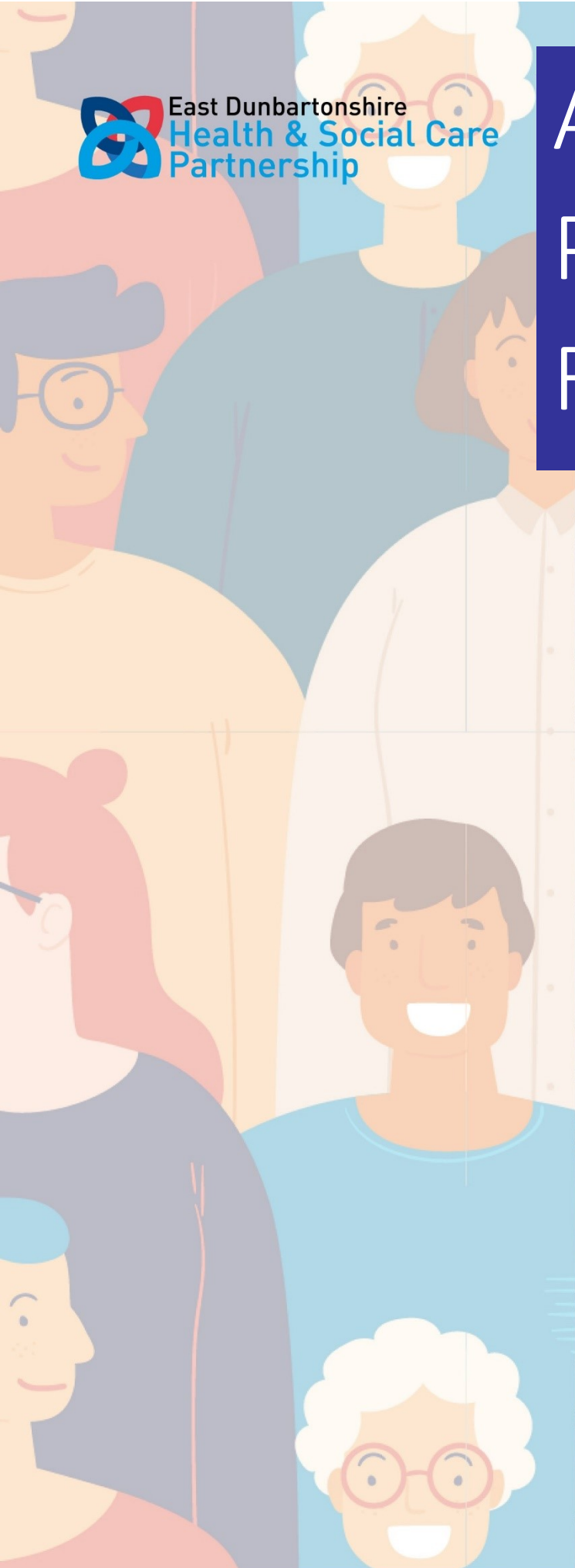
7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 – HSCP Annual Performance Report 2024/25

Annual Performance Report 2024/25



CONTENTS

	Introduction
Part 1	Strategic Planning and Delivery
Part 2	How Well Are We Achieving Our Priorities?
Part 3	How Well Are We Developing Our Enablers?
Part 4	Locality Planning
Part 5	Hosted Services
Part 6	Other Achievements & Good Practice Highlights
Part 7	Financial Performance
Part 8	Inspection & Regulation
Annex 1	National Outcomes and Local Strategic Priorities & Enablers
Annex 2	Care Inspectorate Evaluations – Local Services
Annex 3	Comparative Income & Expenditure 2019/20 – 2024/25
Annex 4	Achievement of Best Value
Annex 5	Notes on Performance Data Methodology

Introduction

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

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

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

In addition, we have included information on:

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

Our Priorities

Our services are always delivered within a complex landscape of increasing demands, high levels of public expectation, economic uncertainty, substantial public sector financial challenges, and a constantly evolving legislative and policy landscape.

The HSCP and its staff have risen to these challenges and have continued to work to support the most vulnerable people in our community and promote social justice, equality and safety. Throughout this year, our staff have shown continued commitment, compassion and flexibility to help keep children and adults safe and well.

Despite these challenges, there has been considerable achievements and innovative practice developed within services, alongside progress in transformational change and service improvement, which all contribute to making a positive difference to our service users. There has also been strong performance across all service areas, and where performance is not what we are striving for, there is an understanding within the service of why this is the case and appropriate actions have been identified and implemented to improve that area of performance. Our overall aim continues to be to ensure the people of East Dunbartonshire receive the best service possible in a way that is fair, responsive and person-centred.

We would wish to extend our enormous gratitude to all the staff, partners and individuals in the HSCP, to volunteers and community groups, to informal carers and families, for the enormous efforts that they have made to the people we have supported over the last 12 months.



Calum Smith

Chair

East Dunbartonshire
HSCP Board



Derrick Pearce

Chief Officer

East Dunbartonshire
HSCP

Part 1. Strategic Planning and Delivery

Strategic Plan

Every HSCP Board is required to produce a Strategic Plan that sets out how they intend to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes. Strategic Plans should also have regard to the National Integration Delivery Principles. These national outcomes and principles are set out at **Annex 1**.

In March 2022, the HSCP Board approved the Strategic Plan for the period 2022-25. This Annual Performance Report details the progress made by the HSCP in the final year of this three-year period. A refreshed Strategic Plan for the period 2025-30 was approved in March 2025, setting out our strategic priorities for the next five years, and future performance reports will be based on our current Strategic Plan. Our vision remains unchanged, and our strategic priorities continue to reflect and support delivery of the national outcomes. Demonstrating our achievement towards these continues to be the focus of our annual performance reporting.

The illustration that follows on page 5 provides an overview of the Strategic Plan 2022-25 and shows the relationship between the strategic priorities and enablers and the actions being progressed to support these.

OUR VISION Caring Together To Make A Difference				OUR VALUES Honesty, Integrity, Professionalism, Empathy and Compassion, Respect				
Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration	HSCP Strategic Priorities
Improving personalisation	Building informal support options	Extending rehabilitation and reablement	Prioritising our Key Public Protection Statutory Duties	Supporting carers with their own needs and in their caring role	Improving adult recovery services	Understanding and responding to the impact of the pandemic	Right Care Right Place: urgent and unscheduled health and social care redesign	Commitments in support of the Strategic Priorities
Reducing inequality and inequity of outcomes	Building local integrated teams	Supporting diversion from prosecution		Implementing The Promise for children and young people	Improving mental health support for children and young people			
Improving information and communication	Modernising day services	Improving school nursing services		Strengthening corporate parenting	Improving post-diagnostic dementia support		Developing integrated quality management arrangements	
Workforce and Organisational Development		Medium Term Financial and Strategic Planning		Collaborative Commissioning and Whole System Working		Infrastructure and Technology		HSCP Strategic Enablers
Supporting the wellbeing of the health and social care workforce		Maximising available resources		Co-designing solutions with the third and independent sectors		Modernising health and social care facilities		Commitments in support of the Strategic Enablers
Equipping the workforce and workplace during and after the pandemic		Balancing investment and disinvestment		Supporting primary care improvement		Maximising the potential of digital solutions		
Implementing a skills framework for supporting children’s mental health and wellbeing		Delivering financial sustainability		Redesigning the Public Dental Service				
SCP Improvement Plans		Wider Partnership Improvement Plans		Council & Health Board Improvement Plans		Hosted Services Improvement Plans		The Engine Room: work that will deliver changes

Annual Delivery Plan

Each year a number of initiatives in support of the Strategic Plan are drawn down into an Annual Delivery Plan. Supporting detail is held in service-level plans, locality plans and service commissioning plans, which collectively set out how the high level strategic priorities and enablers will be pursued.

The HSCP Board monitors progress in achieving the objectives in the Annual Delivery Plan throughout the year. The Board achieves this with support from the Strategic Planning Group and the Audit Performance & Risk Committee to ensure active governance over how well these aspects of the Strategic Plan are being implemented.

There were a total of 33 initiatives identified in the Annual Delivery Plan to be progressed during 2024/25. By the end of this period, progress towards these projects were as follows:

- 25 were successfully completed in 2024/25.
- 8 were delayed and are carried forward for delivery in 2025/26.

A summary of the initiatives for 2024/25 is set out below, with more detail provided in the progress sections later in the report.

Initiatives successfully completed in 2024/25

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Empowering People	Improve Personalisation	Continue to develop as a Trauma Informed organisation	1,2,3,4,5,6, 7,9
		Provide access to trauma informed training for dental staff to facilitate and support trauma-informed care to priority and vulnerable patient groups	1,2,3,4,5,6, 7,9
	Improving information and communication	Improve online accessibility and signposting to information and services through further development and promotion of the HSCP website	1,2,3,4,5,6, 7,9
Empowering Communities	Building informal support options	Review and reframe locality focussed working	1,2,3,4,5,6, 9
Prevention and Early Intervention	Extending rehabilitation and re-ablement	Deliver the 2024/25 actions from the East Dunbartonshire HSCP Frailty Mission	1,2,4,5,6,9

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection	Development of improvement plan following outcome of Joint Inspection of Adult Support and Protection arrangements	4,5,7
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Review of Transitions policy and implementation of updated procedures which will align with national initiatives	1,2,3,4,5,6,7
	Implementing The Promise for children and young people	Write and implement Phase 2 Promise Plan 24/30	1,2,3,4,5,6,7
	Strengthen corporate parenting	Ongoing implementation of Children's House Project model	1,2,3,4,5,6,7
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Adult Mental Health and Drug & Alcohol Recovery - Review of Commissioned Services to develop a recovery focused approach	1,2,3,4,5,6,7
	Improve mental health support for children and young people	Review and refresh workforce plans to ensure capacity to see and treat children and young people	1,2,3,4,5,6,7
		Review and refresh the use of Choice & Partnership Approach	1,2,3,4,5,6,7
		Continue implementation of the Scottish Government's National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care (September 2021)	1,2,3,4,5,6,7
Improving Mental Health and Recovery	Improve mental health support for children and young people	Finalise the workforce plan and capital planning works required to operationalise the West of Scotland Intensive Psychiatric Care Unit. Working with Regional planning to finalise referral routes and operational guidelines.	1,2,3,4,5,6,7

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
		Work with the West of Scotland Regional planning network to share learning on the development of Intensive CAMHS and Unscheduled CAMHS in Greater Glasgow & Clyde	1,2,3,4,5,6, 7
	Improve post-diagnostic support for people with dementia	Devise and deliver year 1 actions of the East Dunbartonshire Dementia Strategy Action Plan	1,2,3,4,5,6, 7
Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Continued delivery of East Dunbartonshire components of the GGC Unscheduled Care Joint Commissioning Plan	3,4,7,8,9
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders, with wellbeing support prioritised	1,2,3,4,5,6, 7,8,9
	Equipping the workforce and workplace during and after the pandemic	Ensure that the workforce and the workplace is appropriately prepared and equipped	1,2,3,4,5,6, 7,8,9
	Redesigning the Public Dental Service to support the right care is being delivered in the right place at the right time	Implementation of the Public Dental Service review Programme Board recommendations	1,2,3,4,5,6, 7,8,9
	Implementing a skills framework for supporting children's mental health and wellbeing	Implement Children & Young People's Mental Health & Wellbeing action plan	1,2,3,4,5,6, 7,8,9
Medium Term Financial and Strategic Planning	Maximising available resources	Develop HSCP Strategic Plan 2025 onwards	1,2,3,4,5,6, 7,8,9
		Maximise efficiency within in-house adult social care services	1,2,3,4,5,6, 7,8,9

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
		Undertake a review of the Care of Gardens Scheme to develop a new model operating within the available financial envelope	1,2,3,4,5,6, 7,8,9
Collaborative Commissioning	Supporting Primary Care Improvement	Continued implementation of the East Dunbartonshire Primary Care Improvement Programme	1,2,3,4,5,6, 7,8,9

Initiatives carried forward to 2025/26

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Empowering Communities	Modernising day services	Implement the 2024/25 actions of the Older Peoples Social Support Strategy	1,2,3,4,5,6, 7,9
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Review of respite services and development of short breaks options	1,2,3,4,5,6, 7
		Review of Learning Disability accommodation-based services and ensure that in-house services continue to meet the needs of our community	1,2,3,4,5,6, 7
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Resolution of North Lanarkshire Corridor Service Level Agreement (NHS GGC/NHS Lanarkshire)	1,2,3,4,5,6, 7
Medium Term Financial and Strategic Planning	Maximising available resources	Implement focussed programme of de-prescribing and realistic medicine	1,2,3,4,5,6, 7,8,9
	Balancing investment and disinvestment	Review of transport provision	1,2,3,4,5,6, 7,8,9
Infrastructure and Technology	Modernising health and social care facilities	Progression of Property Strategy to redesign and refresh current accommodation	2,5,7,9
	Maximising the potential of digital solutions	Implement actions in the HSCP Digital Strategy	2,5,7,9

Performance Management Framework

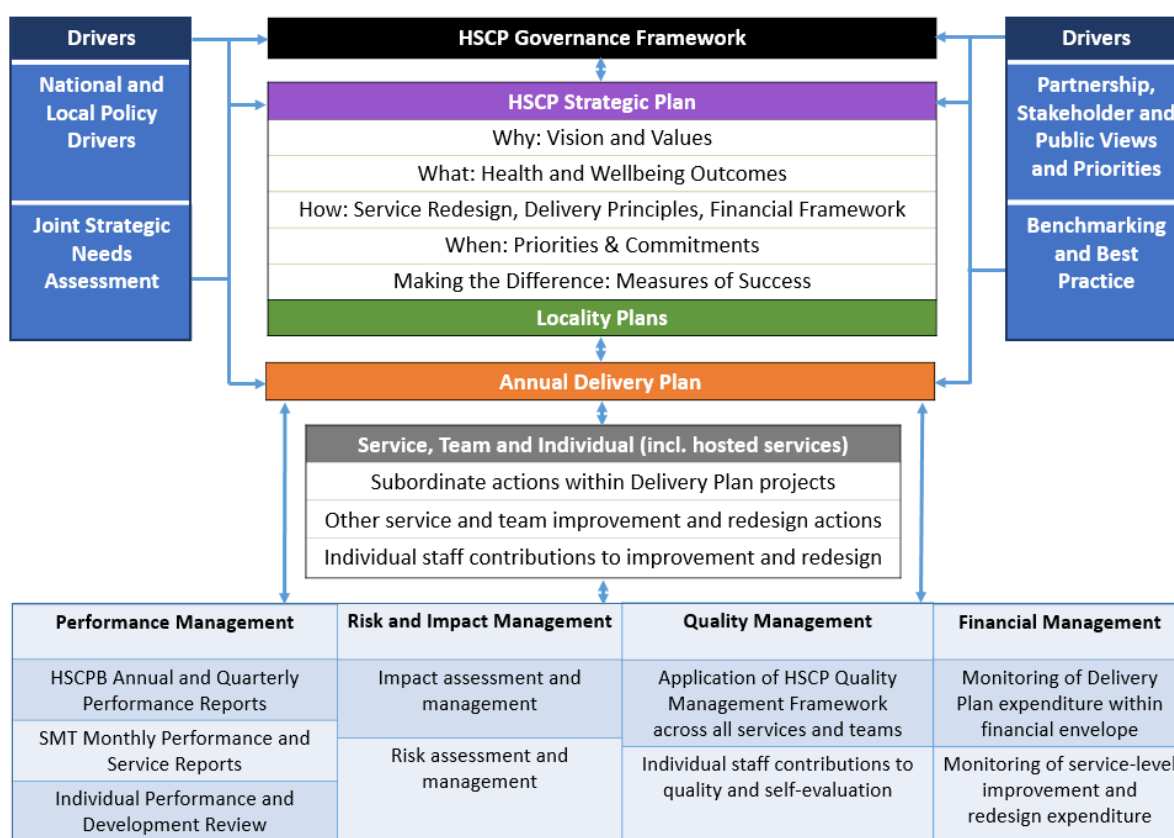
The HSCP has a Performance Management Framework in place that sets out how we measure, monitor and continuously seek to improve what we do. This is designed to ensure we know how well we are performing, what needs to improve and how, and the impact of any such improvements. The Performance Management Framework also sets out in detail our approach to monitoring and measuring success, including the production of this Annual Performance Report.

The 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 three-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.

The document sets out our obligations with respect to Best Value, our systematic approach to continuous improvement (including organisational alignment), and associated governance arrangements. The diagram at **Fig 1** (below) is designed to illustrate the relationships between the Strategic Plan, the Annual Delivery Plan, other subordinate strategies and plans, and the reporting of impact and outcomes.

Fig 1: Improvement Planning and Organisational Alignment



A Framework for Community Health and Social Care Integrated Services

In November 2019, the Scottish Government published A Framework for Community Health and Social Care Integrated Services¹ which was designed to inform the development of local transformation plans, drawing on what has been found to be effective through impact evaluation. We used this document to support the preparation of our Strategic Plan 2022-25. It inspired the Strategic Plan's structure that distinguishes strategic priorities from strategic enablers, it provided a checklist for consideration when setting out our programme of action and it provided a foundation of evidence-based approaches to improving service user, informal carer and organisational outcomes. The progress set out in this Annual Performance Report therefore aligns itself strongly with the provisions within the Framework.

¹ [a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf](https://www.hscotland.scot/a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf) (hscotland.scot)

Part 2. How Well Are We Achieving Our Priorities?

This section of the Annual Performance Report sets out our progress and performance towards the achievement of the priorities set out in our HSCP Strategic Plan. It also demonstrates our progress towards the delivery of the National Health and Wellbeing Outcomes, which are cross-referenced at **Annex 1**.

Under each priority, the report summarises the key highlights and provides more detail on improvements and developments made in each area. A selection of performance information then follows, firstly the national core integration and ministerial indicators (where these apply to the priorities) and then other national and local measures that are used by the HSCP to measure performance. Notes on methodology relating to the performance measures and indicators are set out at **Annex 5**.



Empowering People

Our Highlights

Successful transition to the new Shared Alarm Receiving Centre (ARC) and awarded Gold Level Two Digital Telecare Implementation Award.	A Public Health Framework 2024-27, “Renewing Action for a Healthier East Dunbartonshire” was published.
The East Dunbartonshire Trauma Informed Practice Outcome & Improvement Plan 2023-26 launched in October 2024.	HSCP Communication & Engagement Strategy (2024-29) was published.

Our Progress

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Improving Personalisation</i>	
Embed and further develop digital solutions, to support self-management	<ul style="list-style-type: none">Successful transition to the new Shared Alarm Receiving Centre (ARC) cloud platform in October 2024. The Shared ARC is a cloud-based solution allowing for greater systems interoperability with social work and social care providers and NHS systems. This marks a major milestone in our analogue to digital transition and provides the opportunity to improve innovation and resilience across services. Overall, the introduction of the Shared ARC allows, for increased data sharing between service providers, local authorities and Health Boards. The new ARC is now fully operational, providing digital monitoring and




Objectives for 2022-25	Progress in 2024/25
	<p>creating a future-proof platform for all telecare services in East Dunbartonshire.</p> <ul style="list-style-type: none"> • We continue to make excellent progress in converting our existing user base from analogue to dispersed alarms, with 76% of alarms in service now digital. As a result, East Dunbartonshire has been awarded the Gold Level Two Digital Telecare Implementation Award. To achieve the award, a service provider must have successfully rolled out a live digital telecare service to 50% of service users while operating successfully without serious issues or call failures for at least six weeks. • The Primary Care Mental Health Team launched a digital self-referral system in January 2024 to allow patients the flexibility to self-refer at any time to the service. Our new system navigates patients through a series of mental health indicators as part of a triage process to ascertain risk and suitability for treatment, as well as the opportunity to provide relevant background history and current mental health difficulties.
Further develop person centred, rights-based, outcome focused approaches	<ul style="list-style-type: none"> • The East Dunbartonshire Trauma Informed Practice Outcome & Improvement Plan 2023-26 launched in October 2024 with online briefings for staff from across East Dunbartonshire Council, HSCP and other services within the local community, including Third Sector services. The three-year plan provides information on the national context and explores what Trauma Informed Practice is and how it applies to our workforce, services, and organisation as a whole. The plan sets out five local short-term priorities to work towards achieving our aim of creating a trauma informed and responsive East Dunbartonshire. • In partnership with East Dunbartonshire Council, trauma training and awareness sessions have been delivered and made available to the entire workforce. As part of the Scottish Psychological Trauma Training Plan, we also co-facilitated Trauma-Skilled Practice Training Events aimed at all people working in East Dunbartonshire who are likely to come into contact with people who may have been affected by trauma.

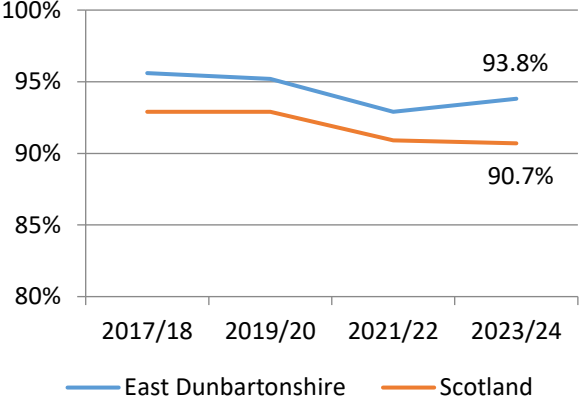


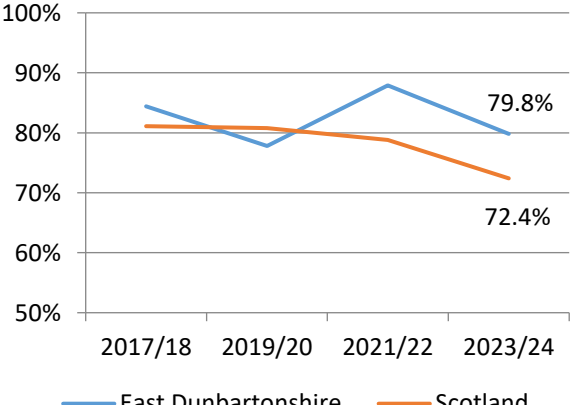


Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Reducing inequality and inequity of outcomes</i>	
Further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision	<ul style="list-style-type: none"> The East Dunbartonshire Public Health Framework 2024-27, "Renewing Action for a Healthier East Dunbartonshire" was published, setting out how we will work to improve public health within East Dunbartonshire, alongside describing our aspirations for a healthier future. The framework represents the commitment of the HSCP and its partners to prioritise public health by bringing prevention and reducing inequality to the forefront of our collective agenda.
<i>Commitment: Improving information and communication</i>	
Improve service information and public communication systems, advice, reflecting specific communication needs and preferences	<ul style="list-style-type: none"> A new HSCP website (health.eastdunbarton.gov.uk) was launched at the end of October. Work is ongoing to further develop the website to improve online accessibility and signposting to information and services. The HSCP Communication and Engagement Strategy (2024-29) was approved to provide clear and consistent approaches to communication and engagement with our patients, service users, carers and stakeholders. The strategy provides clear and consistent approaches to communication and engagement, with our patients, service users, carers and stakeholders across East Dunbartonshire and is also aligned to the Scottish Government and COSLA's "Planning with People" Guidance. Effective internal and external communication and engagement is a priority for the HSCP. It is vital in the current economic climate that our patients, service users and carers and partners are engaged with, and all stakeholders are aware, understand and feel involved in the planning, development and review of local health and social care services.

Our Performance

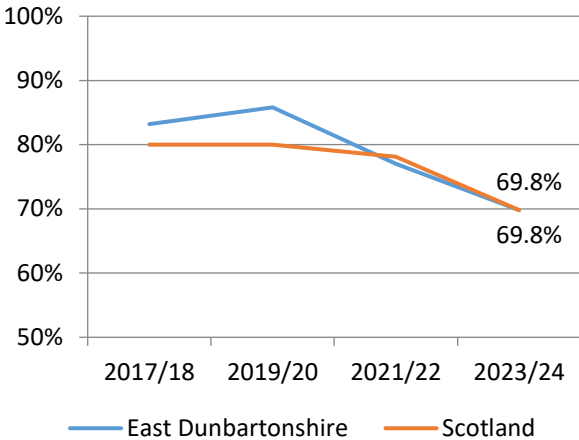


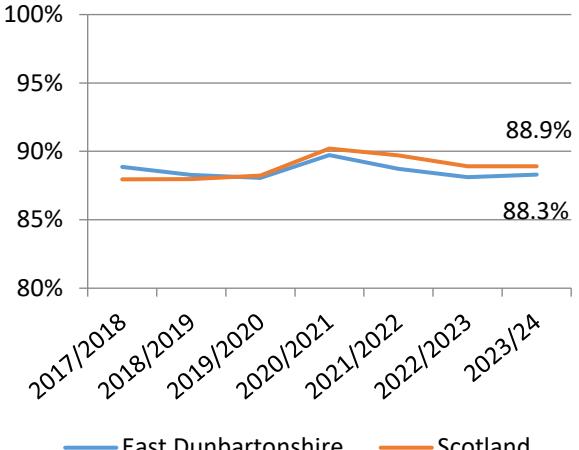


National Core Integration Indicators

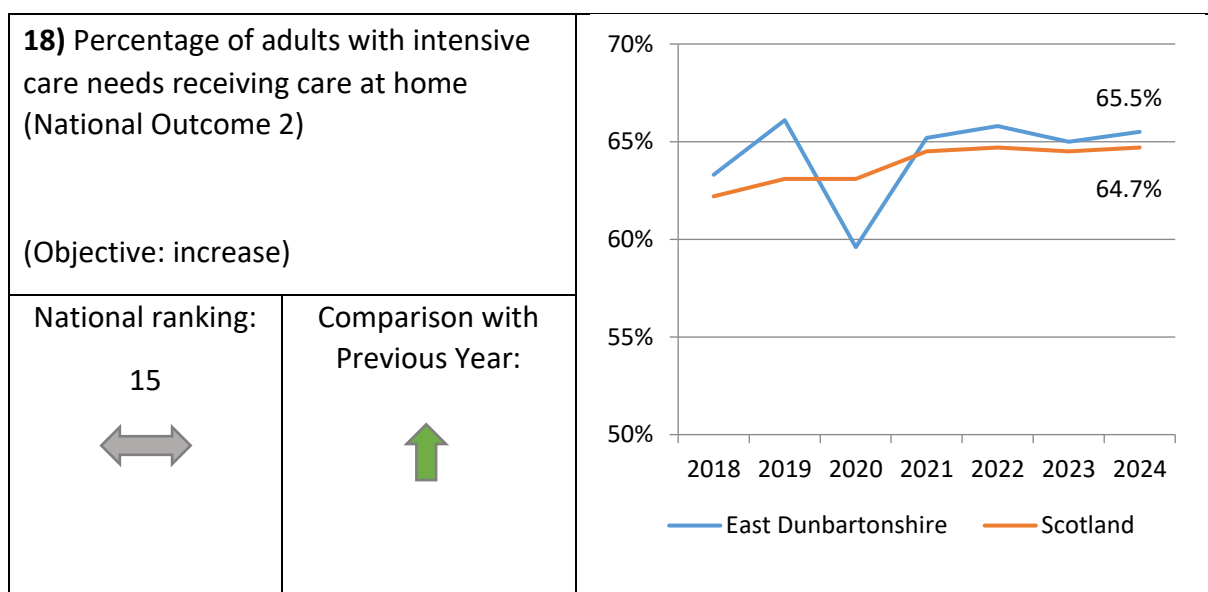
This section sets out the HSCP's performance against national core integration indicators (notes on methodology at Annex 5). The following icons are used throughout parts one and two of this report to identify performance trend information for each national indicator:

Icon	Performance Trend
	National ranking / performance improved in 2024/25
	National ranking / performance declined in 2024/25
	No change in national ranking / performance in 2024/25

Indicator, Rating and Rank		Performance Trend
1) Percentage of adults able to look after their health very well or quite well (aim to increase)		
National ranking (biennial): 3 	Comparison with Previous Survey: 	
2) Percentage of adults supported at home who agree that they are supported to live as independently as possible (aim to increase)		
National ranking (biennial): 4 	Comparison with previous survey: 	

Indicator, Rating and Rank		Performance Trend
3) Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (aim to increase)		
National ranking (biennial): 7 	Comparison with previous survey: 	
5) Total percentage of adults receiving any care or support who rated it as excellent or good (aim to increase)		
National ranking (biennial): 4 	Comparison with previous survey: 	
6) Percentage of people with positive experience of the care provided by their GP Practice (aim to increase)		
National ranking (biennial): 19 	Comparison with previous survey: 	

Indicator, Rating and Rank		Performance Trend																								
7) Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (aim to increase)		 <table><caption>Performance Trend Data for Indicator 7</caption><thead><tr><th>Financial Year</th><th>East Dunbartonshire (%)</th><th>Scotland (%)</th></tr></thead><tbody><tr><td>2017/18</td><td>83.0</td><td>80.0</td></tr><tr><td>2019/20</td><td>85.0</td><td>80.0</td></tr><tr><td>2021/22</td><td>78.0</td><td>78.0</td></tr><tr><td>2023/24</td><td>69.8</td><td>69.8</td></tr></tbody></table>	Financial Year	East Dunbartonshire (%)	Scotland (%)	2017/18	83.0	80.0	2019/20	85.0	80.0	2021/22	78.0	78.0	2023/24	69.8	69.8									
Financial Year	East Dunbartonshire (%)		Scotland (%)																							
2017/18	83.0	80.0																								
2019/20	85.0	80.0																								
2021/22	78.0	78.0																								
2023/24	69.8	69.8																								
National ranking (biennial): 17 	Comparison with previous survey: 																									
15) Proportion of last 6 months of life spent at home or in a community setting (aim to increase) Also reported as MSG indicator 5.		 <table><caption>Performance Trend Data for Indicator 15</caption><thead><tr><th>Financial Year</th><th>East Dunbartonshire (%)</th><th>Scotland (%)</th></tr></thead><tbody><tr><td>2017/2018</td><td>88.5</td><td>88.0</td></tr><tr><td>2018/2019</td><td>88.0</td><td>88.0</td></tr><tr><td>2019/2020</td><td>88.0</td><td>88.0</td></tr><tr><td>2020/2021</td><td>90.0</td><td>90.0</td></tr><tr><td>2021/2022</td><td>89.0</td><td>89.0</td></tr><tr><td>2022/2023</td><td>88.3</td><td>88.5</td></tr><tr><td>2023/24</td><td>88.9</td><td>88.9</td></tr></tbody></table>	Financial Year	East Dunbartonshire (%)	Scotland (%)	2017/2018	88.5	88.0	2018/2019	88.0	88.0	2019/2020	88.0	88.0	2020/2021	90.0	90.0	2021/2022	89.0	89.0	2022/2023	88.3	88.5	2023/24	88.9	88.9
Financial Year	East Dunbartonshire (%)		Scotland (%)																							
2017/2018	88.5	88.0																								
2018/2019	88.0	88.0																								
2019/2020	88.0	88.0																								
2020/2021	90.0	90.0																								
2021/2022	89.0	89.0																								
2022/2023	88.3	88.5																								
2023/24	88.9	88.9																								
National ranking: 23 	Comparison with Previous Year: 																									






Other National and Local Indicators

This section sets out the HSCP’s performance against other national and local indicators of performance and quality. The following icons are used throughout parts one and two of this report to identify performance trend information for each indicator:

Icon	Performance
	On or above target
	Within agreed variance of target
	Below target

Performance Indicator	2024/25			Note
	Status	Value	Target	
Percentage of people 65+ indicating satisfaction with their social interaction opportunities		95%	95%	Local performance indicator based on a sample of 50 case reviews analysed each quarter.
Percentage of service users satisfied with their involvement in the design of their care packages		96%	95%	Local performance indicator based on a sample of 50 case reviews analysed each quarter.

Performance Indicator	2024/25			Note
	Status	Value	Target	
Number of homecare hours per 1,000 population aged 65+ (aim to maximise in comparison to support in institutional settings)		517	389	This is the total hours of care for customers aged 65+ receiving homecare on the last week of the year.
Percentage of adults in receipt of social work / social care services who have had their personal outcomes fully or partially met (aim to maximise)		100%	90%	As a minimum, outcomes should reduce risks from a substantial to a moderate level, but the arranging of informal support may additionally contribute to improving quality of life.
Smoking quits at 12 weeks post quit in the 40% most deprived areas (aim to maximise)		26	21	This service is delivered by the NHSGGC Quit Your Way Service and not directly in the HSCP. Data is based on January to December 2024.



Our Highlights

The East Dunbartonshire HSCP Self-Directed Support Implementation Plan (2024-27) was published.	The first local Advocacy Plan for East Dunbartonshire was developed in collaboration with local and national Advocacy Partners and published in September 2024.
Eligibility Criteria (Children and Families) and Fair Access to Social Care Support (Children and Families) policies were revised and approved in January 2025.	The first part of the Older People's Social Support Strategy has been completed.

Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Building informal support options</i>	
Work with communities to develop a network of assets and informal supports, to complement formal, statutory support options	<ul style="list-style-type: none">The first local Advocacy Plan for East Dunbartonshire was developed in collaboration with local and national Advocacy Partners and published in September 2024. It builds on the Greater Glasgow and Clyde Joint Advocacy Strategy 2023-26, bringing Board-wide aims and objectives into the local arena. The plan covers all customers groups: children; young people; adults; and older people. Some groups and individuals require the provision of advocacy through statutory responsibilities, whilst others require advocacy of a more informal nature to support their right to citizenship within the local communities, including the right to independent living. The aim of the plan is to ensure that the HSCP, in partnership with local advocacy partners, deliver locally tailored actions which contribute to the delivery of effective advocacy services in East Dunbartonshire.In April 2024 authorisation was given to establish a short-term working group to review the current Eligibility Criteria Policy (Children and Families) and to explore the development of a Fair Access to Social Care Support (Children and Families) Policy. Following a period of public consultation, these revised policies were approved in January with implementation to commence in April 2025. Eligibility Criteria and Fair

Objectives for 2022-25	Progress in 2024/25
	<p>Access to Social Care Support policies work together to make sure that we get the balance right between treating people individually and also making sure that we are fair and consistent in our approach overall. Importantly, they also allow the HSCP to manage overall demand with the funds it has available.</p> <ul style="list-style-type: none"> • After initial delays, preparation work began for the implementation of the Compassionate East Dunbartonshire model, <i>No One Dies Alone</i>. This will continue into 2025/26.
<i>Commitment: Building local integrated teams</i>	
<p>Develop local, co-located services with integrated multi-disciplinary teams to improve services and reduce our carbon footprint</p>	<ul style="list-style-type: none"> • Following a period of consultation, the East Dunbartonshire HSCP Self-Directed Support Implementation Plan (2024-27) was approved in April 2024. The Plan's actions have been split into three categories: high (where the activity will be completed during 2024-25); medium (where the activity will be completed during 2025-26); and low (where the activity will be completed during 2026-27). There are some activities that span across each of the three years within the plan. For example, regular self-directed support training opportunities for HSCP staff and other stakeholders. • A further programme of Just Enough Support (asset-based support model) was also delivered to Social Work practitioners using our train-the-trainer approach, with attendees representing a wide range of services, and very positive feedback received from participants.
<i>Commitment: Modernising day services</i>	
<p>Redesign day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options</p>	<ul style="list-style-type: none"> • The first part of the Older People's Social Support Strategy has been completed where day centres have been aligned and there has been a successful transition of day centre customers from Milan Day Centre to Birdston Day Centre. The remaining part of the three-year strategy is reliant upon available funding. At this time, the remaining activities cannot be progressed due to the financial constraints and budgetary pressures affecting the HSCP.



Prevention and Early Intervention

Our Highlights

100% of court report requests allocated to a Social Worker within 2 Working Days of Receipt.	95% of Justice Social Work Reports were completed within the target timeframe; a 15% increase from the previous year.
Reduction in A&E attendances over a 6 month period following input from the Frailty Practitioner.	99% of individuals beginning a work placement within 7 working days of receiving a Community Payback Order.

Our Progress in 2023/24

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Extending rehabilitation and reablement</i>	
Further develop rehabilitation services and reablement approaches to sustain people for longer in the community	<ul style="list-style-type: none">A Frailty Steering Group was established to lead on the delivery of the 2024/25 actions from the East Dunbartonshire Frailty Mission. Implementation of actions identified for each workstream have continued in line with agreed timelines.Our Frailty Practitioner has been working to identify patients who would benefit from a comprehensive geriatric assessment at home. Working with acute hospitals, local GPs, CRT, and utilising the emergency department frequent attenders (5 attendances or more per year) list, 164 new patients have been assessed. The frailty practitioner focuses on individuals highlighted via the frequent attenders list but are currently unknown to HSCP services. Recent data evidences a significant reduction in A&E attendances over a 6 month period following input from the Frailty Practitioner.

Objectives for 2022-25	Progress in 2024/25
	<ul style="list-style-type: none"> • Our Rapid Assessment Link (RAL) team have urgently responded to 73 patients, referred by GPs and Advanced Nurse Practitioners, via our GP Rapid Response Pathway, to support patients to remain at home and prevent avoidable hospital admissions. 52 patients were referred via the Scottish Ambulance Service, with RAL providing same-day response to facilitate patients to safely remain at home whilst receiving rehabilitation. 352 patients have received enhanced reablement with the Home For Me Service, a joint care at home and RAL approach, to optimise function, promote independence and reduce packages of care. Approximately 82% of patients progress to full independence and their packages of care have been stopped as a result. Following a 4-6 week period, approximately 84% of home care hours are no longer required, with individuals regaining their independence.
<i>Commitment: Supporting diversion from prosecution</i>	
<p>Extend the range of options for diversion from prosecution available to the Procurator Fiscal Service to extend ability to address the underlying causes of offending, as an alternative to prosecution</p>	<ul style="list-style-type: none"> • During 2023/24 (most recently available data), 258 Justice Social Work Reports were completed with 95% within the target timeframe. This constitutes a 15% increase from the previous year and resulted in 160 Community Payback Orders. • Work has been undertaken to address the following outcomes: reduction in drug related harm and deaths; improved outcomes for those most at risk; improved access, engagement and assertive linkage to health services; an increased range of interventions and resources; improved exit planning for clients leaving the service; and reduced reoffending rates. • The Unpaid Work Team (those on Community Payback Orders) have carried out environmental work in a number of locations, completed a number of projects enhancing the community and have volunteered in the Recovery Café. Feedback from those undertaking Unpaid Work is overwhelmingly positive.

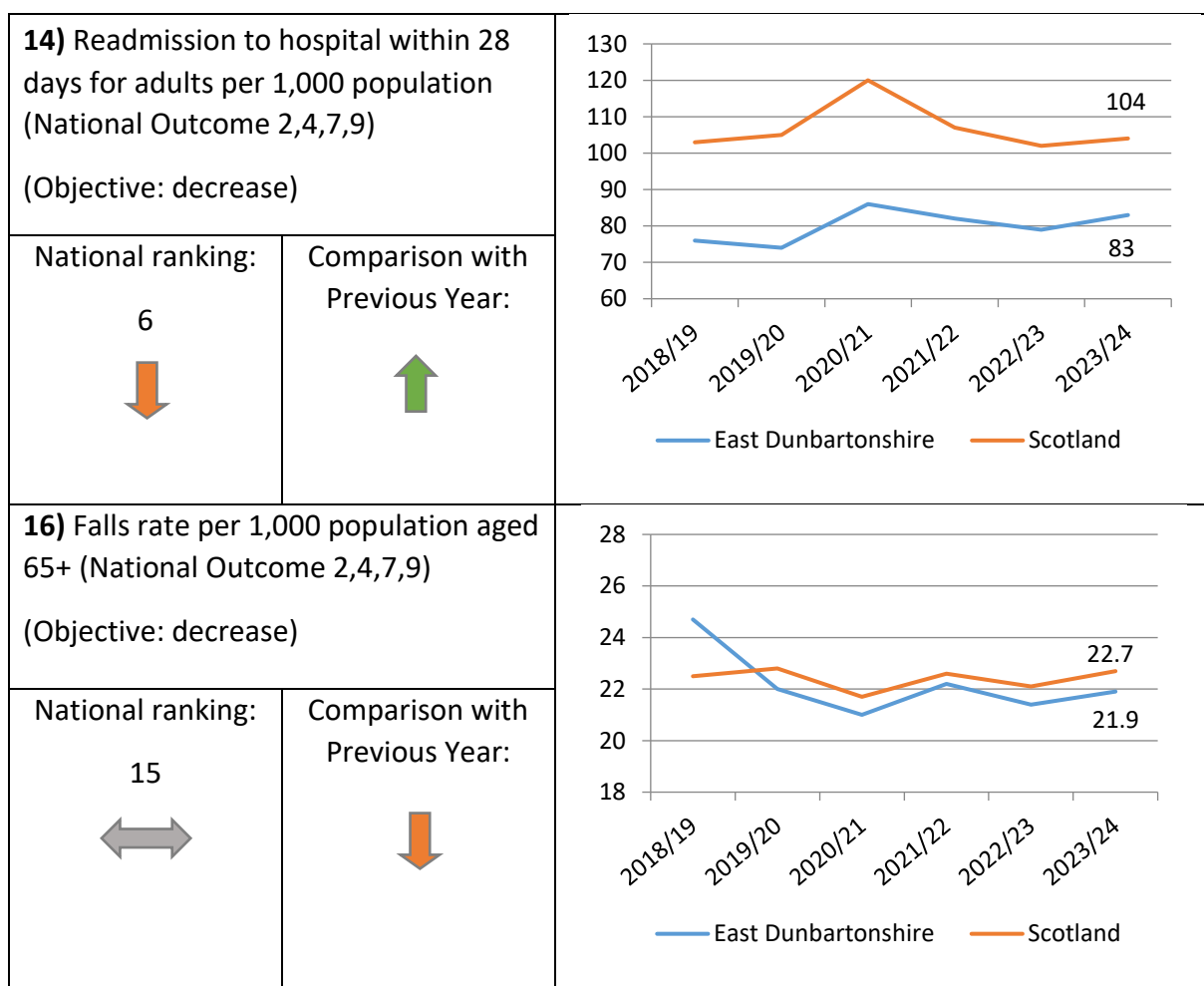
Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Improving school nursing services</i>	
Develop School Nursing Services in line with “Transforming Nursing, Midwifery and Health Professions’ Roles: The school nursing role”	<ul style="list-style-type: none"> The School Nursing Service has introduced a wellbeing bag to aid assessment. This facilitates the child’s engagement and participation in a more meaningful way to identify unmet health and wellbeing needs which will help plan more appropriate support. This type of communication enhances rapport with the child, is child-centred, and creates facilitation of the exploration of their feelings in a safe and inclusive manner. It is through this process that children bring the toolkit objects to life and will communicate life experiences through the use of the metaphors used within the wellbeing bag.

Our Performance

National Core Integration Indicators

This section sets out the HSCP’s performance against national core integration indicators (notes on methodology at Annex 5).




Indicator, Rating and Rank		Performance Trend																					
11) Premature mortality rate for people aged under 75yrs per 100,000 population (National Outcome 1,5) (Objective: decrease)		<table><thead><tr><th>Fiscal Year</th><th>East Dunbartonshire</th><th>Scotland</th></tr></thead><tbody><tr><td>2018/19</td><td>268</td><td>430</td></tr><tr><td>2019/20</td><td>295</td><td>425</td></tr><tr><td>2020/21</td><td>298</td><td>455</td></tr><tr><td>2021/22</td><td>285</td><td>465</td></tr><tr><td>2022/23</td><td>300</td><td>440</td></tr><tr><td>2023/24</td><td>303</td><td>442</td></tr></tbody></table>	Fiscal Year	East Dunbartonshire	Scotland	2018/19	268	430	2019/20	295	425	2020/21	298	455	2021/22	285	465	2022/23	300	440	2023/24	303	442
Fiscal Year	East Dunbartonshire		Scotland																				
2018/19	268		430																				
2019/20	295	425																					
2020/21	298	455																					
2021/22	285	465																					
2022/23	300	440																					
2023/24	303	442																					
National ranking: 2 	Comparison with Previous Year: 																						



Other National and Local Indicators

This section sets out the HSCP's performance against other national and local indicators of performance and quality.

Performance Indicator	2024/25			Note
	Status	Value	Target	
% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery (aim to maximise)		99%	95%	The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service-users.

Performance Indicator	2024/25			Note
	Status	Value	Target	
% of CJSW Reports submitted to court by due date (aim to maximise)		100%	95%	National Outcomes & Standards (2010) states that the court will receive reports electronically from social work, no later than midday on the day before the court hearing.
The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order (aim to maximise)		99%	80%	The criminal justice social work service has responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.
% of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim to maximise)		100%	100%	National Outcomes & Standards (2010) places responsibility on the criminal justice service to provide an allocated criminal justice worker within 24 hours of the Court imposing a community sentence.



Delivering our Key Social Work Public Protection Statutory Duties

Our Highlights

Adult Support and Protection improvement plan approved and 2024/25 actions all delivered on time.	Lower numbers of children being placed on the child protection register and lower numbers being referred to child protection processes, in contrast to a higher number of referrals receiving early and effective intervention.
100% of first Review Child Protection Planning Meetings taking place within 6 months of registration.	The first edition of our Public Protection Newsletter was published.

Our Progress in 2024/25

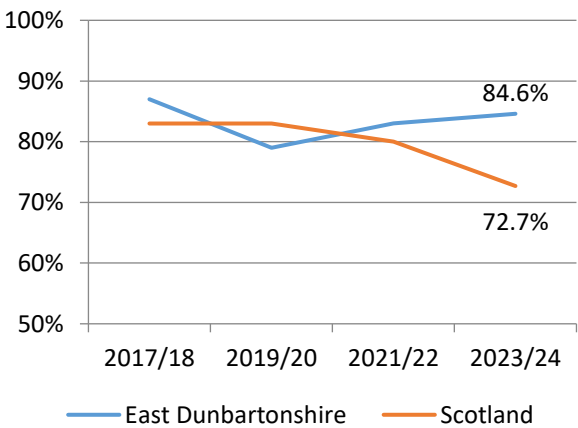


Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Prioritising public protection</i>	
Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns	<ul style="list-style-type: none">• A Joint Inspection of Adult Support and Protection (ASP) arrangements in East Dunbartonshire concluded last year that adults were effectively safeguarded within East Dunbartonshire and there were significant strengths identified. Following its conclusion, we developed a Locality Improvement Action Plan which was approved by the Care Inspectorate in May 2024. The plan focussed on the three key improvement actions identified in the report, with 11 supporting actions to be delivered from 2024-26. All actions for 2024/25 have been completed in line with the agreed timeline, including revision of our ASP procedures, review of inquiry and investigation forms, and refinement of advocacy arrangements within ASP processes.• There has been a decrease in child protection activity generally. This relates to lower numbers of children being placed on the child protection register as well as lower numbers being referred to child protection processes, in contrast to a higher number of referrals receiving early and effective intervention. The Management of Information and Self-evaluation Subgroup carried out various audits, and monitored local and national data and trends and are not concerned about this new lower-level child protection activity. Some of the reasons for a lower level include:

Objectives for 2022-25	Progress in 2024/25
	<p>good support being provided at an early stage by universal services; partnership working and signposting by duty social workers; introduction of Education into Interagency Referral Discussion processes; national decrease in child protection activity; and the potential impact of new Child Protection procedures.</p> <ul style="list-style-type: none"> The first edition of our Public Protection Newsletter was published in April 2024, with the aim of providing updates from the Public Protection forums in East Dunbartonshire (Child Protection Committee; Adult Protection Committee; and Alcohol and Drugs Partnership). The newsletter is published on the Public Protection website at Protecting People East Dunbartonshire, where the second and third editions are also now available. An easy-read version of the children protection statistics, which are reported every three months, has been developed.

Our Performance




National Core Integration Indicators

This section sets out the HSCP's performance against national core integration indicators (notes on methodology at Annex 5).

Indicator, Rating and Rank		Performance Trend															
<div>9) Percentage of adults supported at home who agreed they felt safe (National Outcome 7)</div> <div>(Objective: increase)</div>		<div></div> <table><caption>Performance Trend Data</caption><tr><th>Year</th><th>East Dunbartonshire (%)</th><th>Scotland (%)</th></tr><tr><td>2017/18</td><td>87</td><td>83</td></tr><tr><td>2019/20</td><td>79</td><td>83</td></tr><tr><td>2021/22</td><td>83</td><td>80</td></tr><tr><td>2023/24</td><td>84.6</td><td>72.7</td></tr></table>	Year	East Dunbartonshire (%)	Scotland (%)	2017/18	87	83	2019/20	79	83	2021/22	83	80	2023/24	84.6	72.7
Year	East Dunbartonshire (%)	Scotland (%)															
2017/18	87	83															
2019/20	79	83															
2021/22	83	80															
2023/24	84.6	72.7															
National ranking:	Comparison with Previous Year:																
2																	
																	

Other National and Local Indicators

This section sets out the HSCP's performance against other national and local indicators of performance and quality.

Performance Indicator	2024/25			Note
	Status	Value	Target	
Percentage of Adult Protection cases where the required timescales have been met (aim to maximise)		91%	92%	This measures the speed with which sequential Adult Support and Protection actions are taken against timescales laid out in local social work procedures.
Percentage of initial Child Protection Planning Meetings taking place within target timescale (aim to maximise)		94%	90%	All but one of the meetings took place within target timescales during 2024/25.
Percentage of first Review Child Protection Planning Meetings taking place within 6 months of registration (aim to maximise)		100%	95%	Local standard and timescales set by East Dunbartonshire Child Protection Committee.



Supporting Families and Carers

Our Highlights

The House Project had a very successful annual review in 2024, highlighting that over the course of the project, 22 young people have been supported to move into their homes.	100% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated.
A review of the Children and Families Social Work Service was completed and recommendations approved for implementation.	98% of child care Integrated Comprehensive Assessments for Scottish Children's Reporter Administration completed within target timescales (20 days).

Our Progress in 2024/25

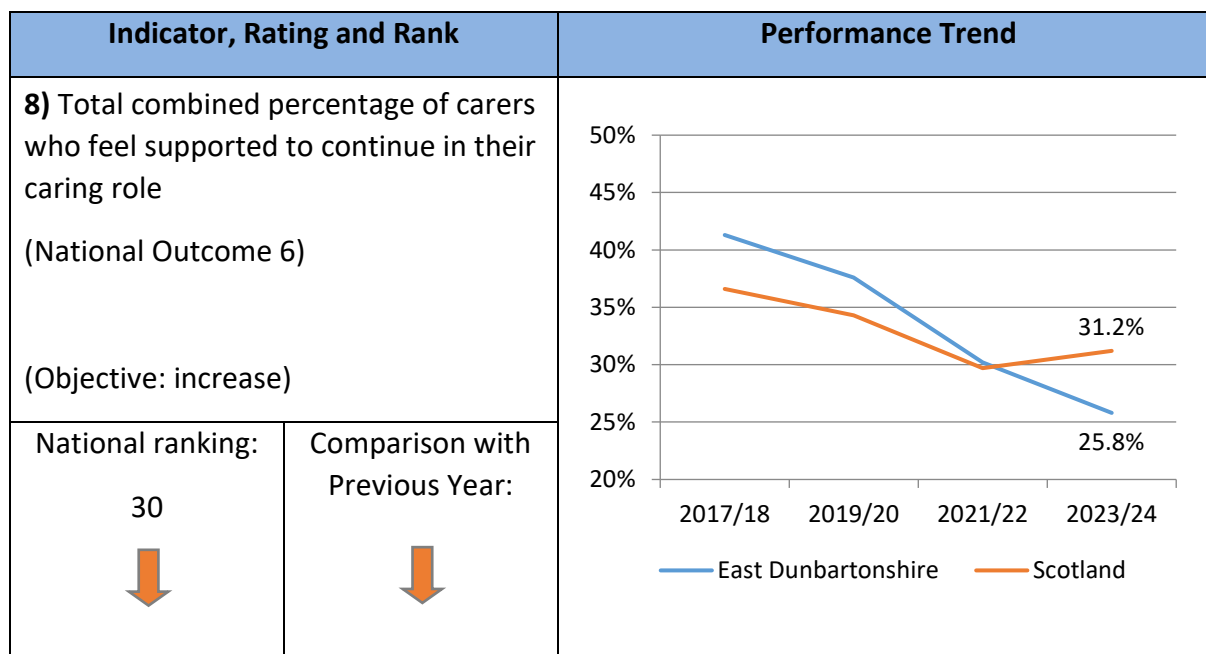
Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Supporting carers with their own needs and in their caring role</i>	
Recognise better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice	<ul style="list-style-type: none">• A review of respite services and short breaks options has commenced but, due to the scope of the review widening, will continue into 2025/26 as part of a formal review process, including a programme of engagement and consultation.• Upgrade works were carried out in Twechar and Pineview residential services in summer 2024.• A review of the Children and Families Social Work Service was undertaken in 2024/25. The aims of the review were to ensure statutory duties were delivered and outcomes for vulnerable children, young people and families were improved; to achieve transformational change and design sustainable Children and Families Services; and to achieve financial efficiency where possible. The review was completed with recommendations approved by the Integration Joint Board for commencement in March 2025.
<i>Commitment: Implementing The Promise for children and young people</i>	
Ensure that every care experienced child grows up loved, safe and respected, able to realise their full potential	<ul style="list-style-type: none">• The Promise Scotland launched Phase 2 of its engagement on Plan 24-30, which is a roadmap for achieving the goals outlined in The Promise. This phase focuses on engaging with people and organizations across Scotland to shape and develop Plan 24-30, the

Objectives for 2022-25	Progress in 2024/25
	<p>next iteration of how Scotland will keep its promise to care-experienced children, young people, and families. Our Promise Steering Group met regularly throughout the year to work towards progressing Phase 2, ensuring that local actions are completed.</p>
<i>Commitment: Strengthening corporate parenting</i>	
<p>Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively</p>	<ul style="list-style-type: none"> The House Project had a very successful annual review in 2024, highlighting that over the course of the project, 22 young people have been supported to move into their homes, with another 2 moving since the review took place. The project currently supports 33 young people with a new cohort of 8 young people due to commence. The review emphasised that over 70% of young people in the East Dunbartonshire House Project community were in education, training or employment which is higher than the national average for care leavers. Staff and young people in The House Project were excited to host a Ministerial visit from Ms Natalie Don-Innes, Minister for Children, Young People and The Promise in March. Ms Don-Innes was impressed with the positive impact the project had made and said it was great to speak to the young people and hear about the support the project provides in terms of moving into their own tenancies and understanding some of the challenges that can be faced. It was also highlighted how the project is a safe place for young people to drop in and for them to socialise to take a step back when things are a little bit difficult for them.

Our Performance



National Core Integration Indicators



This section sets out the HSCP's performance against national core integration indicators (notes on methodology at Annex 5).



Other National and Local Indicators

This section sets out the HSCP's performance against other national and local indicators of performance and quality.

Performance Indicator	2024/25			Note
	Status	Value	Target	
Percentage of child care Integrated Comprehensive Assessments for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target (aim to maximise)		98%	75%	This is a national target that is reported to SCRA and Scottish Government in accordance with time intervals monitoring.
Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated (aim to maximise)		100%	100%	National performance indicator and subject to the impact of small numbers.

Performance Indicator	2024/25			Note
	Status	Value	Target	
Balance of Care for looked after children: percentage of children being looked after in the Community (aim to maximise)		82%	89%	National performance indicator. Work continues to redress the balance of care.
Percentage of children receiving 27-30 months assessment (aim to maximise)		94%	85%	This indicator relates to early identification of children with additional developmental needs and can then be referred to specialist services.



Improving Mental Health and Recovery

Our Highlights

We developed a standard operating procedure for the management of cases in the absence of allocated workers in Alcohol and Drug Recovery Service (ADRS).	East Dunbartonshire maintained Green status for Medication Assisted Treatment (MAT) standards 1-5 and Provisional Green for standards 6-10.
97% of People Waiting less than 3 weeks for Drug & Alcohol Treatment	96% of people waiting less than 18 weeks to start treatment for psychological therapies.

Our Progress in 2024/25



Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Improving adult mental health and alcohol and drugs recovery</i>	
Redesign services for adult mental health and alcohol and drugs services to develop a recovery focussed approach	<ul style="list-style-type: none">• We developed a standard operating procedure for the management of cases in the absence of allocated workers in ADRS. This new guidance document has been recognised as good practice and has been shared with other team managers for adaption and adoption by other services. Safer patient experience, more consistent reliable care provided by the service in the absence of the allocated worker.• Peer support workers in the Mental Health Team have been providing one-to-one support to service users who need support to attend appointments or mutual aid groups and are now supporting individuals who are at high risk because of early release from prison, leaving residential rehab before their placement has ended and unplanned discharge from hospital.• A review of commissioned Alcohol and Drug Recovery and Mental Health services has progressed. Work has been completed as planned for 2024/25, with the review continuing into 2025/26.• East Dunbartonshire maintained Green status for Medication Assisted Treatment (MAT) standards 1-5 and Provisional Green for standards 6-10. The MAT standards are evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.• We have developed a suicide prevention resource list, "Empowering Minds", for anyone who works or lives in the East Dunbartonshire area. This resource list provides valuable information on what is available for signposting individuals who use our services, as well as for their own




Objectives for 2022-25	Progress in 2024/25
	needs. The resource is available on the HSCP website and it will be annually reviewed as it continues to grow.
<i>Commitment: Improving mental health support for children and young people</i>	
The provision of faster, more responsive support for children and young people with mental health challenges	<ul style="list-style-type: none"> • The National CAMHS referral to treatment target of 90% of children and young people starting treatment within 18 weeks has been consistently met since June 2023. • Use of Choice and Partnership Approach was reviewed and a working group will be set up to take this forward in 2025/26. • Continued implementation of the Scottish Government's National Neurodevelopmental Specification for Children and Young People.
<i>Commitment: Improving post-diagnostic support for people with dementia</i>	
Increase the capacity of the post diagnostic support service	<ul style="list-style-type: none"> • A Dementia Strategy Group has been established with representatives from third sector and Community Planning partners. A workplan has been developed with actions to be taken forward in 2025/26. • Performance in relation to post diagnostic support for people diagnosed with a dementia was off-target for the first three quarters of 2024/25, but performance improved to 100% in the final quarter when the team was back to full complement.

Our Performance

Other National and Local Indicators

This section sets out the HSCP's performance against other national and local indicators of performance and quality.

Performance Indicator	2024/25			Note
	Status	Value	Target	
Percentage of people waiting less than 18 weeks to start treatment for psychological therapies (aim to maximise)		96%	90%	This includes the Community, Primary and Older People's Mental Health Teams. The service has delivered above target during 2024/25.
Total number of Alcohol Brief Interventions delivered during the year (aim to maximise)		433	487	Numbers were off-target in quarters 1-3, but were 15% over the target in quarter 4, despite no primary care data contributing to the totals.

Performance Indicator	2024/25			Note
	Status	Value	Target	
Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of less than 18 weeks (aim to maximise)		96%	90%	The CAMHS service has met the target each quarter in 2024/25.
Percentage of People Waiting less than 3 weeks for Drug & Alcohol Treatment (aim to maximise)		97%	90%	Due to routine delays with data finalisation by Public Health Scotland, the figures here are for 2024 full calendar year. Performance has been above target every quarter of 2024/25 to date.
Percentage of people newly diagnosed with dementia receiving Post Diagnostic Support within 12 weeks (aim to maximise)		28%	90%	Due to vacancies in the team during quarters 1-3, 14% of newly diagnosed people with dementia received PDS within target timescales in that period. In quarter 4, with full staff compliment, 100% received support in the target timescale.



Maximising Operational Integration

Our Highlights

Implementation of actions set out within the Joint Unscheduled Care Plan for East Dunbartonshire	The Community Rehabilitation Team provides rapid response for GPs and Scottish Ambulance Service to support avoidable admissions and community follow-up.
--	---

Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Right Care Right Place: urgent and unscheduled health and social care redesign</i>	
Improve patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs and preventing unnecessary hospital care (Redesign).	<ul style="list-style-type: none">Continued delivery of East Dunbartonshire components of the NHSGGC Unscheduled Care Joint Commissioning Plan with local unscheduled care workstreams continuing. A refreshed NHSGGC Design and Delivery Plan for Unscheduled Care 2024-27 is in development but has been delayed until 2025/26.The Community Rehabilitation Team provide rehabilitation advice, care and treatment. Services delivered include working with people with frailty, prevention of admission, supported discharge, rehabilitation in intermediate care, and working to deliver rehabilitation in Care homes. The service also provides rapid response for GPs and Scottish Ambulance Service to support avoidable admissions and community follow-up. In 2024, we have seen 3,800 people referred through our services, including 370 from our 14 local care homes. Referrals have increased year on year; referrals have increased by 62% when compared to pre-covid 2019 and 13% for the same period in 2023.

Commitment: Developing integrated quality management arrangements

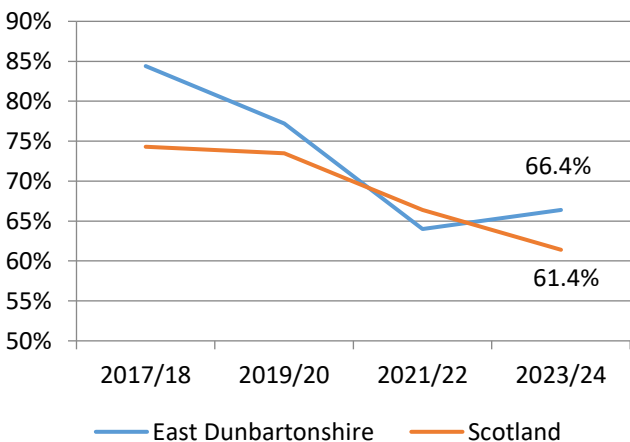


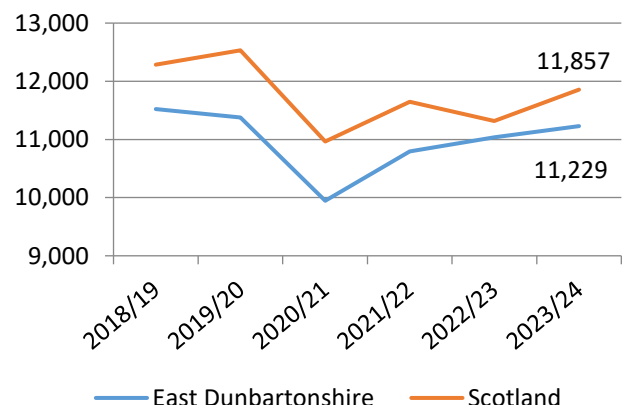


Further develop robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework

- We revised our Quality Management Framework and carried out joint self-assessment of community health and care services.

Our Performance

National Core Integration Indicators

This section sets out the HSCP's performance against national core integration indicators (notes on methodology at Annex 5).

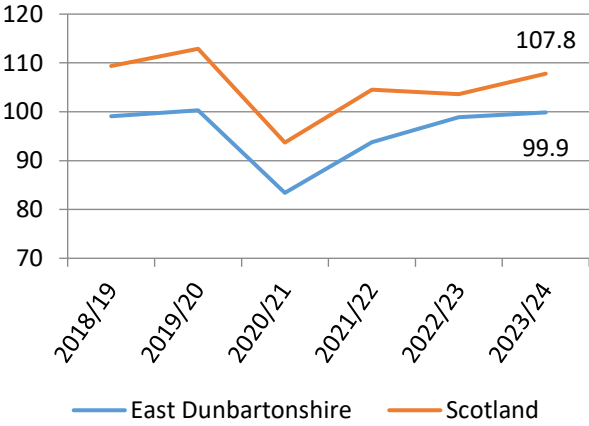

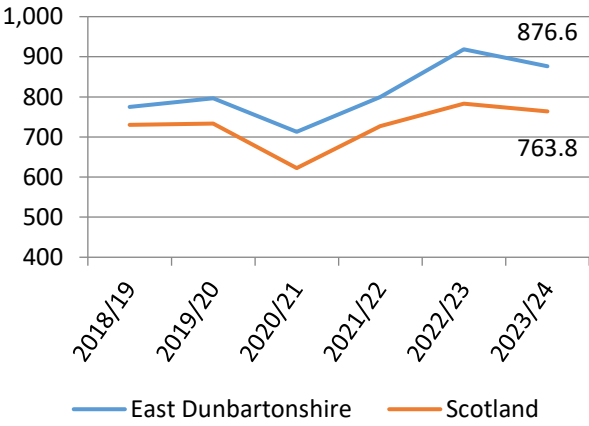

Indicator, Rating and Rank		Performance Trend
4) Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9) (Objective: increase)		
National ranking:	Comparison with Previous Year:	
8 		
12) Emergency admission rate for adults per 100,000 population (National Outcome 1,2,4,5) (Objective: decrease)		
National ranking:	Comparison with Previous Year:	
12 		

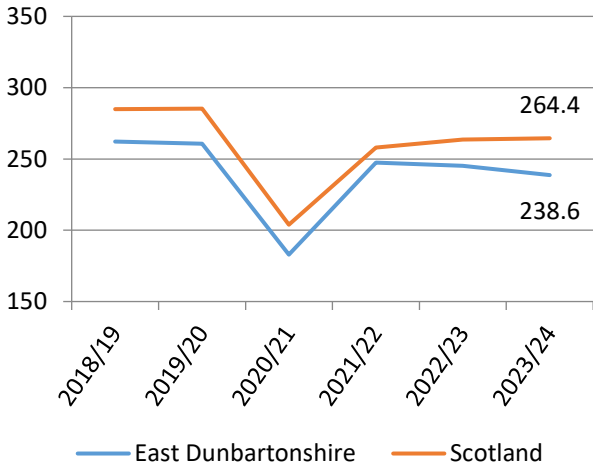
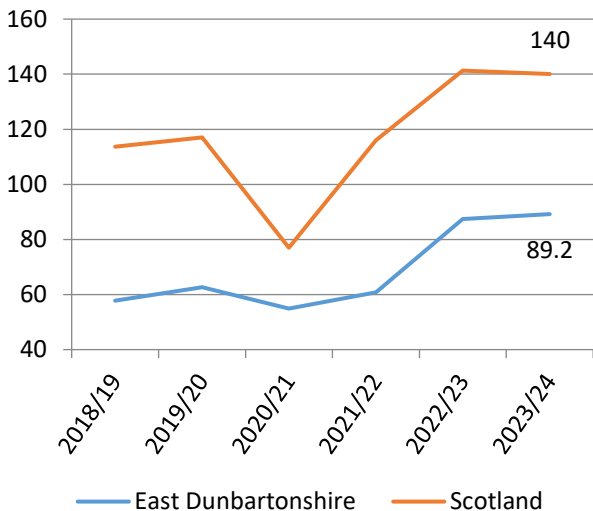
Indicator, Rating and Rank		Performance Trend
13) Emergency bed day rate for adults per 100,000 population (National Outcome 2,4,7) (Objective: decrease)		
National ranking: 19 	Comparison with Previous Year: 	
17) Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (National Outcome 3,4,7) (Objective: increase) 2024/25 data to be published in July		
National ranking: 6 	Comparison with Previous Year: 	
19) Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population (National Outcome 2,3,4,9) (Objective: decrease)		
National ranking: 7 	Comparison with Previous Year: 	

Indicator, Rating and Rank		Performance Trend																
20) Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9) (Objective: decrease)																		
National ranking: 8 	Comparison with Previous Year: 	<table><thead><tr><th>Year</th><th>East Dunbartonshire</th><th>Scotland</th></tr></thead><tbody><tr><td>2016/17</td><td>22.0%</td><td>23.0%</td></tr><tr><td>2017/18</td><td>21.0%</td><td>24.0%</td></tr><tr><td>2018/19</td><td>21.5%</td><td>24.0%</td></tr><tr><td>2019/20</td><td>21.8%</td><td>24.0%</td></tr></tbody></table>		Year	East Dunbartonshire	Scotland	2016/17	22.0%	23.0%	2017/18	21.0%	24.0%	2018/19	21.5%	24.0%	2019/20	21.8%	24.0%
Year	East Dunbartonshire	Scotland																
2016/17	22.0%	23.0%																
2017/18	21.0%	24.0%																
2018/19	21.5%	24.0%																
2019/20	21.8%	24.0%																

Scottish Government Ministerial Strategic Group Indicators

This section provides the HSCP's performance against Scottish Government Ministerial Strategic Group indicators. The data for 2024/25 will be published and updated in June.

Indicator and Rating		Performance Trend																					
1. Unplanned admissions – rate per 1,000 population (National Outcomes 1,2,3,4) (Objective: decrease)		 <table border="1"> <caption>Performance Trend Data for Indicator 1</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>98.0</td> <td>108.0</td> </tr> <tr> <td>2019/20</td> <td>100.0</td> <td>112.0</td> </tr> <tr> <td>2020/21</td> <td>83.0</td> <td>94.0</td> </tr> <tr> <td>2021/22</td> <td>94.0</td> <td>104.0</td> </tr> <tr> <td>2022/23</td> <td>98.0</td> <td>103.0</td> </tr> <tr> <td>2023/24</td> <td>99.9</td> <td>107.8</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	98.0	108.0	2019/20	100.0	112.0	2020/21	83.0	94.0	2021/22	94.0	104.0	2022/23	98.0	103.0	2023/24	99.9	107.8
Year	East Dunbartonshire	Scotland																					
2018/19	98.0	108.0																					
2019/20	100.0	112.0																					
2020/21	83.0	94.0																					
2021/22	94.0	104.0																					
2022/23	98.0	103.0																					
2023/24	99.9	107.8																					
Comparison with Previous Year: 																							
2. Unplanned bed days - rate per 1,000 population (National Outcomes 2,4,7) (Objective: decrease)		 <table border="1"> <caption>Performance Trend Data for Indicator 2</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>780.0</td> <td>730.0</td> </tr> <tr> <td>2019/20</td> <td>800.0</td> <td>730.0</td> </tr> <tr> <td>2020/21</td> <td>710.0</td> <td>620.0</td> </tr> <tr> <td>2021/22</td> <td>800.0</td> <td>720.0</td> </tr> <tr> <td>2022/23</td> <td>910.0</td> <td>780.0</td> </tr> <tr> <td>2023/24</td> <td>876.6</td> <td>763.8</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	780.0	730.0	2019/20	800.0	730.0	2020/21	710.0	620.0	2021/22	800.0	720.0	2022/23	910.0	780.0	2023/24	876.6	763.8
Year	East Dunbartonshire	Scotland																					
2018/19	780.0	730.0																					
2019/20	800.0	730.0																					
2020/21	710.0	620.0																					
2021/22	800.0	720.0																					
2022/23	910.0	780.0																					
2023/24	876.6	763.8																					
Comparison with Previous Year: 																							

Indicator and Rating	Performance Trend																					
<div>3. A&E attendances - rate per 1,000 population (National Outcomes 1,2,9)</div> <div>(Objective: decrease)</div>	<div></div> <table><tr><th>Year</th><th>East Dunbartonshire</th><th>Scotland</th></tr><tr><td>2018/19</td><td>265</td><td>285</td></tr><tr><td>2019/20</td><td>265</td><td>285</td></tr><tr><td>2020/21</td><td>185</td><td>205</td></tr><tr><td>2021/22</td><td>250</td><td>260</td></tr><tr><td>2022/23</td><td>245</td><td>265</td></tr><tr><td>2023/24</td><td>238.6</td><td>264.4</td></tr></table>	Year	East Dunbartonshire	Scotland	2018/19	265	285	2019/20	265	285	2020/21	185	205	2021/22	250	260	2022/23	245	265	2023/24	238.6	264.4
Year	East Dunbartonshire	Scotland																				
2018/19	265	285																				
2019/20	265	285																				
2020/21	185	205																				
2021/22	250	260																				
2022/23	245	265																				
2023/24	238.6	264.4																				
<div>Comparison with Previous Year:</div> <div>↑</div>																						
<div>4. Delayed discharge bed days - rate per 1,000 population (National Outcomes 2,3,4,9)</div> <div>(Objective: decrease)</div>	<div></div> <table><tr><th>Year</th><th>East Dunbartonshire</th><th>Scotland</th></tr><tr><td>2018/19</td><td>58</td><td>115</td></tr><tr><td>2019/20</td><td>62</td><td>118</td></tr><tr><td>2020/21</td><td>55</td><td>78</td></tr><tr><td>2021/22</td><td>60</td><td>115</td></tr><tr><td>2022/23</td><td>88</td><td>140</td></tr><tr><td>2023/24</td><td>89.2</td><td>140</td></tr></table>	Year	East Dunbartonshire	Scotland	2018/19	58	115	2019/20	62	118	2020/21	55	78	2021/22	60	115	2022/23	88	140	2023/24	89.2	140
Year	East Dunbartonshire	Scotland																				
2018/19	58	115																				
2019/20	62	118																				
2020/21	55	78																				
2021/22	60	115																				
2022/23	88	140																				
2023/24	89.2	140																				
<div>Comparison with Previous Year:</div> <div>↓</div>																						

Part 3. How Well Are We Developing Our Enablers?

This section sets out our progress towards the achievement of the enablers that underpin the priorities identified in the HSCP Strategic Plan and associated national health and wellbeing outcomes.

Workforce & Organisational Development

Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Supporting the wellbeing of the health and social care workforce</i>	
Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised	<ul style="list-style-type: none"> The HSCP has three dedicated Microsoft Teams channels to provide a varied selection of wellbeing information and advice and a calendar of strategic wellbeing support has been developed. Staff are well informed through monthly newsletters, Microsoft Teams channels, and regular meetings. Peer support continues to be promoted and developed across the service. Full implementation of the first phase of the national reduced working week for staff employed under an Agenda for Change contract. This represents a reduction in the working week from 37.5 hours to 37 hours.
<i>Commitment: Equipping the workforce and workplace during and after the pandemic</i>	
Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic	<ul style="list-style-type: none"> 36 bespoke team development sessions were facilitated with over 600 participants in 2024 with the aim of promoting highly effective integrated team working. Continued focus on staff experience, supporting managers to provide quarterly updates and share team stories.
<i>Commitment: Redesigning the Public Dental Service</i>	
Redesign the Public Dental Service by implementing a new service delivery model	<ul style="list-style-type: none"> A project manager was appointed to lead on implementing the recommendations from the Public Dental Service Review Programme Board. All recommended actions have now been completed or included in the Operational and Strategic workplan.

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Implementing a skills framework for supporting children's mental health and wellbeing</i>	
Support the improvement of children's mental health and wellbeing, by implementing a national workforce knowledge and skills framework	<ul style="list-style-type: none"> We successfully completed the third year of implementing the Children & Young People's Mental Health & Wellbeing action plan.



Medium Term Financial & Strategic Planning

Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Maximising available resources</i>	
Maximise available resources through efficiency, collaboration and integrated working	<ul style="list-style-type: none"> Following a programme of public consultation, the HSCP Strategic Plan 2025-30, setting out our strategic direction with a programme of action to deliver against our strategic priorities and enablers was finalised and approved by the Integration Joint Board in March 2025. All business continuity plans and the HSCP Winter Plan were updated to ensure the continued safe delivery of local services to vulnerable service users and the maintenance of a safe environment for staff. An overprescribing workstream is underway and polypharmacy reviews are being carried out to achieve savings.
<i>Commitment: Balancing investment and disinvestment</i>	
Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan	<ul style="list-style-type: none"> The IJB was able to set a balanced budget for 2025/26 in March 2025 which included a savings programme under written by general reserves to smooth in the delivery of key areas of disinvestment. An Annual Delivery Plan for 2025/26 was developed to support the delivery of the HSCP's strategic priorities. This plan is underpinned by Head of Service and team level plans, as set out in the HSCP Performance Management Framework. Work began on reviewing the HSCP Transport Policy and will continue in 2025/26 with full stakeholder consultation and equality impact assessment. Following the completion of an equality impact assessment, the Care of Gardens scheme was ceased on grounds of affordability.
<i>Commitment: Delivering financial sustainability</i>	
Ensure longer term sustainability of services within available resources	<ul style="list-style-type: none"> The Medium-Term Financial Strategy outlines the financial outlook for the next five years and provides a framework which will support the HSCP to remain financially sustainable. It forms an integral part of the Strategic Plan, highlighting how the medium-term financial planning principles will support the delivery of our strategic priorities.



Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Co-designing solutions with the third and independent sectors</i>	
Build collaborative commissioning through the development of improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers	<ul style="list-style-type: none">Partners from health, social work and the third sector have collaborated to develop An Infant Feeding Pathway to support families who need to access emergency infant formula. The Pathway optimises options and entry points for a parent/infant to be supported to access formula food, and to be linked to a network of wider support services, such as financial advice.
<i>Commitment: Supporting primary care improvement</i>	
Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding	<ul style="list-style-type: none">As part of the ongoing delivery of our Primary Care Improvement Plan, our Pharmacotherapy Hub opened in April. The Hub provides all 15 GP practices with a medicines reconciliation service, processing all Immediate Discharge Letters. This essential service ensures patients are updated on changes made to medicines whilst inpatients, and gives them the opportunity to discuss their medication with a pharmacy professional. This has helped release time for our pharmacists to provide care to those with more complex needs.



Infrastructure & Technology

Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Modernising health and social care facilities</i>	
Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices	<ul style="list-style-type: none">• Work continued this year on the progression of the Property Strategy to redesign and refresh our current accommodation. As a result, work is underway on the development of the Bishopbriggs Community Treatment and Care Centre, planned to open later in 2025 in adjoining retail units which will provide four high specification treatment rooms. The HSCP is continuing to explore options for clinical and non-clinical accommodation in the West Locality, in discussion with NHSGG&C Property and Capital Planning.
<i>Commitment: Maximising the potential of digital solutions</i>	
The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone (Redesign).	<ul style="list-style-type: none">• Work on the development and testing of the delivery of access to shared systems for our Council and NHS workforce is ongoing, including a joint desktop with access to key information management systems to support frontline service delivery and resource management systems.• The rollout of productivity and collaboration tools in Microsoft 365 continued with improvements to functionality across the partnership and availability of training sessions and resources throughout the year.

Part 4. Locality Planning

East Dunbartonshire is divided into two areas, known as localities, to support operational service delivery and to enable planning to be responsive to local needs. These locality areas relate to the following natural communities:



The area is also organised into three primary care clusters: Kirkintilloch and the Villages; Bishopbriggs and Auchinairn; and Bearsden and Milngavie. Most community health, social work and social care services are organised into either locality or cluster teams.

The HSCP continues to review the purpose and governance of locality planning within the HSCP, working towards a new vision in 2025/26. The HSCP is developing a model that focuses on prevention activity and ensures a closer link between locality needs, service delivery, resources and assets. Locality profiles have recently been updated for both areas, providing contextual information to support planning and help identify needs.

The HSCP Board is an equal partner in the East Dunbartonshire Community Planning Partnership and has responsibility for leading on key outcomes within the Local Outcome Improvement Plan, as well as contributing to others. Central to the HSCP's contribution to community planning is its support for a locality-based asset approach. Community planning within localities enables partners to evaluate outcomes in the context of smaller communities and collaboratively plan with local people.

Part 5. Hosted Services

Background and Context

The integration of services in a Health and Social Care Partnership involves a legal process whereby functions and services are delegated by the Council and Health Board to a separate governance body called an Integration Joint Board (IJB). In East Dunbartonshire, we call this our Health and Social Care Partnership Board. There are a range of services that by statute *must* be delegated to IJBs and there are additional functions and services that *may* be delegated.

For most services that are delegated to IJBs, these are arranged on a local area basis, so that each local IJB will oversee their strategy and operation as they are arranged and delivered for the area in which the IJB operates. There are six IJBs operating across the NHS Greater Glasgow and Clyde area, so that means that most services are split up into six divisions, one for each IJB. But some services cannot be easily split up, either because it would fragment the services or economies of scale would be lost. In these circumstances, it is often agreed that one IJB will host a service on behalf of some or all of the IJBs across the NHS Greater Glasgow and Clyde (NHSGGC) area.

East Dunbartonshire HSCP Board hosts two functions on behalf of the family of IJBs in the NHS Greater Glasgow and Clyde area: Specialist Children's Services and Oral Health Services. These services are described in more detail below, with a summary of their achievements during 2024/25 and their planned priorities in the year ahead.



Specialist Children's Services

Specialist Children's Services (SCS) support the health and wellbeing of children and young people across Greater Glasgow and Clyde. We offer a range of services within Specialist Community Paediatric Teams (SCPT), Child and Adolescent Mental Health Services (CAMHS), and Tier 4 Services. SCS has a large workforce based throughout the NHSGGC area. Some of these staff work within the local communities, such as health centres, in hospitals and inpatient units, schools (mainstream and additional support for learning), and within the patient's home, and SCS have many office bases throughout NHSGGC and the six partnership areas.

Across Scotland, there is a tiered approach to mental health services in the public sector. Getting It Right for Every Child principles underpin service delivery in each tier and these are built into service specifications. Tier 1 mental health support is delivered locally and as part of universal services such as Health Visiting and Education. Tier 2 covers mild mental health presentations and is targeted towards those who need it. These services are usually delivered by voluntary and community organisations and offer short-term interventions. Tier 3 community CAMHS services are targeted at children and young people with moderate to severe mental health needs who require assessment, intervention and management

which is more specialist than that which can be provided by universal services. Tier 4 CAMHS services focus on highly specialist services operating on a GGC level with small numbers of children who require specialist care. GGC CAMHS also host the West of Scotland regional child and adolescent psychiatric in-patient unit at Skye House, and the national children psychiatric in-patient unit for under 12s at the Royal Hospital for Children.

Areas of Development and Progress during 2024/25

Key highlights of development and improvement work over the last year include:

CAMHS & Neurodevelopmental

- The CAMHS waiting times standard of 90% of children and young people starting treatment within 18 weeks has been maintained above the national target since June 2023, in February 2025 RTT=98.5%. No long waits for first treatment appointment.
- A range of actions to ensure evidence-based programmes are adopted and new and existing staff are well inducted and developed. Delivery of online therapeutic group work for children, young people and parents on allocation lists. Information about CAMHS and Care Bundles for young people and families set up on Right Decision Support service, as part of MyApp: My Mental Health. Development regarding Eating Disorders provision is noted in the next Priority.
- We have migrated all school age children on to a neurodevelopmental pathway which has allowed us to establish the demand for the service. Demand/ capacity modelling has been completed to show limitations of resource available to meet demand.
- Recruitment for CAMHS engagement research study completed in quarter 2. Early findings presented at NHS CAMHS Benchmarking Network event in quarter 3. Qualitative Analysis continues with dedicated time agreed for quarter 1 of 2025/26.

Eating Disorders

- Test of change for Physiotherapist, Speech and Language Therapist (SLT) and Occupational Therapist (OT) supporting young people with eating disorders completed. OT and Physiotherapy are in place, recruitment for SLT underway so the Eating Disorders (ED) team in a stronger position overall. Benchmarking of the current ED service provision against the national ED service spec is ongoing.

Infant Mental Health

- The Infant Mental Health Service, also known as Wee Minds Matter, continues to provide: Outreach and Care Planning support to health and social care practitioners; Consultation to support existing networks around infant/family; Specialist Intervention working directly with infants and families; and Education to raise awareness of IMH with families and professionals. Specialist intervention includes formulation work, Newborn Behavioural Observation, Circle of Security Parenting, Parent Infant Psychotherapy, Child Parent Psychotherapy, psychoanalytic infant observation, Family/Systemic therapy, SLT support, OT support, (VIG), and art-based psychotherapeutic work.

- In 24/25 a structured implicit review was undertaken of infant voice in Wee Minds Matter case notes. This has been used to improve practitioner and parent understanding of parent/infant relationships.
- Feedback from parents and caregivers highlights the positive impact of the team, for example, “It has helped us to help him in understanding his behaviour and knowing how to work together with him to...understanding his behaviour and how he displays his emotions” and “the work they do is invaluable and has helped us as parents and my son massively, ... a god send as my son transitions into nursery and early learning environment, the wee minds matter service has been fantastic for us.”

Specialist Community Paediatric Teams

- Started to review the service delivery model in the SCS Disability Pathway where significant backlogs to see both the Nursing and medical elements of the pathway have developed due to workforce issues and increased demand. The review aims to modernise and reform the pathway identifying priorities for future service delivery. Mapping of disability review and engagement scoping completed on 7th October with a range of staff across GGC and including universal colleagues. Progress being made to better understand the current service delivery and to consider what the service demands are and how the service can evolve to meet the greatest demand and what skills development would be required. Public engagement work commenced beginning of February 2025. Patient Experience and Public Involvement (PEPI) Survey completed in February 2025, now analysis of survey occurring. Staff focus groups planned and ongoing from April to May 2025.

Regional CAMHS Tier 4 Developments

- SCS continues to finalise the Capital and Workforce plan in order to operationalise the West of Scotland Child & Adolescent Intensive Psychiatric Care Unit (IPCU). Final agreement from GG&C CMT in March 2025, dependent on written confirmation of recurring funding. Project timelines reviewed in April 2025 in light of the projected high-level timeline from Capital Planning regarding the refurbishment and final handover of Munro Ward.
- As part of the Mental Health Recovery & Renewal (MHRR) SCS has supported the planning to establish the delivery of regional Forensic CAMH services for children and young people with forensic needs and those who are in secure care to deliver a more coherent system of forensic mental health services in West of Scotland. We will continue to work with the West of Scotland (WOS) regional planning network to allow GGC to host a regional FCAMHS and Secure Care Hub. The delivery of this is dependent on the allocation of additional funding which currently remains unconfirmed.

Areas of Focus / Key Priorities in 2025/26

- Maintain the National CAMHS 18-week Referral to Treatment (RTT) target.
- Ongoing refinement of the ND pathway and monitoring of implementation. This will include reviewing clinical requirements to meet the ND Service Specification relative to demand and capacity, and appraising options to mitigate waits for access to assessment

and diagnosis, for example, alternative service models, improving cross sector support to children and families, or use of digital assessment tools.

- Continue to undertake analysis on factors that impact engagement with CAMHS. This will be used to inform potential interventions to enhance engagement and reduce non-attendance.
- In conjunction with adult services, continue to implement the national Eating Disorder Service Specification. This will include consolidating tests of change undertaken or underway in expanding the role of AHPs to support young people with eating disorders, particularly those with neurodevelopmental co-morbidities.
- Continuing to work with Public Health Scotland, and other stakeholders on the development of the Child & Adolescent Psychological Therapies National Dataset (CAPTND), including data quality work to identify areas for improvement.
- Continue to develop perinatal and infant mental health services clinically in line with associated professional guidelines and standards.
- Finalise the planning required to operationalise the regional Child & Adolescent Intensive Psychiatric Care Unit (IPCU), should recurring funding be allocated.
- Review supervision policies and practises, and develop standards aligned with values such as empowering people, self-management, shared decision-making, and co-production within SCS.
- Review waiting lists and approaches to care and flow.

Oral Health Directorate (OHD)

The OHD is hosted within East Dunbartonshire Health and Social Care Partnership and has responsibility and accountability for Primary Care Dental services within NHS Greater Glasgow and Clyde (NHSGGC) Health Board. The responsibility and accountability for Secondary Care Dental services sits with the Regional Services Directorate, part of the Acute Sector of NHSGGC.

The OHD structure incorporates:

- General Dental Services, including Greater Glasgow & Clyde Emergency Dental Service
- Public Dental Service
- Oral Health Improvement
- Secondary Care Dental Services
- Dental Public Health

General Dental Services (GDS)

The role of the OHD General Dental Services administration team is to provide a comprehensive administrative support service to 266 practices and over 800 General Dental Practitioners in Greater Glasgow and Clyde in accordance with The National Health Services (General Dental Services) (Scotland) Regulations 2010. The department acts as an enabling function providing practitioners with the necessary support and expertise associated with their terms and conditions obligations. The department supports the organisation by ensuring that its statutory responsibilities are fulfilled in relation to this group of NHS independent contractors.

Public Dental Service (PDS)

The PDS service operates on a board-wide basis across 19 community sites, three prisons, three secure schools, and five secondary care sites. It provides comprehensive dental care and oral health education to priority group patients, including those with additional support needs, adult and paediatric learning disabilities, medically compromised and children who are unable to be seen routinely by GDS (these will include higher levels of treatment complexity and behavioural factors). Treatment is provided in clinics, schools and nurseries, care homes, outpatient daycentres, hospital settings, domiciliary visits, prisons, and undergraduate outreach clinics.

Oral Health Improvement (OHI)

Incorporating strategic and organisational leadership to reduce oral health inequalities, including fulfilling NHSGGC responsibilities in relation to the Oral Health Improvement Plan (2018), delivery of national Oral Health Improvement Programmes (such as Childsmile and Caring for Smiles), local oral health strategy, and for oral health improvement requirements and ambitions across other programmes in NHSGGC.

Secondary Care Dental (SCD) Service

SCD services, also known as Hospital Dental services, are the main referral centre for specialist dental services for NHSGGC and the West of Scotland. SCD services accept patients on referral from medical and dental practitioners as well as tertiary referrals from other areas or specialties, including the Emergency Dental Treatment Centre (EDTC) and the Out of Hours (OOH) service.

Patients can be treated in outpatient clinics or, depending on the treatment required, patients are admitted as inpatients or day cases. Treatment is carried out in the Glasgow Dental Hospital (outpatients) as well as many hospital sites (inpatients/day cases) within the Acute Sector of NHSGGC.

Dental Public Health (DPH)

DPH is the speciality of dentistry that deals with the prevention of oral disease, promotion of oral health, and improvement of quality of life through the organised and collective efforts of society. DPH practitioners also have roles in health protection related to dentistry and provide strategic input to the management of healthcare services. The NHSGGC Consultant in Dental Public Health sits within the OHD and works alongside colleagues in the Public Health Directorate and Health Improvement in the Health Board and HSCPs.

Areas of Development and Progress during 2024/25

Over the last year, development and improvement work has continued within Primary and Secondary Care dental services. Some highlights include:

- Implementation of the recommendations from the Public Dental Service Review Programme Board have now been completed.
- A Project Manager was appointed within OHD and part of their role was to progress the PDS Review recommendations, which was an objective within the Annual Delivery Plan. He is now supporting other key projects within the Directorate.
- Access to NHS GDS remains a key challenge, particularly within the Inverclyde area. A pilot of an Emergency Dental Treatment Centre model of care took place at Greenock Health Centre, which provided emergency and urgent care to support patients were not able to register with a dentist. A meeting with GPs within the Inverclyde area and representatives of Inverclyde HSCP also took place in February 2025 to discuss potential options for providing a similar service within this area.
- The creation of an OHD wide Communication and Engagement Strategy was completed. Work continued on the creation of a rolling communications programme and action plan to ensure that our interactions with key stakeholders via social media and other mediums is meaningful and that the strategy becomes embedded as business as usual.
- The Public Dental Service ran a successful pilot to develop a trauma informed approach to the management of complex and vulnerable patients who are unable to access main stream dental services e.g. homeless patients, recently liberated prisoners and patients with addictions. This involved training staff in trauma informed care and was primarily located at Bridgeton Health Centre.
- A review undertaken of the paediatric patient pathway led to a number of recommendations which allowed us to track/monitor patient progress through their pathway. This now ensures that we maintain an accurate waiting list, have streamlined the patient pathway, and can provide robust data.

Areas for Focus during 2025/26

- Update the OHD Workforce Plan, giving consideration to the potential impact of the Health and Care Safe Staffing Act and the reduction to 36 hours for all agenda for change staff which comes into effect on 1st April 2026.
- Continue to monitor the number of de-registrations from practices to ensure we have an overview on any other areas where there may be a significant access issue developing.
- Continue to work with colleagues within Inverclyde HSCP to seek solutions to the limited access to NHS dentistry within the area. Offering support and guidance to any practitioner who wishes to apply for Scottish Dental Access Initiative funding to establish a new NHS dental practice in the Inverclyde area.

- Monitor the number of practices and patients registered in practices, which are owned and operated by Dental Body Corporates (DBC). Due to volume of DBCs within NHSGGC there is an access risk in the event a DBC goes out of business.
- Progress the creation of an OHD Strategic and Operational Plan which will capture all significant projects and allow us to effectively chart progress against these areas of work.
- We will take delivery of a Mobile Dental Unit in April 2025 which will be used to help address some service challenges in the PDS, in particular the management of dental care for vulnerable and socially excluded individuals, where delivery of care is not possible or practicable from within fixed estate.
- A review of the Special Care patient pathway will be finalised and similar to the paediatric pathway this will allow us to maintain an accurate waiting list, streamline the patient pathway, and provide robust data.
- The Childsmile Executive Team has informed all health boards that there will be a refocus of the Childsmile programme. The notable change will be the removal of Fluoride Varnish (FV) within the nursery setting, and teams concentrating on the quality and sustainability of toothbrushing within schools and nurseries. The Oral Health Directorate will meet with HSCPs to discuss the way forward and agree key objective terms within each locality.

Part 6. Other Achievements and Good Practice Highlights

Each year we report on a wide range of achievements that have been delivered across the HSCP, many of which represent new and innovative ways of working. Managers and staff demonstrate good and improving practice in their day to day work and we feel it is important to showcase these:

Empowering People

What Matters To You?

What Matters To You? Day is a world-wide campaign with the aim of encouraging deeper conversations with our patients who receive care and also with our staff and colleagues who provide care. In HSCP sites across East Dunbartonshire, we invited patients, carers and members of staff to have some cake and tell us, "What matters to you?" and "What makes a good day for you?". The events highlighted the importance of having patient and carer interactions that revolve around the individual needs of people in need of health and/or social care and those who provide care.



Managing COPD at Home

Supporting people with COPD in their home environment has been shown to be safe and effective, and is used as an alternative way of caring for patients who would otherwise need to be admitted to hospital. COPD is related to high healthcare costs largely from hospital admissions, and our new enhanced model of respiratory physiotherapy care is designed to proactively manage respiratory disease at community level, by providing specialist respiratory support to patients with COPD during exacerbations; on discharge from hospital following a flare up; and to help improve their ability to self-manage their condition. Data shows a 65% reduction in A&E attendances for patients who have received input from our Respiratory Physiotherapist. Training has also been provided to staff within the wider HSCP to enable them to manage breathlessness, recognise signs of and exacerbation, and next steps.

Art and Creative Thinking Workshops

An art project was delivered in partnership with local recovery after-care charity GRACE, engaging with 15 participants over 10 weeks. Led by artist Rachel Toner, Art and Creative Thinking workshops built on GRACE's existing art workshops, with participants working collaboratively on a variety of artistic pieces. The project merged creativity, community recovery, and healthcare, and participants not only contributed bespoke artwork but also found purpose, connection, and healing through the process. The artwork was installed at Kirkintilloch Health & Care Centre to enhance our consultation and waiting areas.



Adult Community Nursing

Our Adult Community Nursing service was selected to present three posters at an NHS Scotland event in June. Following a competitive process, applicants were selected to produce and showcase their posters to national delegates and our successful candidates were: Michelle Dalgarno presenting on transforming district nursing services through the introduction of District Nurse Advanced Nurse Practitioners; Douglas Bell on Advanced Nurse Practitioner initiation of first dose medication during home visits; and Fiona Denham on Empowering patients to self-administer Vitamin B12 injections using a values-based approach.

Care Homes Summer Cycling Initiative

The CAPA (Care about Physical Activity Team) ran their Summer Cycling initiative this year, bringing joy and physical activity to care home residents. The first week in July marked the first session in Buchanan House Nursing Home where residents thoroughly enjoyed the experience, coupled with a film of cycling along the beachfront at Salou, and listening to a playlist of Summer tunes. The team ran further sessions throughout summer, providing continued engagement and fun in bringing physical activity to care home residents.

Falls Awareness

In September, the CAPA Team used Falls Week as an opportunity to get some of the key messages about falls awareness and prevention around the local area. The theme for the week this year was winter preparedness, which was reinforced during the Autumn/Winter period. The team visited local Care Homes (13 participated) and set up touchpoint and learning stations to carry out awareness activities with staff and others in the Care homes. The team spoke with 128 people in Care homes, including a range of staff in different roles, and there was good engagement throughout the week.



Engagement with the public took place in Dobbie's Milngavie and Caulder's garden centres. Almost 100 people took part in conversations about falls prevention, with 3 referrals taken to Community Rehab, 4 walking aids issued, 11 ferrule changes completed, and 1 stick height change, all to support falls prevention.

Occupational Therapy Waiting Lists

The Occupational Therapy Team has continued to work hard over the last year to reduce waiting times. Waiting lists have dropped from 3 years to 4 months thanks to implementing a new duty system allows for better screening , carrying out comprehensive assessments, and teamwork to reduce waiting times.

Improving the Cancer Journey



The East Dunbartonshire Macmillan Improving the Cancer Journey Team was shortlisted as finalists for two prestigious awards in recognition of their outstanding work. The team was named as one of the final five contenders for the Excellence in Innovation category at the Macmillan Excellence Awards, the only Scottish representation to make the final five and a remarkable achievement that highlights the team's ground-breaking work. The team has pioneered a first-of-its-kind service at HMP Low Moss, where cancer wellbeing practitioners provide vital support to inmates affected by cancer. By introducing holistic needs assessments, the team ensures prisoners receive personalised cancer care plans that address their emotional, practical, and medical needs. The innovation has fostered collaboration between prison healthcare and external services, improving early detection, treatment and survivorship outcomes. With a multidisciplinary approach, the service supports both inmates and their families, breaking down barriers, reducing stigma, and ensuring equitable access to compassionate cancer care. In addition, the team was also shortlisted as finalists for the Top Team award at the Scottish Health Awards.

Empowering Communities

Meet the Services

Members of the public were given a great opportunity to interact with a wide range of health and social care support services at an event held in Kirkintilloch Town Hall in April. The event was attended by local third and voluntary sector providers and across a wide range of partners and stakeholders, sharing knowledge and raising awareness. The variety of organisations and services participating in the event was impressive and reflects the variety of services available in East Dunbartonshire. Events like these play a crucial role in connecting people with the support they need and raising awareness about the services available in their local area.

Income Maximisation

Over the past six years, the East Dunbartonshire Income Maximisation Service has significantly bolstered the community by securing over £5 million in income for local residents. The service primarily assists families with young children, families with children up to age 25 with recognised disabilities, and older adults, making a notable impact across these groups. In the 2023/24 period alone, the service processed a total of 430 referrals across the two services, resulting in a financial gain of over £1.1 million. This remarkable achievement highlights the service's dedication and effectiveness in supporting the community. Residents can self-refer, or our health care partners can refer to the service via a QR code system, streamlining access to this vital resource. Alternatively, a paper form or phone call can also be used to refer to this service.

Public Protection

Children's Rights

The United Nations Convention on the Rights of the Child (UNCRC) (Incorporation) (Scotland) Act 2024 came into effect in July 2024, and the Children and Families Social Work Team held a launch party to celebrate children's rights and acknowledge the work being carried out across services in East Dunbartonshire. The UNCRC embodies the idea that every child should be recognised, respected and protected as a rights holder and as a unique and valuable human being. The UNCRC principles were discussed by practitioners at the event and the importance of not only listening to the child's voice, but acting on what they say, was highlighted. A seven-minute briefing relating to UNCRC has also been developed.



Supporting Families & Carers

Allander Resource Centre Awards

The Allander Resource Centre was a winner in the Diversity in the Public Sector category at The Herald & GenAnalytics Diversity Awards 2024. Judges noted the integration with the community, fostering partnerships, and the delivering of a vital inclusive service in a public sector space. The accomplishment of the service is a testament to the dedication, hard work and excellence in keeping diversity and inclusion at the forefront of what the service do. The Allander was also the winner in the Leisure and Arts category of the Glasgow Institute of Architects awards.

Gold Baby Friendly Services

Since 2018, the East Dunbartonshire Health Visiting (HV) Team have been accredited as UNICEF Gold Baby Friendly. Accredited services must submit an annual summary of the last year in order that effective maintenance and progress of standards may be monitored. Encouragingly, statistics have increased for both total and partial breastfeeding at 6-8 weeks and the 13-15 month breastfeeding rates have also increased since 2018. The HV Team report on leadership, culture, monitoring, progression, and data trends in relation to 4 standards (antenatal care, enabling continued breast feeding, informed decisions and loving relationships). 100% of mothers reported that they were happy with the care received and that staff were kind and considerate.

Corporate Parenting Awards

Children's services were nominated in four categories of the Who Cares? Corporate Parenting Awards 2024, with some nominations submitted by young people / service users.



The services were nominated and won the Excellence in Innovation category for the work of the East Dunbartonshire House Project which provides a scaffolding of support around Care Experienced people who are leaving care and entering their own tenancy. The House Project uses a trauma-informed, relationship-focused approach to ensure Care Experienced people are given choice on where they live, and feel prepared to live independently. The support offered is tailored to support individuals and allows Care Experienced people to plan for the future and create a timescale for entering their tenancy. Care Experienced people stated that the staff at the House Project ensure they feel “supported and safe”, and “they are really transparent and honest, and they help us prepare for change”.

The House Project was also nominated in the Outstanding Corporate Parent and Stable Foundations categories for the work to ensure that all Care Experienced people have an opportunity to build their life skills and help those looking for their own tenancy. Staff were recognised as going above and beyond to provide support to Care Experienced people, ensuring their voices are heard and providing a listening ear. The Champions Board also gives Care Experienced people an opportunity to share their views and advocate for change within the local authority.

The services were nominated in the Changing the Narrative category following the introduction of a Language and Communication Group to understand the issues and concerns in terms of the language used across social work and wider services. A consultation with Care Experienced people, foster carers, and practitioners led to further changes in practice and policy relating to language and communication, including the embedding of life story work as common practice.

Community Support Team

The Community Support Team provide a support service to over 100 children and young people and their families in East Dunbartonshire. The 22-strong Community Support Team made up of Family Support Workers, Social Work Assistants, an Organiser and Team Manager support vulnerable children and young people who have a range of additional support requirements and their families. The service has continued their hugely successful Christmas project and supplemented it with an Easter project, the winter Wrap Up program, running a local food and clothing bank and family days, including Cuppa and Chat events which have also supported the participation work that helps service users feel valued and part of the service design and delivery. Following an unannounced inspection in January, the service received sector leading grades and the Care Inspectorate praised the service for being understanding, insightful, committed to their work and reflective about their practice.

Ferndale Children's Service

Ferndale Children's Service was inspected by the Care Inspectorate in June 2024 and the service received outstanding grades based on the question, "How well do we support children and young people's rights and wellbeing?". Ferndale was evaluated as an excellent service, where performance was sector leading, resulting in gaining grade 6 for the full inspection. The Care Inspectorate commented on the team's practice, stating it was effective, innovative and sustainable across a wide range of activities which they offer. It was also reported that our staff team provided exceptional levels of care and more importantly one of the young people told the Inspector that this allowed them to feel safe, secure and nurtured. Stakeholders commented on the excellent communication and collaborative approach. The report states that staff prioritised their relationships with young people, and these were warm, nurturing and respectful. Relationships were informed by staff's knowledge of attachment, trauma and children's rights. Although Ferndale has achieved grade 6 for the second year running, this is first time that we have achieved the maximum grades in every area that was inspected. Ferndale has also been identified as a Promise Corporate Parent and can now coach the young people in their care through the Duke of Edinburgh scheme and the Prince's Trust Awards.

Improving Mental Health & Recovery

Primary Care Mental Health Survey

In our most recent online patient survey for the Primary Care Mental Health Team, collated between May and September, 97% of respondents reported an overall improvement in relation to symptom management whilst 80% of respondents were generally satisfied with the treatment they received. Comments highlighted that our patients valued our compassion and empathy, patient-centred and tailored CBT (Cognitive Behavioural Therapy) approach, and over 95% of respondents felt validated and heard in their treatment sessions.

Conversation Café

Peer recovery workers from the East Dunbartonshire Alcohol & Drugs Partnership held a conversation café to encourage informal discussion on topical issues in a relaxed and friendly setting. As a community-building tool, this brings people together to share their perspectives on important topics and to learn from each other. The conversations are facilitated in a way that encourages everyone to participate, regardless of their background or beliefs. The café is now open every Tuesday, 12-4pm, at St Columba's Hillhead Parish Church in Kirkintilloch. Whether someone is new to recovery or in long-term recovery, experiencing a crisis or struggling with a relapse, in a mental health transition or going through a difficult life change, the café is a place of support and stability for all who are seeking to break the cycle of destruction and despair. We provide programming and services to build a holistic, person-centred system of care, backed by evidence-based best practices, that engages individuals for a lifetime of managing their recovery and empowers them to build a life that realizes their full potential.

Workforce & Organisational Development

UKPHR Innovation in Public Health Awards 2024

East Dunbartonshire Health Improvement, part of the NHS GGC Workforce Development Group, won the UK Public Health Register (UKPHR) Innovation in Public Health 2024 Award for Employer of the Year. This award recognises their practical support for practitioner registration, and their contribution to enhancing public health and reduce inequalities. The SharePoint site developed by the group, helps maintain public health competencies and keeps the core public health workforce across GGC updated with the latest news, approaches and learning opportunities. It equips staff with essential skills and training, so they feel supported to do their job and able to contribute to the priority themes of our health strategies.

Part 7. Financial Performance

The HSCP is projecting an overspend on budget for 2024/25 of £2.438m in the delivery of our strategic priorities. This is based on period 10 projections as year-end information is not yet available due to ongoing issues with the upgrade in the Council ledger system. The overspend on budget relates to pressures in relation to increases in costs for residential accommodation, supported accommodated and daycare provision, which has been partly offset by a reduction in supported living and external care at home. There were significant pressures related to prescribing. However, these were managed through underspends on community health staffing budgets and reserves set aside for this specific purpose.

Funding continued to be received to support specific priorities including the Primary Care Improvement Plan, Enhanced Mental Health Outcomes which covered Mental Health Action 15, School Nursing, Learning Disability Health Checks and Children & Adolescent Mental Health services, and Adult Winter Planning.

Overall, a balanced budget was able to be set for 2025/26, which included a combination of a challenging savings programme alongside the use of reserve balances. It is recognised that the use of reserves is a short-term solution and requires recurring savings options to be identified in future years. Work continues within the HSCP to scope recurring savings options to meet the financial challenges ahead, with an expectation that this will have an adverse impact on the range and scale of services delivered within East Dunbartonshire unless additional funding becomes available to address the challenges within Social Work services and Prescribing.

The years ahead will see significant financial challenges in the context of rising demand for services, increasing unit cost of service delivery, and the very constrained overall public funding pot available. We work hard to assess the financial position and risks in an ongoing manner and to develop a medium-term financial plan to support delivery of our key strategic priorities. We will continue to engage with key stakeholders and undertake public consultation as options emerge and to elicit views on where we can meet our financial challenges.

Part 8. Inspection and Regulation

Service Inspections

Detail on Care Inspectorate evaluation grades relating to directly provided and arranged services is set out at **Annex 2**.

ANNEX 1: National Outcomes and Local Strategic Priorities & Enablers

The relationship between the National Health and Wellbeing Outcomes and the East Dunbartonshire HSCP Strategic Priorities and Enablers are set out in the chart below. The linkages shown are the ones that are most direct, but there may be other less direct associations:

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X	X		X	X	X	
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	X	X	X		X	X		
3	People who use health and social	X	X			X	X		X

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
	care services have positive experiences of those services, and have their dignity respected.								
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X	X	X	X	X	X	X	X
5	Health and social care services contribute to reducing health inequalities.	X	X	X	X	X	X	X	
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on	X	X	X		X	X		

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
	their own health and well-being.								
7	People who use health and social care services are safe from harm.	X			X	X	X		X
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.							X	X
9	Resources are used effectively and efficiently in the provision of health and social care services.	X	X	X				X	X

National Outcome		East Dunbartonshire HSCP Strategic Enablers			
		Workforce & Organisational Development	Medium Term Financial & Strategic Planning	Collaborative Commissioning	Infrastructure & Technology
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X	X	
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	X	X	X	X
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	X	X	X	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X	X	X	
5	Health and social care services contribute to reducing health inequalities.	X	X	X	X
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	X	X	X	
7	People who use health and social care services are safe from harm.	X	X	X	X
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	X	X	X	
9	Resources are used effectively and efficiently in the provision of health and social care services.	X	X	X	X

ANNEX 2: CARE INSPECTORATE EVALUATIONS – LOCAL SERVICES

The Care Inspectorate is the national regulator for care services in Scotland. The Care Inspectorate inspects services and evaluates the quality of care they deliver in pursuance of the National Care Standards. They support improvement in individual services and across the care sector nationally.

The Care Inspectorate award grades for certain quality themes that they have assessed, covering the main areas of a service's work. How well the service performs in these areas will indicate how good the service is. One or more themes will be assessed, depending on the type of service and its performance history. A grade is given to each theme assessed using a six point grading scale:

Grade 6 – Excellent	Grade 3 – Adequate
Grade 5 – Very good	Grade 2 – Weak
Grade 4 – Good	Grade 1 – Unsatisfactory

The functions delegated to the HSCP Board include a statutory obligation to provide or arrange services to meet assessed care needs. The HSCP Board directs the Council to provide or arrange these services on its behalf. Some of these services are delivered directly by the Council and others are purchased from the third and independent sectors. It is important that the quality of the services we directly provide and those purchased are both of the highest quality. The HSCP works to improve its own services through direct management and operational oversight, and purchased services are subject to detailed specification and contract monitoring by our Commissioning Team. The Care Inspectorate's most recently assessed grades for all services are set out below. Inspection reports can be found at on the [Care Inspectorate](#) website.

Service	Wellbeing	Leadership	Staffing	Setting	Care Planning
HSCP / Council In-house Services					
Adoption Service	5	Not Assessed	Not Assessed	Not Assessed	5
Allander Resource Centre*	5	Not Assessed	5	Not Assessed	N/A
Community Support Team for Children and Families	6	6	6	Not Assessed	5

Service	Wellbeing	Leadership	Staffing	Setting	Care Planning
Ferndale Care Home for Children & Young People	How well do we support children and young people's rights and wellbeing? - 6				
Ferndale Outreach for Children & Young People	5	Not Assessed	Not Assessed	Not Assessed	6
Fostering Service	5	Not Assessed	Not Assessed	Not Assessed	5
John Street House	2	3	3	3	3
Homecare Service	5	Not Assessed	4	Not Assessed	Not Assessed
Meiklehill & Pineview	5	5	Not Assessed	Not Assessed	Not Assessed
Commissioned - Supported Accommodation					
Cornerstone Community Care	5	Not Assessed	5	Not Assessed	Not Assessed
Key Housing Association (East and West Dunbartonshire)	5	5	5	Not Assessed	5
Living Ambitions (West of Glasgow and East and West Dunbartonshire)	5	5	5	Not Assessed	5
Orems Care Services	5	4	4	Not Assessed	4
Quarriers (Phase 1)	5	4	Not Assessed	Not Assessed	Not Assessed
Quarriers (Phase 2)	5	4	Not Assessed	Not Assessed	Not Assessed
Quarriers (Phase 3)	4	4	Not Assessed	Not Assessed	Not Assessed
Real Life Options East Dunbartonshire Service	5	4	5	Not Assessed	4
The Richmond Fellowship East & West Dunbartonshire Support Living Services	5	4	Not Assessed	Not Assessed	Not Assessed

Service	Wellbeing	Leadership	Staffing	Setting	Care Planning
Independent Care Homes					
Abbotsford House	5	4	Not Assessed	Not Assessed	Not Assessed
Antonine House	4	4	Not Assessed	Not Assessed	Not Assessed
Ashfield House	5	4	Not Assessed	Not Assessed	Not assessed
Birdston Care Home	5	Not Assessed	5	Not Assessed	Not Assessed
Boclair Care Home	5	4	5	5	5
Buchanan House	4	4	4	4	4
Buchanan Lodge	4	Not Assessed	5	Not Assessed	Not Assessed
Buttercup House	How well do we support children and young people's rights and wellbeing? - 6				
Campsie View	5	Not Assessed	5	Not Assessed	Not Assessed
Lillyburn	5	5	Not Assessed	Not Assessed	5
Mavisbank	5	Not assessed	5	Not Assessed	Not Assessed
Milngavie Manor	4	3	4	4	4
Mugdock	6	Not assessed	5	Not assessed	Not assessed
Springvale	4	4	4	4	4
Westerton	Not Assessed	Not Assessed	4	5	Not Assessed
Whitefield Lodge	4	Not assessed	4	4	4
Commissioned – Care at Home Services					
Bluebird Care	5	5	5	Not Assessed	4

Service	Wellbeing	Leadership	Staffing	Setting	Care Planning
Cornerstone	5	Not Assessed	5	Not Assessed	Not Assessed
Delight Supported Living	5	Not Assessed	5	Not Assessed	Not Assessed
Extended Personal Care	5	4	Not Assessed	Not Assessed	Not Assessed
Hands-On Homecare	4	4	4	Not Assessed	4
Home Instead	5	4	Not Assessed	Not Assessed	Not Assessed
The Richmond Fellowship – East and West Dunbartonshire	5	4	Not Assessed	Not Assessed	Not Assessed

*Not yet assessed under current assessment model. Allander Resource Centre assessment relates to previous inspection of Kelvinbank Day Service.

ANNEX 3: COMPARATIVE INCOME & EXPENDITURE 2019/20 – 2024/25

Objective Analysis	2024/25*	2023/24	2022/23	2021/22	2020/21	2019/20
Strategic / resources	TBC	3,177	3,743	3,044	2,568	3,042
Addictions	TBC	2,246	1,692	1,351	1,369	1,285
Older people	TBC	54,948	47,551	42,664	38,644	39,410
Learning disability	TBC	24,930	23,380	20,479	19,333	19,580
Physical disability	TBC	5,346	5,093	5,005	4,880	4,067
Mental health	TBC	6,416	6,057	5,520	5,378	5,155
Adult services						
Children & families	TBC	18,071	14,930	14,795	14,262	14,277
Criminal justice	TBC	258	455	346	162	211
Other - non sw	TBC	1,125	984	810	741	817
Community health services						
Oral health	TBC	12,317	12,738	10,786	9,820	9,835
Family health services	TBC	35,884	33,218	31,314	29,822	27,678
Prescribing	TBC	23,107	22,027	19,936	19,178	19,484
Covid-19	TBC	0	2,930	6,245	7,215	
Operational costs	TBC	322	304	289	282	270

Cost of Services Managed By East Dunbartonshire HSCP	TBC	225,681	175,101	162,584	145,111	145,111
Set Aside for Delegated Services provided to Acute Services	TBC	40,244	40,306	35,982	36,975	32,247
Total Cost of Services to East Dunbartonshire HSCP	TBC	265,925	215,407	198,566	190,629	177,358
NHS Greater Glasgow & Clyde	TBC	(193,055)	(137,042)	(149,959)	(144,950)	(120,508)
East Dunbartonshire Council	TBC	(75,214)	(71,437)	(62,753)	(57,719)	(55,760)
Taxation & Non Specific grant Income	TBC	(268,269)	(208,479)	(212,712)	(202,669)	(176,268)
(Surplus) or deficit on Provision of Services	TBC	(2,344)	6,928	(14,146)	(12,040)	1,090
Movement in Reserves	TBC	(2,344)	6,928	(14,146)	(12,040)	1,090

General Reserves	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
Movement in General Reserves only	TBC	123	(1,293)	(1,143)	(1,935)	41
Balance on Reserves	TBC	(4,248)	(4,371)	(3,078)	(1,935)	0

* 2024/25 financial data is not yet available due to ongoing issues with the upgrade to the Council's ledger system. The report will be updated and published when this data is available.

ANNEX 4: ACHIEVEMENT OF BEST VALUE

Best Value Audit June 2023 – HSCP Evaluation		
1.	Who do you consider to be accountable for securing Best Value in the IJB	<p>Integration Joint Board</p> <p>Integration Joint Board Performance, Audit & Risk Committee</p> <p>HSCP Chief Officer</p> <p>HSCP Chief Finance & Resources Officer</p> <p>Senior Management Team</p> <p>HSCP Leadership Group and Forum</p> <p>Parent Organisations around support services, assets and all staff who are involved in commissioning and procurement.</p> <p>All staff involved in the prescription of packages of care, drugs and drugs (acting in line with agreed policies etc.)</p>
2.	How do you receive assurance that the services supporting the delivery of strategic plans are securing Best Value	<p>Performance management reporting on a quarterly basis to IJB.</p> <p>Explicit links between financial and service planning through Annual Service Delivery Planning, HOS plans, Service Plans to ensure a golden thread that links back to our over-arching Strategic Plan.</p> <p>Scrutiny of delivery through our Annual Delivery Plan Board and SMT with regular updates and scrutiny to PAR Committee on key priorities.</p> <p>Application of HSCP Performance Reporting and Quality Management Frameworks</p> <p>Monthly Performance Reports</p> <p>Annual Performance Report</p> <p>Audit and Inspection Reports</p> <p>Integration Joint Board Meetings – consideration of wide range of reports in furtherance of strategic planning priorities.</p> <p>Engagement with Finance leads from partner organisations</p> <p>Performance, Audit & Risk Committee scrutiny</p> <p>Clinical & Care Governance Group</p> <p>Strategic Planning Group</p> <p>Senior Management Team scrutiny (HSCP)</p> <p>Service specific Leadership Groups and operational management supervision</p> <p>Corporate Management Teams of the Health Board and Council</p> <p>Service specific performance updates to SMT on a regular basis.</p> <p>Operational Performance Review: scrutiny by CEOs of Council and Health Board</p> <p>Housing, Health & Social Care Forum</p>

Best Value Audit June 2023 – HSCP Evaluation		
		<p>Business Improvement Planning (BIP) and How Good is our Service (HGIOS) reports to Council, including Local Government Benchmarking Framework analysis.</p> <p>HSCP Commissioning Strategy and Market Facilitation Plan</p> <p>The IJB also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery.</p>
3.	Do you consider there to be a sufficient buy-in to the IJB's longer term vision from partner officers and members	<p>Yes, the IJB has approved a Medium Term Financial Strategy 2022 - 2027 setting out the financial outlook, challenges and strategy for managing the medium term financial landscape. This is reviewed annually. This is aligned to its Strategic Plan which clearly sets out the direction of travel with work underway to develop and engage on the next iteration of the Strategic Plan.</p> <p>The IJB has good joint working arrangements in place and has benefited from ongoing support, within the resources available, in support of service redesign, from members and officers within our partner organisations over the past 12 months in order to deliver the IJBs longer term vision. Engagement with partner agency finance leads to focus on budget performance, financial planning in support of delivery of strategic priorities.</p> <p>Bi Annual OPR meetings with partner agency Chief Executives to focus on performance and good practice and any support required to progress initiatives. (frequency impacted through Covid-19 response / recovery and to be re-established)</p>
4.	How is value for money demonstrated in the decisions made by the IJB	<p>Monthly budget reports and scrutiny at service level and regular budget meetings with managers across the HSCP.</p> <p>IJB development sessions</p> <p>Chief Finance & Resources Officer Budget Monitoring Reports to the IJB</p> <p>Review of current commissioning arrangements across the HSCP to ensure compliance with Procurement rules through Parent Organisation processes in support of service delivery.</p> <p>All IJB papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of legal, procurement, HR, equality and diversity and linkage to the IJBs strategic objectives.</p> <p>The IJB engages in healthy debate and discussions around any proposed investment decisions and savings proposals, many of which are supported by additional IJB development sessions.</p> <p>In addition IJB directions to the Health Board and Council require them to deliver our services in line with our strategic priorities and Best Value principles – 'Optimise efficiency, effectiveness and flexibility'. This has been enhanced in light of the final strategic</p>

Best Value Audit June 2023 – HSCP Evaluation		
		guidance on directions with regular oversight and monitoring of delivery through PAR Committee and IJB.
5.	Do you consider there to be a culture of continuous improvement?	<p>The HSCP has an overarching Quality Management Framework that establishes a cultural and operational commitment to continuous improvement. This is being implemented across the HSCP with a Governance post now in place to provide effective oversight and monitoring of consistent quality aspects set out within the framework. Focus on self-evaluation work as a means for identifying improvement and preparation for strategic inspections.</p> <p>The HSCP Clinical & Care Governance Group provides strategic leadership in developing a culture of continuous improvement with representation across all professional disciplines and operational service groups with a focus on improving the quality of services delivered throughout the partnership. There is a range of activity in this area:</p> <ul style="list-style-type: none"> • A number of HSCP service areas now have service improvement plans in place and a focused approach to quality/continuous improvement (QI). Examples of these improvements are captured and reported through the Clinical & Care Governance Group and reported to the IJB. • The Public Service User and Carers group has been involved in developing improvement activity on areas highlighted through engagement events. • In addition, a number of service reviews and redesign work strands are underway/or planned to maximise effectiveness, resources and improve the patient/service users journey across East Dunbartonshire. • The HSCP Annual Delivery Plan is focussed on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach (subject to regular IJB reports). • HSCP Organisational Development and Training, Learning and Education resources support services in undertaking improvement activity. • A wide range of stakeholder consultation and engagement exercises, to evaluate the quality of customer experience and outcomes. • Regular service audits, both internal and arm's length. • An extensive range of self-evaluation activity, for example case-file assessment against quality standards.

Best Value Audit June 2023 – HSCP Evaluation		
		<ul style="list-style-type: none"> • There are opportunities for teams to be involved in Quality Improvement development, which includes ongoing support and coaching for their improvement activity through our organisational development lead. • Workforce planning and OD/service improvement (SI) activity is planned, monitored and evaluated through our Human Resources and Organisational Development leads. • A Quality and Improvement Framework has been developed to support continuous improvement within the in-house Care at Home Service.
6.	Have there been any service reviews undertaken since establishment – have improvements in services and/or reductions in pressures as a result of joint working?	<p>A robust process for progressing service reviews is in place with support from the Council's transformation team where appropriate. A number of reviews have been undertaken including:</p> <ul style="list-style-type: none"> • Review of locality management arrangements to support locality working including alignment of contractual arrangements for care at home services. • Review of Learning Disability Services - Whole System Review of services to support individuals with a learning disability including daycare provision and supported accommodation. Overarching Adult Learning Disability Strategy established that sets out redesign priorities. Fair access and resource allocation policy approved and implemented to manage current and future demand on a sustainable basis and to achieve Best Value. LD Day service element concluded in 22/23 with successful move to the Allander Resource Centre as part of a wider community development. Further work will progress on employment opportunities and maximising supports within the community as well as re-patriating individuals in high cost daycare provision out with the area. Work underway to progress improvements and developments across LD in house and commissioned supported accommodation. • Review of Mental Health & Addiction Services through an updated needs assessment with an action plan for progression in line with recovery based approach and strategic realignment of commissioned services. • Review of Older People's Daycare and Social Supports model concluded during 22/23 with the development of an updated needs assessment and Older People's Formal and Informal Social Supports and Daycare Strategy. This included the approval of a revised model for the delivery of centre based daycare which will facilitate investment into more community based supports.

Best Value Audit June 2023 – HSCP Evaluation		
		<p>The HSCP is also participating in a number of reviews in collaboration with NHS GGC such as</p> <ul style="list-style-type: none"> • Un scheduled Care Review / Commissioning Plan/ Design and Delivery Plan • Mental Health Review and 5 year Strategy • Primary Care Improvement Plan (PCIP) and delivery of the GP contract requirements <p>There are a number of work streams to be progressed through the HSCP Annual Delivery Plans which sets out the transformation activity for the year and the strategic areas of work the HSCP will be progressing during 23/24.</p>
7.	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact.	<p>The oversight for any improvement activity identified through service review, inspection reports, incident reporting or complaints learning is through the Clinical and Care Governance Group. This is reported through the SMT, the Performance, Audit & Risk Committee and the IJB to ensure priority is afforded to progress areas of high risk with scope for most improvement. The Annual Delivery Board has a role to consider and oversee service redesign which will deliver service improvement including robust business cases and progress reporting to ensure effective delivery in line with strategic planning priorities and quality care governance and professional standards.</p>
8.	What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures.	<p>All savings proposals are subject to a full assessment which includes:</p> <ul style="list-style-type: none"> • Alignment to Strategic Plan • Alignment to quality care governance and professional standards including risk assessment by Professional Lead • Equalities impact assessed • Risk assessment by responsible Heads of Service and mitigating actions introduced • Stakeholder engagement as appropriate <p>Where possible, the HSCP look to take evidence based approaches or tests of change to ensure anticipated benefits are realised and there is no compromise to care.</p>
9.	Is performance information reported to the board of sufficient detail to enable value of money to be assessed	<p>Regular budget and performance monitoring reports to the IJB give oversight of performance against agreed targets with narrative covering rationale, situational analysis and improvement actions for areas where performance is off target. These reports are presented quarterly as well as the detailed Annual Performance Report. Financial performance reported every cycle to IJB. Plans to revise format of performance report to include finance narrative to provide linkages of impact of performance on the partnership financial position.</p>

Best Value Audit June 2023 – HSCP Evaluation		
		The Annual Service Delivery Plan aligns key priorities for service redesign and transformation to the delivery of efficiency savings which are regularly reported through the Financial monitoring reports to the IJB and regular scrutiny of the transformation plan through the Performance, Audit and risk committee.
10.	How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable	<p>Workforce and Organisational Development plan linked to strategic plan. Oversight through Staff Partnership Forum and reporting through the IJB.</p> <p>Service review process involves staff partnership representation for consideration of workforce issues.</p> <p>Regular budget and performance monitoring reports to the IJB give oversight of this performance.</p> <p>Financial planning updates to the IJB on budget setting for the partnership highlighting areas for service redesign, impact and key risks. Regular review and update on reserves positions as a means of providing contingency to manage any in year unplanned events.</p> <p>All IJB reports contain a section outlining the financial implications of each paper for consideration.</p>

ANNEX 5: NOTES ON PERFORMANCE DATA METHODOLOGY

The Scottish Government operate two sets of indicators to monitor performance across core integration functions. These relate principally to adult health and social care functions:

- Core National Integration Indicators
- Ministerial Strategic Group (MSG) Indicators

Notes on Core National Integration Indicators

Indicators 1-9 are reported by a national biennial Health and Social Care Experience Survey that reports every two year. The most recent data for this is 2023/24. East Dunbartonshire had a response rate of 25%, which equates to 1,881 returns, compared to a Scotland response rate of 20%, which equates to 107,538 returns. It is important to note the limitations of the survey due to small numbers, which introduces a margin of error at a local level. Comparison of performance using this data should therefore be seen as an approximation.

Please note figures for the years from 2019/20 for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable to figures in previous years due to changes in methodology.

More information on the survey and changes in the methodology are available here: [Scottish Government Health Care Experience Survey](#)

The primary sources of the remaining data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. Annual figures for these indicators are presented by financial year until the most recent reporting year. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all HSCPs, the most recent reporting period available is calendar year 2024; this ensures that these indicators are based on the most complete and robust data currently available and acts as a suitable proxy, for comparison purposes.

Indicator 20 presents the cost of emergency admissions as a proportion of total health and social care expenditure. Information for this indicator was previously published up to calendar year 2020 but is now presented to financial year 2019/20 only. PHS have recommended that information for this indicator is not reported beyond 2019/20 within their Annual Performance Reports.

More detail is provided in the Background and Glossary document that is available here: [Public Health Scotland Core Suite of Integration Indicators](#)

Trends and National Rankings

The tables and charts show our performance in the reporting year, our performance trend compared to the previous year and recent years, and our ranking in comparison to the 30 other HSCPs in Scotland. Regardless of whether the objective is to increase or decrease the performance value, in ranking terms, 1 is always the best performing HSCP and 31 is the least well performing HSCP. With a number of indicators, HSCPs perform at very similar levels, so trend lines can be very close together and national rankings should be viewed cautiously in situations where very tight clustering of performance levels exist. For these reasons, the tables and charts should be viewed in a balanced way that takes into account these factors.

Ministerial Strategic Group Performance Indicators

These measures provide data and performance status of the HSCP's performance against the Scottish Government's Ministerial Strategic Group's indicators. Performance is based upon comparison with the previous year and trend data for recent years. A chart showing comparative performance against the Scottish average is also provided.

Annual data is presented by financial year. However, 2024 calendar year figures are used as a proxy for indicators 1, 2 and 5 due to national data completeness issues.

Impact of Coronavirus (COVID-19)

Depending on the stage of the pandemic, COVID-19 may have an impact on trends observed for certain indicators across certain periods, particularly those based on hospital activity information (indicators 12, 13, 14, 15, and 16 and MSG indicators). The bounce-back from the Covid-19 related downturn in hospital activity also results in exaggerated single year trends for these indicators.

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

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510 。

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

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

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

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

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

DATE OF MEETING: 19th JUNE 2025

REPORT REFERENCE: PERF/190625/07

CONTACT OFFICER: ALISON WILLACY, PLANNING
PERFORMANCE & QUALITY MANAGER

SUBJECT TITLE: HSCP ANNUAL DELIVERY PLAN UPDATE
2024/25

1.0 PURPOSE

- 1.1** The purpose of this report is to update the Committee on the performance of the HSCP Delivery Plan for 2024/25 as at year-end.

2.0 RECOMMENDATIONS

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

- 2.1** Note the update to the HSCP Delivery Plan for 2024/25.

DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The HSCP Board agreed the HSCP Delivery Plan 2024/25 at the IJB meeting on the 28th March 2024. 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.
- 3.2** The Delivery Plan was monitored throughout the year 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.
- 3.3** The dashboard setting out progress on delivery of the projects to be delivered during 2024/25 is attached as **Appendix 1** with a more detailed update on the final position for each project attached as **Appendix 2**.
- 3.4** There were a total of 33 projects to be delivered within the Delivery Plan for 2024/25:-
- 25 are considered at Green status and were delivered as planned in year.
 - 8 were not achieved as planned in year and have been carried forward for delivery in 2025/26.
- 3.5** The eight projects which were not fully delivered in year as planned were:
- Implement the 2024/25 actions of the Older Peoples Social Support Strategy Respite Services & Short Break Options
 - Review of respite services and development of short breaks options
 - Review of Learning Disability accommodation-based services and ensure that in-house services continue to meet the needs of our community
 - Resolution of North Lanarkshire Corridor Service Level Agreement (NHS GGC/NHS Lanarkshire)
 - Implement focussed programme of de-prescribing and realistic medicine
 - Review of transport provision
 - Progression of Property Strategy to redesign and refresh current accommodation
 - Implement actions in the HSCP Digital Strategy

4.0 IMPLICATIONS

The implications for the Committee are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2025-2030 Priorities;-
1. Empowering People
 2. Empowering and Connecting Communities
 3. Prevention and Early Intervention
 4. Public Protection
 5. Supporting Carers and Families
 6. Improving Mental Health and Recovery

- 4.1 Frontline Service to Customers – None
- 4.2 Workforce (including any significant resource implications) – None
- 4.3 Legal Implications – None
- 4.4 Financial Implications – The HSCP Delivery Plan includes the transformation and service redesign priorities for the year including the areas requiring investment and disinvestment.
- 4.5 Procurement – None
- 4.6 ICT - None
- 4.7 Economic Impact – None
- 4.8 Sustainability – None
- 4.9 Equalities Implications – None
- 4.10 Other – None

5.0 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.

6.0 IMPACT

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

- 8.1 Appendix 1 – HSCP Delivery Plan Dashboard 2024/25
- 8.2 Appendix 2 – HSCP Delivery Plan Highlight Report 2024/25



















HSCP TRANSFORMATION PROGRAMME 2024/25









Programme overview









Summary of RAG Status









Projects 33	Complete/On Track 25	At Risk 0	In Exception 8
-----------------------	--------------------------------	---------------------	--------------------------



Project Name	Previous Status	Current status	Progress
Trauma Informed Organisation			<div><div>100%</div></div>
Trauma Informed Training for Dental Staff			<div><div>100%</div></div>
Development & Promotion of the HSCP Website			<div><div>100%</div></div>
Locality Focussed Working			<div><div>100%</div></div>
Older Peoples Social Support Strategy			<div><div>85%</div></div>
Frailty Mission			<div><div>100%</div></div>
Adult Support & Protection Improvement Plan			<div><div>100%</div></div>
Transitions Policy & Procedures			<div><div>100%</div></div>
Respite Services & Short Breaks Options			<div><div>50%</div></div>
Learning Disability Accommodation-Based Services			<div><div>30%</div></div>
Promise Plan 24/30 Phase 2			<div><div>100%</div></div>
Children's House Project			<div><div>100%</div></div>
Adult Mental Health and Alcohol & Drugs Commissioned Services			<div><div>100%</div></div>
North Lanarkshire Corridor			<div><div>50%</div></div>
SCS Workforce Plans			<div><div>100%</div></div>
SCS Choice & Partnership Approach			<div><div>100%</div></div>
SCS Principles & Standards of Care			<div><div>100%</div></div>
SCS West of Scotland Intensive Psychiatric Care Unit			<div><div>100%</div></div>
SCS Development of ICAMHS & UCAMHS			<div><div>100%</div></div>
Dementia Strategy Action Plan			<div><div>100%</div></div>
Unscheduled Care Joint Commissioning Plan			<div><div>100%</div></div>
Workforce Pressures			<div><div>100%</div></div>
Workforce & Workplace			<div><div>100%</div></div>
Public Dental Service Review			<div><div>100%</div></div>









Project Name	Previous Status	Current status	Progress
Children & Young People's Mental Health & Wellbeing			<div><div>100%</div></div>
HSCP Strategic Plan			<div><div>100%</div></div>
De-prescribing & Realistic Medicine			<div><div>75%</div></div>
Adult Social Care Services			<div><div>100%</div></div>
Care of Gardens Scheme			<div><div>100%</div></div>
Transport Provision			<div><div>80%</div></div>
Primary Care Improvement Programme			<div><div>100%</div></div>
Property Strategy			<div><div>90%</div></div>
Digital Strategy			<div><div>70%</div></div>

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-24-01 Trauma Informed Organisation				<div>100%</div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Continue to develop as a Trauma Informed organisation					
Project Sponsor			Project Manager		
Claire Carthy			Victoria Bannerman; 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">• 2024/25 plan complete.• Trauma training level 1 and 2 continues with funding agreed for trauma training at level 3.					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	Trauma informed organisation			
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	RAG Status
HSCP-24-02 Trauma Informed Training for Dental Staff				<div><div>100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Provide access to trauma informed training for dental staff to facilitate and support trauma-informed care to priority and vulnerable patient groups					
Project Sponsor			Project Manager		
Lisa Dorrian			Lisa Dorrian		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Trauma Informed training has been run for a range of staff who are involved in our Primary Care clinics which provide care for patients who may experience issues e.g. prisons, secure schools, emergency care etc. 70 members of the team have received trauma informed training. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-03 Development & Promotion of the HSCP Website				<div><div>100%</div></div>	Project Complete
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025		05-Nov-2024	
Project Description					
Improve online accessibility and signposting to information and services through further development and promotion of the HSCP website					
Project Sponsor			Project Manager		
Derrick Pearce			Andy Craig		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> The new HSCP website has been launched and updated. Further development and promotion will continue in 2025/26. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-04 Locality Focussed Working				<div><div>100%</div></div>	Project Complete
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Review and reframe locality focussed working					
Project Sponsor			Project Manager		
Claire Carthy			Kelly Gainty		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> • 2024/25 survey complete. • New actions required for 2025/26. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
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	RAG Status
HSCP-24-05 Older Peoples Social Support Strategy				<div><div>85%</div></div>	Red – Project in exception
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025		17-Jul-2024	
Project Description					
Implement the 2024/25 actions of the Older Peoples Social Support Strategy					
Project Sponsor			Project Manager		
David Aitken			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">The remaining part of the three year social support Strategy for Older People is reliant upon available funding. At this time, the remaining activities cannot be progressed due to the financial constraints and budgetary pressures affecting the HSCP. Further discussion and guidance is required about the future of the outstanding activities within the Strategy.					
Reason for RAG Status					
Further aspects of the three year social support Strategy for Older People are reliant upon available funding and cannot be progressed due to the financial constraints and budgetary pressures affecting the HSCP.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-06 Frailty Mission				<div>100%</div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Deliver the 2024/25 actions from the East Dunbartonshire HSCP Frailty Mission					
Project Sponsor			Project Manager		
Leanne Connell			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">Continued implementation of workstreams.Finalising annual report – highlighting ongoing workstreams and impact.					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-07 Adult Support & Protection Improvement Plan				<div><div>100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Development of improvement plan following outcome of Joint Inspection of Adult Support and Protection arrangements					
Project Sponsor			Project Manager		
David Aitken			Kirsty Kennedy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
ASP Improvement Action Plan required actions for 2024-25 completed, some actions agreed as part of plan will extend into 2025-26			<ul style="list-style-type: none">• Next Head of Service review with ASP Coordinator and Adult Service manager will take place in May 2025.• Adult Support & Protection Improvement Plan Delivery Group established and will continue to meet six-weekly.• Delivery group continues to report to the Adult Protection Committee and in turn to Chief Officers Group.		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-08 Transitions Policy & Procedures				<div><div>100%</div></div>	Project Complete
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025		14-Nov-2024	
Project Description					
Review of Transitions policy and implementation of updated procedures which will align with national initiatives					
Project Sponsor			Project Manager		
David Aitken; Claire Carthy			Suzanne Greig; Stephen McDonald		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Policy drafted and to be implemented. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-09 Respite Services & Short Breaks Options				<div><div>50%</div></div>	Red – Project in exception
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Review of respite services and development of short breaks options					
Project Sponsor			Project Manager		
Karen Lamb			Gillian Healey; Gayle Paterson		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Set within an unprecedented financial climate and the need to determine best use of existing funding & resources, the review of contractual arrangements for building based respite services was paused as the review scope widened to include all respite provision. Engagement & consultation with all key stakeholders planned. Equality Impact Assessment (EqIA) has been completed Consultation and Engagement Plan devised in draft. Advice and support from Health Improvement team has been sought. 			<ul style="list-style-type: none"> Formal review to be carried out in 25/26 in accordance with ED's 10-step review process. Provider notification setting out plans for a strategic merger / contract novation included in the scope of the review and will be progressed accordingly with support from Legal Services. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-11 Learning Disability Accommodation-Based Services				30% <input type="text"/>	Red – Project in exception
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Review of Learning Disability accommodation-based services and ensure that in-house services continue to meet the needs of our community					
Project Sponsor			Project Manager		
Karen Lamb			Gillian Healey; Stephen McDonald; Richard Murphy; Gayle Paterson		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> The review of high cost packages has progressed as expected with the limited resource available. Pineview review has progressed in accordance with 10-step formal review process and timelines, and is due to conclude by June 2025. 			<ul style="list-style-type: none"> Due to the significant scale of the accommodation review this will continue into 2025/26. 		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
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	RAG Status
HSCP-24-13 Promise Plan 24/30 Phase 2				<div><div>100%</div></div>	Project Complete
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025		27-Nov-2024	
Project Description					
Write and implement Phase 2 Promise Plan 24/30					
Project Sponsor			Project Manager		
Claire Carthy			Suzanne Greig; Vivienne Tennant; Raymond Walsh		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Local actions complete. The Promise Steering group continue to meet regularly to update on the ED Progress Framework and key achievements. Further instruction awaited from The Promise Scotland. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	Ensure children are safe, loved, nurtured. Ensure better outcomes for LAAC.			
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	RAG Status
HSCP-24-14 Children's House Project				<div><div>100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Ongoing implementation of Children's House Project model					
Project Sponsor			Project Manager		
Claire Carthy			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"> Cohort 3 successfully completed. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
£500,000	£500,000	Better outcomes for care experienced young people.			
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	RAG Status
HSCP-24-15 Adult Mental Health and Alcohol & Drugs Commissioned Services				<div><div>100%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Adult Mental Health and Drug & Alcohol Recovery – Review of Commissioned Services to develop a recovery focused approach					
Project Sponsor			Project Manager		
David Aitken			Gillian Healey		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none">Tender paperwork all completed. Final procurement process to be taken forward by EDC Corporate Procurement. Transition planning being completed whilst this is awaited.Actions for 2024/25 completed and project continues as planned into 2025/26.			<ul style="list-style-type: none">Service Specifications/ Procurement Proformas now finalisedCorporate Procurement to progress tenders via Public Contracts Scotland Tendering portal, and direct awards in order to implement MH/ADRS Commissioned Service recommendations which were approved by IJB.		
Reason for RAG Status					
Resource to progress corporate procurement process.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
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	RAG Status
HSCP-24-18 North Lanarkshire Corridor				<div><div>50%</div></div>	Red – Project in exception
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Resolution of North Lanarkshire Corridor Service Level Agreement (NHS GGC/NHS Lanarkshire)					
Project Sponsor			Project Manager		
David Aitken			David Aitken		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<p>North Lanarkshire Corridor is part of a wider SLA between NHS Lanarkshire and NHS GGC. Issue which has held this up is agreement on medical cover for CMHT/OPCMHT. Indication now that NHS Lanarkshire do not intend to progress with patient return to NHS Lanarkshire.</p>			<ul style="list-style-type: none"> • Project now set to Red as will not be completed within year due to complex Service Level Agreement arrangements between NHS GGC & NHS Lanarkshire SLA. • Recent update suggests that NHS Lanarkshire are no longer planning on return of patients to NHS Lanarkshire. • Ongoing work at health board to health board level supported by HSCP will continue into 2025/26 to resolve. 		
Reason for RAG Status					
<p>Delays due to complexity of arrangements across SLA between NHS GGC & Lanarkshire.</p> <p>Resolution of issue of medical cover has been a consistent and significant area of risk.</p>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
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	RAG Status
HSCP-24-19 SCS Workforce Plans				<div><div>100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Review and refresh workforce plans to ensure capacity to see and treat children and young people					
Project Sponsor			Project Manager		
Andrea Blair			Andrea Blair		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> The National CAMHS referral to treatment (RTT) target of 90 % of children and young people starting treatment within 18 weeks has been consistently met since June 2023, in Jan25 RTT= 96%, Feb25 = 98.5%, Mar25 = 99.1%. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-20 SCS Choice & Partnership Approach				<div><div>100%</div></div>	Project Complete
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Review and refresh the use of Choice & Partnership Approach					
Project Sponsor			Project Manager		
Andrea Blair			Andrea Blair		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> 3 potential teams identified as ready and willing for CAPA refresh in NHSGGC. CAPA refresh working group in process of being set up with initial meeting scheduled for 29/05/25. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-21 SCS Principles & Standards of Care				<div>100%</div>	Project Complete
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Continue implementation of the Scottish Government’s National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care (September 2021)					
Project Sponsor			Project Manager		
Andrea Blair			Andrea Blair		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
• Demand/ capacity paper now taken to Informal directors and discussion regarding next steps regarding managing demand will now be taken to CMT for further discussion.					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-22 SCS West of Scotland Intensive Psychiatric Care Unit				<div><div>100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Finalise the workforce plan and capital planning works required to operationalise the West of Scotland Intensive Psychiatric Care Unit. Working with Regional planning to finalise referral routes and operational guidelines.					
Project Sponsor			Project Manager		
Andrea Blair			Andrea Blair		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
• Final agreement from GG&C CMT in March 2025, dependent on written confirmation of recurring funding. Project timelines reviewed in light of the projected high-level timeline from Capital Planning regarding the refurbishment and final handover of Munro Ward.					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-23 SCS Development of ICAMHS & UCAMHS				<div><div>100%</div></div>	Project Complete
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Work with the West of Scotland Regional planning network to share learning on the development of Intensive CAMHS and Unscheduled CAMHS in Greater Glasgow & Clyde					
Project Sponsor			Project Manager		
Andrea Blair			Andrea Blair		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> GGC will carry out an evaluation of ICAMHS and UCAMHS, including review of clinical activity and staffing model. Learning will be shared with regional and national colleagues who are working on developing their services. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-24 Dementia Strategy Action Plan				<div><div>100%</div></div>	Project Complete
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Devise and deliver year 1 actions of the East Dunbartonshire Dementia Strategy Action Plan					
Project Sponsor			Project Manager		
David Aitken			Fiona Munro; David Radford		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Dementia strategy group established Workplan agreed 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
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	RAG Status
HSCP-24-25 Unscheduled Care Joint Commissioning Plan				<div><div>100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Continued delivery of East Dunbartonshire components of the GGC Unscheduled Care Joint Commissioning Plan					
Project Sponsor			Project Manager		
Leanne Connell; 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">Joint GGC Commissioning Plan delayed in being presented to IJB due to non sign-off by GGC CMT.Local unscheduled care workstreams continue.					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-26 Workforce Pressures				<div>100%</div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders, with wellbeing support prioritised					
Project Sponsor			Project Manager		
Tom Quinn			Margaret Hopkirk; Lisa Walsh		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none">Continue to promote wellbeing development, support and initiatives from the wellbeing group through MS Teams pages.Peer support continues to be promoted and developed across the service.					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-29 Workforce & Workplace				<div><div>100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Ensure that the workforce and the workplace is appropriately prepared and equipped					
Project Sponsor			Project Manager		
Tom Quinn			Margaret Hopkirk; Lisa Walsh		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none">Continued focus on staff experience, supporting managers to provide quarterly updates and share team stories.Continue team development sessions.Promote resources and development in the Leadership Community using Microsoft Teams.Highlighting the effectiveness of the Safety, Health and Wellbeing activity calendar and its impact on local environments through Our News.					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-32 Public Dental Service Review				<div><div>100%</div></div>	Project Complete
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Implementation of the Public Dental Service review Programme Board recommendations					
Project Sponsor			Project Manager		
Lisa Dorrian			Lisa Dorrian		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> Final outstanding action completed. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-33 Children & Young People’s Mental Health & Wellbeing				<div><div>100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025		14-May-2024		
Project Description					
Implement Children & Young People’s Mental Health & Wellbeing action plan					
Project Sponsor			Project Manager		
Claire Carthy			Vivienne Tennant		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Year 3 successfully completed.					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
		Improve outcomes for children and young people in relation to their mental health and wellbeing.			
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	RAG Status
HSCP-24-34 HSCP Strategic Plan				<div><div>100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025		29-Aug-2024		
Project Description					
Develop HSCP Strategic Plan 2025 onwards					
Project Sponsor			Project Manager		
Alison Willacy			Andy Craig; Matthew Forbes		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
• HSCP Strategic Plan 2025-30 approved by IJB on 27th March.					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
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	RAG Status
HSCP-24-35 De-prescribing & Realistic Medicine				<div><div>75%</div></div>	Red – Project in exception
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Implement focussed programme of de-prescribing and realistic medicine					
Project Sponsor			Project Manager		
Jude Marshall			Carolyn Fitzpatrick; James Johnstone		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none">Clinical Director provided learning sessions as part of her focus on Realistic Medicine Jan – Mar 25.Overprescribing Questionnaire responsibility taken by NHS Board. Outcome and actions to follow.Although we have been unable to pilot within care homes, the Pharmacy Team still plan to focus on Polypharmacy reviews for care home residents within the coming year.			<ul style="list-style-type: none">Prescribing will be a new programme for 2025/26.		
Reason for RAG Status					
Delivery is currently off-target.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
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	RAG Status
HSCP-24-36 Adult Social Care Services				<div><div>100%</div></div>	Project Complete
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Maximise efficiency within in-house adult social care services					
Project Sponsor			Project Manager		
David Aitken			Richard Murphy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
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	RAG Status
HSCP-24-37 Care of Gardens Scheme				<div>100%</div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025		01-Oct-2024		
Project Description					
Undertake a review of the Care of Gardens Scheme to develop a new model operating within the available financial envelope					
Project Sponsor			Project Manager		
Jean Campbell; Derrick Pearce			Jean Campbell; Derrick Pearce		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Detailed PID and EQIA presented to IJB in August seeking approval to cease the delivery of this service from the 1st April 2025 – now approved. Considered through Council 26th Sept and letters issued to all service users w/b 30th Sept to advise them on the cessation.					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
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	RAG Status
HSCP-24-38 Transport Provision				<div><div>80%</div></div>	Red – Project in exception
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2025		31-Mar-2025			
Project Description					
Review of transport provision					
Project Sponsor			Project Manager		
Karen Lamb			Gayle Paterson		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> There was an increase of +£200k invoiced for non-residential charging (includes transport) in 2024/25. It is not possible to say how much of this comes from additional charging and how much comes from the increase to the rates that was implemented in July 2024. Actions have been implemented in response to audit of policy, including operational awareness raising, updated assessment etc. Although some action has been taken in reviewing transport policy such as benchmarking, options appraisal etc., formal review of the Transport Policy will need to move into 2025/26 with full stakeholder consultation and equality impact assessment. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			

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	RAG Status
HSCP-24-39 Primary Care Improvement Programme				<div><div>100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025				
Project Description					
Continued implementation of the East Dunbartonshire Primary Care Improvement Programme					
Project Sponsor			Project Manager		
Jude Marshall			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"> PCIP Resource Allocation review has been completed and updated to practices. Work on equitable sharing of resource is ongoing. Lead ANP post has been filled. New lead will start in post during Q1. Team currently receiving lead support from Lead DN ANP and plans for updated sharing of ANP resource following this are drafted. GP Event took place in January 2025. Evaluation, write up and actions have been shared with Practices. The event was well received and we are planning to continue work on outputs and actions throughout 2025/26. 					
Reason for RAG Status					
There are no significant risks or issues at this time.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
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	RAG Status
HSCP-24-40 Property Strategy				<div><div></div><div>90%</div></div>	Red – Project in exception
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025		08-Jan-2025		
Project Description					
Progression of Property Strategy to redesign and refresh current accommodation					
Project Sponsor			Project Manager		
Derrick Pearce			Vandrew McLean		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none">Bishopbriggs Retail Unit conversion underway – completion on site mid July 2025. Now on Week 6 of 20 Week project. Some design alterations/suggestions from Capital Planning may have some time implications.Milngavie Police Station proposal – paper with feasibility and project proposal with C/O for consideration to proceed to Informal Directors.			<ul style="list-style-type: none">Continue with Bishopbriggs scheme until completionComplete HSCP consideration of Milngavie Police Station scheme – viability/requirements.Property strategy refresh workshop organised.		
Reason for RAG Status					
Lack of funding via NHSGGC or HSCP budgets to progress actions.					
If unable to progress projects, risks to service delivery and contractual commitments such as MOU for PCIP and other services.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	<ul style="list-style-type: none">Local service deliveryCollaborative working across services and multi-agencies			

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	RAG Status
HSCP-24-41 Digital Strategy				<div><div>70%</div></div>	Red – Project in exception
Original Project End Date	Forecast Project End Date		Date of last project board		
31-Mar-2025	31-Mar-2025		05-Nov-2024		
Project Description					
Implement actions in the HSCP Digital Strategy					
Project Sponsor			Project Manager		
Alison McCready			Andy Craig		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
• Digital Telecare and HSCP website projects were delivered.					
Reason for RAG Status					
Digital reserve budget no longer available and there are delays in the joint desktop, transcription solution, digital monitoring solution, and social work information system projects.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A				
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

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

DATE OF MEETING: 19th JUNE 2025

REPORT REFERENCE: PERF/190625/08

CONTACT OFFICER: CLAIRE CARTHY, HEAD OF CHILDREN'S
SERVICES AND CRIMINAL JUSTICE

SUBJECT TITLE: JUSTICE SOCIAL WORK SELF EVALUATION

1.0 PURPOSE

- 1.1** The purpose of this report is to inform the Performance Audit and Risk Committee of the Care Inspectorate's report on the National Review of Justice Social Work Self Evaluation of performance, quality and outcomes.
- 1.2** The report was published on the Care Inspectorate's website on 13/05/2025

2.0 RECOMMENDATIONS

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

- 2.1** Note the content of this report.

**DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Aim 2 of the National Strategy for Community Justice is to “Ensure that robust and high-quality community interventions and public protection arrangements are consistently available across Scotland”. In relation to community sentences, there is an associated priority action to “Ensure that those given community sentences are supervised and supported appropriately to protect the public, promote desistance from offending and enable rehabilitation by delivering high quality, consistently available, trauma-informed services and programmes.”
- 3.2** In 2021, Social Work Scotland’s (SWS) Justice Standing Committee recognised that most Justice Services had yet to agree a set of clearly identified, person-centred outcomes against which progress or change could be demonstrated and identified this as an area of priority. A sub group was established with the remit for performance, quality assurance, service user feedback and continuous improvement.
- 3.3** The Care Inspectorate developed a two part self-evaluation exercise. Phase 1 took place between September and November 2024 during which all 32 local authorities completed a structured self-evaluation template. Phase 2 of the review took place between January and March 2025. Informed by the emerging themes from the national submissions further four local authorities - Aberdeenshire, East Dunbartonshire, Fife and Perth and Kinross - were chosen to ensure the review included a range of service delivery models, governance structures and a broad geographic spread.
- 3.4** Key messages:
- Justice social work services are committed to driving improvement.
 - Important organisational drivers are supporting improvement across services.
 - People using justice services consistently report that the support and supervision they receive is having a positive impact on their lives.
 - Services are not systematically gathering and reporting quality or outcomes data. This limits capacity to demonstrate the effectiveness of community sentences.
 - Significant barriers are hindering services’ efforts to evidence the quality and impact of their service delivery.
- 3.5** The review concludes that the development of a shared strategic approach, underpinned by consistent frameworks and systems to measure quality and outcomes, are indicated as clear priorities and recommends
- Developing a shared strategic approach to performance, quality and outcomes.
 - Clarifying leadership and stakeholder responsibilities.
 - Optimising the national data infrastructure.
- 3.6** As East Dunbartonshire Justice Social Work Team was chosen to participate in Phase 2 further scrutiny was undertaken of the self-evaluation return. This involved submission of evidence, including the Community Payback annual report, the Community Justice Outcome Improvement Plan, focus group with staff, focus group with service users, interviews with Leaders. Unpublished individual feedback was received.
- 3.7** Key strengths identified:

- A documented justice social work performance framework was in place which helpfully mirrored the wider East Dunbartonshire Council performance management framework and reflected a 'golden thread' running through organisational, service and team plans.
- Data and other measures relating to performance were reported through the HSCP and Community Justice Partnership. This included regular updates through the clinical and care governance group. Staff at all levels of the service were clear about the key performance measures and fully understood the importance of accurately and promptly recording these. Leaders and staff noted the benefit reporting on performance had on developments such as the peer navigator service and 'one-stop shop'.
- A number of tools, processes and systems were in place to support oversight of performance issues.
- A range of processes, tools and systems supported a focus on quality within the service. Robust MAPPA audit processes provided oversight and assurance to East Dunbartonshire Chief Officers Group (COG) and the Strategic Oversight Group (SOG), and leaders cited examples of how this had driven improvement.
- Staff had a clear understanding of the standards of practice required and were committed to meeting those standards. The service was also able to demonstrate that they had used learning from service user feedback about the quality of unpaid work activities to drive improvement initiatives.
- Front line staff had a good understanding of what constituted a positive outcome in the context of their work, citing public safety, reducing offending and social inclusion as important outcomes. Identifying change and good access to services were also noted as important. Service users talked positively about the effect the service had on their circumstance with one person noting that the support provided had 'saved my life'.
- Staff were supported to provide quality services that benefitted people. A supportive management team and access to learning and development were highly valued by staff. A strong learning culture was in place.
- The Community Justice plan fed into the Community Planning Partnership and Local Outcome Improvement Plan, the Community Planning Executive Group and the HSCP. This provided a strategic 'golden thread' through planning structures. Justice social work was meaningfully reported on in these settings and the Community Planning Partnership and other council committees regularly received performance reports relating to justice social work.

3.8 Areas for improvement include:

- development of an efficient performance dashboard to reflect the performance framework in place.
- development and implementation of a quality assurance framework. This would include key quality measures, templates to be used, governance and reporting arrangements.
- systematic undertaking of audit exercises.
- identifying a clear set of quality and outcome measures for the service and agreeing governance reporting structures for these.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2025-2030 Priorities;-

1. Empowering People
2. Empowering and Connecting Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 There are no risks associated with this report.

6.0 IMPACT

6.1 **STATUTORY DUTY** – All statutory duties are fulfilled.

6.2 **EAST DUNBARTONSHIRE COUNCIL** –N/A

6.3 **NHS GREATER GLASGOW & CLYDE** – N/A

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – None

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1** – Care Inspectorate – Justice Social Work Review

8.2 **Appendix 2** – Justice Social Work Self Evaluation

Justice Social Work

Self-evaluation of performance, quality and outcomes

A national review



Contents

Introduction	2
Key messages	6
National context	8
Findings	11
- Performance	11
- Quality	14
- Outcomes	17
- Organisational drivers	21
- Learning from a self-evaluation approach	29
Conclusions	31
Considerations for the sector	32
Appendix 1 - Quality Improvement Framework	33
Appendix 2 - The terms we use in this report	36

Introduction

The Care Inspectorate is the independent body tasked with undertaking scrutiny, providing assurance and supporting improvement in justice social work. Between 2018 and 2021 we focused on the inspection of Community Payback Orders (CPOs) delivered by justice social work services. In recent years, often in partnership with other scrutiny bodies, we have undertaken broader, thematic work focused on other justice priorities such as Throughcare, Diversion from Prosecution and Prison-Based Social Work. Informed by the current national aims and objectives of the [National Strategy for Community Justice](#), and in light of the current pressures created by prison overcrowding, the time is now right to renew our focus on the delivery of community sentences by local authority justice social work services.

Aim 2 of the National Strategy for Community Justice is to “Ensure that robust and high-quality community interventions and public protection arrangements are consistently available across Scotland”. In relation to community sentences, there is an associated priority action to “Ensure that those given community sentences are supervised and supported appropriately to protect the public, promote desistance from offending and enable rehabilitation by delivering high quality, consistently available, trauma-informed services and programmes.”¹

Key to delivering on these intentions, and the overarching aim, is the ability of justice social work services to demonstrate that the supervision and support offered to those on community sentences is of a high quality. Building confidence in community sentences is also a vital component in addressing the systems issues relating to prison overpopulation. The findings of this review are deliberately detailed to meaningfully inform the considerations of all stakeholders on these issues.

Background

The findings from our previous justice scrutiny work undertaken between 2018 and 2021 highlighted that performance management and quality assurance were key areas for improvement ². They revealed that, in general, there was no consistency in the format of performance frameworks, the measures being captured, or the frequency of reporting. Some local authorities had yet to clearly define a range of strategic priorities for the justice service or fully embed approaches to measuring performance. Accessing timely and reliable data to aid analysis of performance was often challenging as information management systems could be difficult to interrogate.

Services were often limited in their ability to demonstrate the difference that CPOs were making in people’s lives. Most services had yet to agree a set of clearly identified, person-centric outcomes against which progress or change could be demonstrated. This was exacerbated by an absence of consistent data or standardised mechanisms to capture the necessary information. Services were not consistently gathering feedback from stakeholders or people using their services.

In 2021, Social Work Scotland’s (SWS) Justice Standing Committee recognised this as an area of priority which prompted the establishment of a sub-group with a remit

¹ [National Strategy for Community Justice](#), Priority Action 5, p12

² [Justice Overview Report 2018-2021](#)

for performance, quality assurance, service user feedback and continuous improvement.

Aim and approach of the review

This review sought to build on previous scrutiny activity and add value to the work of the SWS sub-group by:

- evaluating the extent to which justice social work services were able to evidence performance, quality and outcomes in relation to community-based sentences.
- exploring the factors that impacted justice social work services' ability to confidently and robustly demonstrate the effectiveness and impact of community support and supervision.
- using a self-evaluation approach to building capacity for improvement across the sector.

We developed a two-part self-evaluation approach in order to gain a national picture of what was working well and where improvement was required. In the development phase, we engaged with national stakeholders and piloted the approach with two local authorities: South Lanarkshire and City of Edinburgh.

Phase 1 took place between September and November 2024 during which all 32 local authorities completed a structured self-evaluation template in which they considered:

- their current approaches to gathering, reporting and responding to performance, quality and outcome data
- the extent to which organisational drivers were supporting the effective gathering, reporting and use of data to provide assurance and drive improvement

For each element, services were asked to rate themselves using a scale of 'fully', 'mostly', 'partially' and 'not at all'. All 32 submissions were analysed to identify key themes, strengths and areas for improvement.

Phase 2 of the review took place between January and March 2025. Informed by the emerging themes from the national submissions, we used a validation approach to better understand the strengths and challenges at a local level. A further four local authorities - Aberdeenshire, East Dunbartonshire, Fife and Perth and Kinross - were chosen to ensure the review included a range of service delivery models, governance structures and a broad geographic spread. We deliberately chose areas that had not previously been subject to justice scrutiny activity. Selection was not based on concerns regarding any perceived service delivery risk.

Throughout the review a mix of methods were used. These included:

- semi-structured interviews with national stakeholders
- a review of documentary evidence referenced within the six local authority self-evaluations
- in-person focus groups with leaders, managers, staff and people using services in each local authority, held over two days

During the phases of the review we spoke to and heard from a total of 193 people and four national stakeholder organisations:

47 people using justice services

56 front-line staff

46 operational managers

22 strategic managers

12 senior leaders

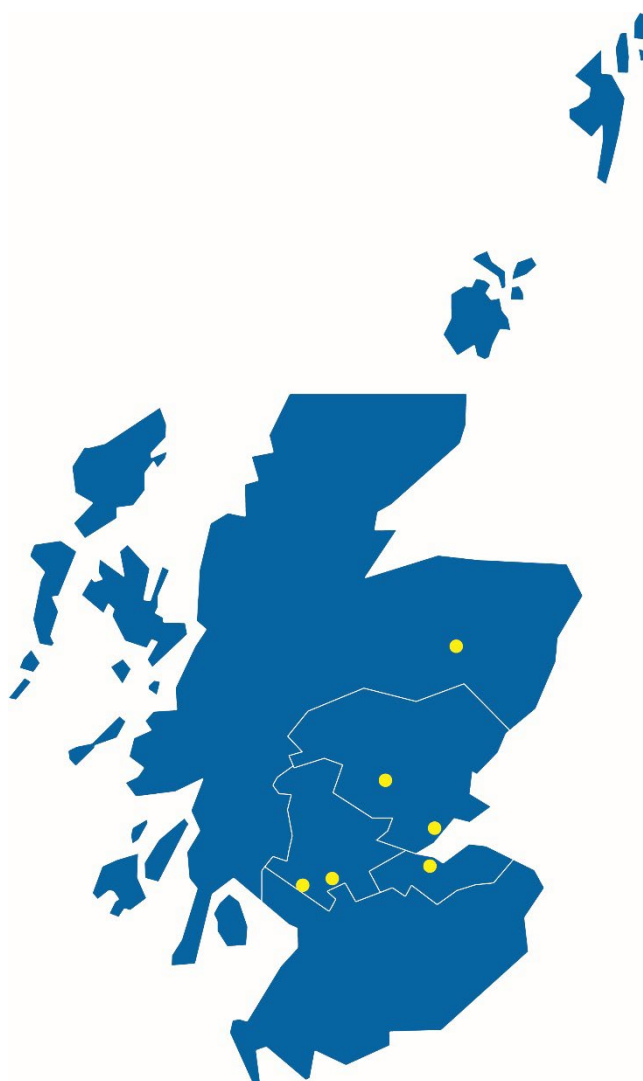
10 performance staff

**Scottish
Government
Justice
Analytical
Services**

**Social Work Scotland
Justice Standing
Committee leaders**

**Community
Justice
Scotland**

**Risk
Management
Authority**



Acknowledgements

We are extremely grateful to all 32 local authorities and their staff who made time to analyse and reflect on their practice during their self-evaluation.

In addition to the people and organisations noted above we would like to thank:

- the people using justice services who took the time to share their views and experiences with us
- the pilot areas for their proactive interest in testing new ways of working
- the co-ordinators and support staff from the six local authority areas for the extremely well-organised in-person validation activities

All six services that participated in the validation activities took full ownership of the process and staff at all levels actively engaged in discussions.

Key messages

Justice social work services are committed to driving improvement.

- Services have a clear sense of their strengths and areas for improvement.
- Services are working hard to consistently meet their statutory reporting responsibilities and are making good use of frameworks, where these exist.

Important organisational drivers are supporting improvement across services.

- Services demonstrate strong leadership, a reflective learning culture and robust governance structures.
- Services are investing in developing and sustaining specialist knowledge and expertise.

People using justice services consistently report that the support and supervision they receive is having a positive impact on their lives.

- People describe the experience of being on an order as 'transformational' and 'life-saving'. They feel supported, safe, and encouraged to progress.
- Staff are noted to be responsive to needs, appropriately challenging of offending behaviour, and non-judgemental in their approach.

Services are not systematically gathering and reporting quality or outcomes data. This limits capacity to demonstrate the effectiveness of community sentences.

- There is a disproportionate focus on gathering and reporting performance metrics. Much of what is gathered and reported is not informing local improvement.
- Many services lack a systematic quality assurance framework.
- There is no agreement or shared language about quality and outcome measures. Tools are not consistently applied to support reliable data gathering and reporting.

Significant barriers are hindering services' efforts to evidence the quality and impact of their service delivery.

Local barriers include:

- Restrictive information management systems which limit and complicate data gathering.
- Resource constraints, staffing issues and onerous reporting demands which limit capacity for quality assurance and improvement activities.

National barriers include:

- The lack of a shared strategic approach which articulates agreed measures, tools, processes and priorities for data gathering and reporting

- The lack of shared leadership and clarity regarding collective roles and responsibilities
- The need to overcome the limitations of the national data gathering and information sharing infrastructure

National context

Justice Social Work

Justice social work services across Scotland are enabled by Section 27 of the Social Work (Scotland) Act 1968. Although services are delivered as part of a local authority or Health and Social Care Partnership (depending on the governance arrangements) the bulk of justice social work service funding is in the form of a 'ring-fenced' grant from the Scottish Government. Additional money is also transferred to local authorities from the Scottish Government Community Justice budget. Local authorities may also support justice-related activities from their overall budget allocation.

The [Grant Aided Expenditure](#) details the allocation of funds across the 32 local authority areas using the justice social work funding formula. Understanding the type and amount of work undertaken by the justice social work service is crucial to this process.

Key to determining these figures is the production of statistical returns required by the Scottish Government at regular points throughout the year. The production of this data is a significant undertaking for every local authority and it is essential to get it right in order to avoid being financially disadvantaged.

Each April Scottish Government Justice Analytical Services issues all the data forms to be returned by the local authority during the course of the coming year. The annual collection is split into two delivery processes. The aggregate return includes data in relation to:

- Diversion from prosecution
- Fiscal work orders
- Bail supervision
- Justice social work reports
- Structured deferred sentences
- Statutory and voluntary throughcare
- Pre-release reports
- Home detention curfew assessments
- Court-based services

The second part of the process, the unit level return focuses on:

- Community payback orders
- Drug treatment and testing orders

Significant checks and balances are incorporated into these processes to ensure accuracy, with Scottish Government Justice Analytical Services and local authorities communicating routinely throughout the process. The [Local authority social work](#)

[statistics \(LASWS\) justice group](#) chaired by Scottish Government Justice Analytical Services is crucial to supporting the efficient and effective collection and monitoring of justice social work data.

The data requested by the Scottish Government is analysed and assured by Justice Analytical Services and then published as [Justice Social Work Statistics](#). Following a comprehensive [review of Justice Social Work Statistics](#) in 2024 the publication was split into two which allows certain data to be in the public domain earlier than was previously the case. With more than half of the data indicators within the National Community Justice performance framework reliant on this national data-set, the statistics are critical to informing national policy, strategy and direction as well as supporting local performance reporting.

The Scottish Government Justice Analytical Services team valued the significant efforts made by local authorities to submit the required data by the due dates. They recognised that the size and complex nature of the submissions can cause difficulties for local authorities. Additional challenges arise if experienced staff leave or are unavailable. The most significant issue impacting efficiency is the lack of standardisation, with different local authorities using a variety of information management systems, some of which are more effective than others. Any updates to often outdated systems can be costly financially and in terms of staff time and expertise. These challenges become more pressing as the Scottish Government attempts to shift the balance from custody to community and the range of community options managed by justice social work services increases.

Other reporting systems

The Level of Service/Case Management Inventory (LS/CMI) is the comprehensive general offending assessment and management planning method used by all community and prison-based justice social work services in Scotland. It is used to aid decisions on the level and focus of intervention with people (aged 16+) who have been involved in offending. The LS/CMI method was adapted for use in Scotland by the Risk Management Authority (RMA) to enable an evaluation of the pattern, nature, seriousness and likelihood of offending and helps structure professional decision-making in a manner that is consistent and understandable regardless of the nature or complexity of the case. As such the method aligns with the principles of FRAME (Framework for Risk Assessment, Management and Evaluation). Training in the use of the method is delivered by Community Justice Scotland with additional training provided by the RMA to support risk assessment and management practice with individuals who present a risk of serious harm

Owned by the Scottish Government, the electronic LS/CMI portal is used by justice social workers in the community and in prison to record assessment and case/risk management information. Additionally, the portal is used to record key data about accredited programme delivery. The national electronic system for supporting the efficient, effective and consistent application of the LS/CMI method is hosted and supported by an externally commissioned supplier. While LS/CMI is invaluable to professional decision-making in individual cases, local aggregated reporting from this aspect of the system is limited, and there are no national reporting requirements currently in place to utilise the rich data within the system to inform national reporting of performance, quality and outcomes.

Community Justice

The [Community Justice \(Scotland\) Act 2016](#) provides the legislative framework for the model of community justice in Scotland. A [National Strategy for Community Justice](#) was published in 2022 followed by a revised [Community Justice Performance Framework](#) (CJPF) comprising [nine nationally determined outcomes](#) and [ten national indicators](#) used in measuring local and national performance against the national outcomes.

As statutory partners within community justice partnership arrangements, local authorities, including justice social work services, contribute performance data as required by the Act. This reporting is expressed in their respective [Community Justice Outcome Improvement Plans](#), aligned with the CJPF, with reports returned to Community Justice Scotland annually for assessment and analysis of performance.

There is also a statutory requirement for local authorities to report specifically on the delivery of CPOs by justice social work services in their area. This reporting is delivered using a national Community Payback Order Annual Returns template and returned to Community Justice Scotland and the Scottish Government. Community Justice Scotland collates these returns and summarises them in a report which is laid before the Scottish Parliament. This report is then published nationally as the annual [Community Payback Order: Summary Of Local Authority Annual Reports](#).

Public Protection

Local authorities are a defined Responsible Authority, amongst others, within the [Multi-Agency Public Protection Arrangements](#) (MAPPA) in Scotland. Justice social work services are responsible for the assessment and management of certain categories of people in accordance with the national MAPPA guidance.

[Section 11](#) of the [Management of Offenders etc. \(Scotland\) Act 2005](#) sets out the statutory requirement for each MAPPA region in Scotland to produce and publish an annual report, and to provide information to the Scottish Government, on the delivery of MAPPA in their area. Justice social work services report information on performance via their local MAPPA Co-ordinator and MAPPA Strategic Oversight Group which informs annual reporting.

The Scottish Government compiles and publishes an annual [National Overview Report](#) informed by the annual reports from the ten MAPPA regions in Scotland.

Findings

We asked local authority justice social work services to evaluate the efficiency and effectiveness of their arrangements for gathering and reporting performance, quality and outcome data. This was done using a four-point scale: 'fully', 'mostly', 'partially' and 'not at all'. Using a structured template, services were also asked to evaluate the extent to which key organisational drivers were impacting their ability to gather and report data. These included a culture of learning and improvement, leadership, governance, knowledge/expertise and resources.

The findings that follow are reported against the key elements of the self-evaluation template. They include a summary of the themes arising from the 32 self-evaluation reports and validation activity in the six local authority areas. Related findings from discussions with national stakeholders are included at relevant points. To guide the reader, key themes are highlighted in bold throughout.

Performance: Learning from the 32 local authority self-evaluations

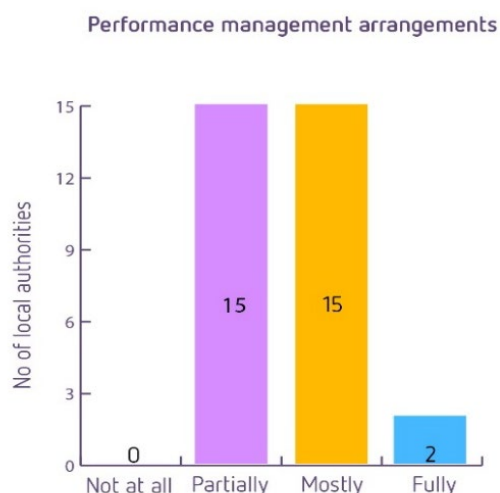
Services rated **how effectively they were measuring their performance in delivering support and supervision for people on community sentences**. In reaching their conclusions they were asked to specifically evaluate the extent to which they:

- had a clear and comprehensive performance management framework
- had a set of clearly articulated key performance indicators (KPIs) relating to their core functions
- had processes and tools in place to ensure routine gathering and collation of data relating to their core functions
- were able to evidence improvement initiatives informed by performance data

From the 32 responses, two local authorities rated their **performance management arrangements** as 'fully', 15 as 'mostly', and 15 as 'partially'. This indicated that almost half of the services identified the measurement of performance as an area for improvement.

This finding reflected the fact that the majority of services indicated they did not have a clear justice **performance framework** in place. While some services made reference to elements of a framework, only two services were 'fully' confident they had a robust framework in place. Most services recognised the need to ensure that performance improvement priorities were clearly identified, actioned and monitored.

Encouragingly, almost all services had clear **key performance indicators** (KPIs) relating to the core functions of justice social work, though the range and number of indicators varied. Some KPIs were limited to statutory reporting requirements for the Scottish Government returns. This statistical overview was widely agreed to be



providing a helpful, common national baseline and services were noted to be working very hard to provide the required data. Where additional local indicators were tracked, these related to Serious Incident Reviews, staff sickness absence and complaints. Services that rated themselves 'partially' for this question were keen to extend their range of reported KPIs and acknowledged a need to review their current indicators to ensure these were aligned with local and national priorities.

Over half of services were confident they had processes and tools to support routine performance monitoring. The range of **processes and tools** to support local and national performance monitoring varied significantly. They included a mix of locally developed data platforms, dashboards and Excel spreadsheets and some nationally developed checklists on the delivery of accredited programmes. Although all services provided the same data to meet Scottish Government Justice Analytical Service's reporting requirements, there was no common approach to generating that data at a local level.

Although the majority of areas were confident they had tools to monitor performance data, challenges were noted in relation to time, resource and data quality. These were compounded by laborious manual data extraction methods, a lack of training in data interrogation and a reliance on social work information management systems which some areas felt had limited functionality.

Almost half of all services noted significant issues with the reliability and functionality of their IT and information management systems. Some services had adopted manual and cumbersome 'workarounds', and over a third of services were investing in new information management systems. Those in the early stages of implementation expressed optimism that the new systems would support better data gathering and reporting. However, several services indicated significant problems following implementation of new systems which meant they were no longer able to reliably report on data at all. All services indicated that supporting the development of new systems significantly limited capacity for service delivery and improvement work.

Positively, the majority of services felt able to evidence **improvement initiatives** informed by performance data. This was particularly noted in services where staff had been trained in quality improvement and systematic processes and the monitoring of trend data was supporting improvement activity. In other services, performance improvement initiatives were more reactive; driven by developments in national strategy or practice, rather than local performance data.

Performance: Learning from local validation activity

The self-evaluations for the six validation areas reflected mixed confidence levels in performance management arrangements, ranging from 'partially' to 'fully'.

Arrangements to capture and report on performance varied. Where a **performance management framework** was in place it was not always underpinned by a coherent system for gathering, analysing, reporting and evaluating performance data. In other instances there was a data dashboard but no corresponding framework.

Spotlight on Practice – Performance

Services that had developed a data dashboard had also established a corresponding forum in which key staff reviewed, interrogated, and analysed performance data to consider practice implications. Although operational leaders and managers acknowledged varying levels of confidence in analysing and interpreting data, these arrangements worked best where staff with expertise in performance management and data analysis were included. This suggested that a structured approach to the review of data, which involved dedicated time, relevant expertise and focused discussion was helpfully contributing to the identification and development of evidence-led improvement initiatives.

As we found nationally, beyond the measures in the Scottish Government annual and quarterly returns, there was little consistency in the **key performance indicators** being gathered and reported, despite the relatively standardised functions of the justice social work role. There was very limited data on performance metrics in relation to the completion of LS/CMI assessments and case management plans. Approaches to monitoring the delivery of statutory reviews in accordance with **national outcomes and standards** varied. Most services gathered some form of workload monitoring data, although the focus was not consistent. Very little of this wider performance data was routinely reported through governance structures or wider national forums. Managers and leaders conveyed a clear appetite for greater national clarity and consistency around meaningful performance measures for their service.

The **tools, processes, systems and staff** generating performance data also varied significantly. Most services acknowledged that, in order to overcome the limited functionality of local information management systems, they had developed an often complex and sometimes cluttered set of spreadsheets, checklists and manual processes to enable them to capture and collate performance data. To successfully develop, populate and maintain these systems, services were often critically reliant on dedicated or specialist performance or business support staff. While these staff were considered a vital resource, the specialist nature of the skill-set required meant they also represented a single point of failure in the event of absence or diminishing resource.

All local validation areas used performance data to drive **improvement initiatives** which included some excellent examples of innovative and person-centred practice development. However, no service had consistent processes in place to capture performance improvement activity and track progress and outcomes.

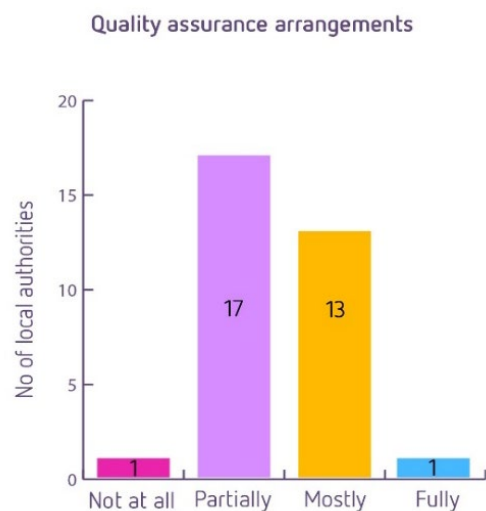
Quality: Learning from the 32 local authority self-evaluations

Services rated **how effectively they were measuring the quality of their work to support and supervise people on community sentences**. In reaching their conclusions they were asked to specifically evaluate the extent to which they:

- had a clear and comprehensive quality assurance framework
- had a set of clearly articulated quality measures relating to their core functions
- had processes and tools in place to ensure they routinely gathered and collated data regarding the quality of their work
- could evidence improvement initiatives informed by quality assurance data

Thirteen local authorities gave themselves an overall rating of 'mostly' for their **quality assurance arrangements**, with 17 rating themselves as 'partially' and one as 'not at all'. Only one service felt they were 'fully' confident in their quality assurance arrangements.

In services where quality assurance activity was robust, common elements included: a clear articulation of expected quality standards; policy guiding the tools to be used, frequency of use, and by whom they should be applied; and agreed processes for the collation, review and oversight of quality assurance data. However, the majority of services lacked a systematic **quality assurance framework**, relying instead on ad hoc or reactive activities. This limited their ability to promptly identify and respond to areas for improvement. Encouragingly, almost all self-evaluations identified the development of a robust and systematic quality assurance framework as an improvement priority.



The range of tools and frequency of their application to provide local assurance about core elements of practice varied significantly. The majority of areas reported using national templates produced by the Care Inspectorate and Scottish Government to audit court reports, case files and serious incidents. A smaller number were either using, or intending to use, other national tools to review risk assessments and plans. A very wide range of locally developed tools was used to review the quality of core functions including statutory reviews, CPO closure and completion processes and breach proceedings. There were also varied approaches to the review of MAPPA, Drug Treatment and Testing Orders and the delivery of accredited programmes.

While many services had clear performance targets, they were not routinely setting or monitoring equivalent targets in relation to the quality of practice. Although quality standards, linked to national standards and local policies and procedures, were in place, there were no clearly articulated examples of the high-level **quality measures** that services were aiming to achieve. Instead, consideration of quality measures was dominated by reference to performance indicators relating to the completion, frequency and timeliness of core functions.

The self-evaluations provided limited information about how quality assurance data was being collated and reported to inform local service development. A small number of services generated specific operational management reports but these were not routinely reported to senior managers. All services provided annual reports on the delivery of CPOs which were shared with governance groups, however, the data within those reports was not routinely being analysed to inform local improvement activity.

Services recognised the importance of quality assurance, and almost all referenced how audit activity and feedback from stakeholders contributed **to improvement initiatives**. However, a third noted that staffing pressures and wider system demands made meaningful quality assurance activity 'unfeasible'.

Quality: Learning from the local validation activity

Validation activities around quality assurance broadly mirrored the themes from the national self-evaluation reports. Across the six services, levels of confidence about quality assurance arrangements varied from 'partially' to 'mostly'.

None of the six services had a clear **quality assurance framework** which outlined their process, tools, standards, measures, frequency or reporting arrangements for assuring service quality. All services highlighted this as an improvement priority.

In spite of the absence of clearly articulated quality measures, staff were clear and confident about the standard of practice expected of them and most were able to access clear policies, procedures and guidance on the quality standards for their service. Strategic and operational leaders recognised an absence of agreed quality measures within existing national reporting frameworks and noted annual reporting on CPO delivery asked for selective qualitative examples of the impact and benefits of services for individuals and communities. Given the lack of, or demand for, nationally agreed quality measures, they found it hard to justify the development of quality assurance mechanisms as a priority.

Almost all services noted quality assurance activity had been paused or interrupted by the impact of the Covid-19 pandemic. Efforts to resume routine quality assurance had been hindered by widespread staff shortages, the backlog resulting from the pandemic and wider system demands including efforts to support the early release of prisoners. There was a clear appetite to undertake more quality assurance activity, but an honest admission that the capacity to undertake the necessary development and consistently apply tools was very limited.

Across services, a range of routine **processes** helped first-line managers to feel assured about the quality of support and supervision. These included staff supervision, counter-signing of reports and informal case discussions with staff. Statutory reviews on the progress of people subject to community orders provided an important opportunity for managers to check the progress and quality of work and gather feedback from people using services. That said, these were not consistently taking place in line with national outcomes and standards across all services.

Other than some periodic reviews of case files and other ad hoc activities, formal and consistent audit and quality assurance activity, supported by the **use of tools** was intermittent. Given that supervision requirements are a key feature of many CPOs, not reviewing the content and quality of this aspect of practice presented a

significant missed opportunity to better understand and build on the strengths of community-based sentences and to evaluate their effectiveness.

Stronger audit performance was evident in a few services. Most were reviewing the quality of court reports, although a variety of tools were being used despite the recent development of a national template. Processes around MAPPA audit and the reporting of Serious Incident Reviews were much more robust, suggesting that, when applied consistently, agreed national tools, frameworks and reporting structures were providing helpful clarity around quality assurance practice.

Spotlight on Practice – Quality Assurance

A number of services had developed clear internal processes to maximise learning and drive improvement following the completion of Serious Incident Reviews (SIRs). SIRs were undertaken collaboratively with staff and any identified learning, including feedback from the Care Inspectorate, was shared with staff across the service. Where improvement actions were identified, processes were in place to capture and monitor the progress in delivering these. By involving staff in the learning process and establishing a process to follow up on learning arising from serious incidents, services were able to demonstrate that they were both quality assuring practice and building their culture of shared continuous learning and improvement.

Services were alert and committed to improving quality. Gathering qualitative feedback from stakeholders and people using services enabled services to take timely action to address quality concerns and respond to suggestions for **improvement initiatives**. While there were examples of this feedback being shared in local and national reports, this data was not thematically analysed to inform local or national improvement.

Outcomes: Learning from 32 local authority self-evaluations

Services rated **how effectively they measured the impact of their work and the difference their delivery of services was making for people on community sentences**. In reaching their conclusions they were asked to specifically evaluate the extent to which they:

- had a set of clearly articulated outcome measures which reflected local and national priorities.
- had a set of clearly articulated outcome measures to capture improved wellbeing and life chances for people who use their services.
- had processes and tools in place to ensure they routinely gather and collate data regarding the difference their services are making.
- could evidence improvement activity informed by outcome data.

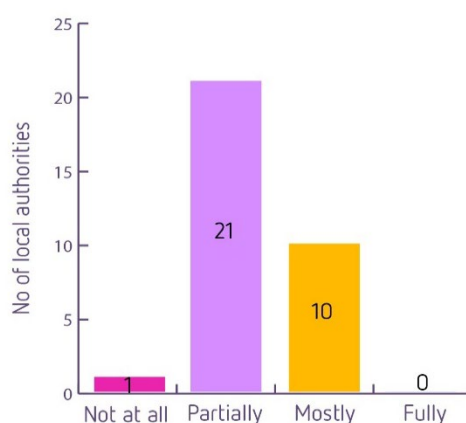
Ten local authorities rated their outcome gathering arrangements as 'mostly', 21 as 'partially', and one as 'not at all'. None felt they were 'fully' measuring the outcomes of their work.

Collectively, the self-evaluation responses suggested a lack of clarity and confidence across services on **local, national and individual outcome measures** relating to the provision of community sentences.

Most services referenced **national outcomes and indicators** within the [Community Justice Performance Framework](#). The language used to describe this framework and the associated reporting requirements was very inconsistent suggesting a lack of shared understanding and consistent terminology across the sector. A number of services gathered and reported against wider national outcomes informed by [National Outcomes and Standards \(NOS\)](#), national practice guidance, and delivery standards for accredited programmes. However, this was not universal and, again, there was no consistency in the language used to describe these wider national outcomes. Together this created the sense of a confused and disjointed understanding of the national outcomes that services were working to deliver.

Local outcomes measures also varied significantly and reflected a cluttered, and at times, outdated reporting landscape. Services variously reported against measures from historic Community Justice Authorities, the previous national Outcomes, Performance and Improvement Framework for Community Justice (2016), Local Outcome Improvement Plans, HSCP strategic plans, local performance frameworks, local strategic needs assessments, justice service plans, individual outcome tools (e.g. [Justice Outcome Star](#)), LS/CMI indicators and the indicators that are derived from Scottish Government statistical returns. While a number of services had updated their local outcomes to better reflect the [Community Justice Performance Framework](#) this was not consistent.

Local, national and individual outcome measures



This pattern was mirrored in relation to capturing **outcomes for people on community sentences**. Fewer than half of services had a clearly defined set of outcome measures to capture improved wellbeing and life chances for people using services. While services clearly recognised the importance and value of capturing the outcomes and experiences of people using services, the collection, analysis and reporting of personal outcomes was variously described as 'difficult to achieve', 'challenging', 'ad hoc', 'inconsistent', 'limited' and 'disparate'.

This **lack of a shared, national focus on outcomes** and the experience of people using services was also noted as a gap in our discussions with national stakeholders. They reflected that nationally reported KPIs did not have a clear focus on outcomes. Equally, the outcome data submitted by local authorities to Community Justice Scotland in the annual Community Payback Order reports was narrative in form. This made it difficult to aggregate and analyse to identify themes and patterns to support national learning around outcomes. In recognition of this, in 2021 the SWS Justice Standing Committee established a sub-group jointly chaired by Community Justice Scotland, with a remit for performance, quality assurance, service user feedback and continuous improvement. Although there were aspirations to develop shared approaches to gathering and reporting on data, there was an honest acknowledgement that very little progress had been made in this area.

Across Scotland, standard **processes** were in place which offered the potential to gather outcome data. These included exit interviews, statutory reviews and the LS/CMI assessment process. However, these processes were not providing consistent or reliable outcome data. Nationally, there were no standard **tools** for gathering outcome data. Although the case management progress record within LS/CMI had capacity to capture and report on changing outcomes, most self-evaluations were silent on the use of this, suggesting it was not used as originally intended. Moreover, services reported issues with the functionality and accessibility of reporting from the LS/CMI system indicating that even where data was being captured, it could not be easily or routinely extracted to inform monitoring or improvement. Services also expressed concern that disjointed oversight arrangements and lack of ongoing investment in the system threatened the sustainability of the tool, and risked diluting the underlying FRAME practice principles embedded in the approach.

While statutory reviews were referenced in all self-evaluations, there was no nationally consistent template, nor agreed set of outcomes routinely considered in statutory reviews. This limited opportunities for benchmarking. Additionally, the use of exit interviews was inconsistent and most services noted low response rates. A small number of services had linked entry and exit questionnaires which enabled them to capture and demonstrate change over time. Many services used manual or 'paper-based' forms for these processes which limited capacity for easy analysis. Gaps in information management systems, business support and staff capacity also limited services' ability to collate, analyse and report on any data captured.

Despite these challenges and limitations, a number of services highlighted efforts to innovate and invest in improving how outcomes were gathered and reported. Almost half of services referenced use of Justice Outcome Star to gather data on a small, but clear set of individual outcomes. Other services were taking steps to implement locally developed tools, but these were in the early stages of testing. Several services were exploring opportunities to utilise technology to help them

more effectively gather outcome data through the use of applications like Microsoft Forms and QR codes.

In the absence of reliable systems and processes to gather outcome data, most services were limited in their ability to demonstrate how they used outcome data to drive **improvement initiatives**. A small number of services noted examples of how they had used feedback from exit interviews and statutory reviews to identify and address staff training needs. Others had made improvements to their CPO unpaid work 'Other Activity' provision on the basis of feedback from people using services. However, many services acknowledged that, in the main, improvement activities were isolated projects prompted by individual and ad hoc feedback. One self-evaluation summarised this well, noting their improvement efforts were more reflective of "**isolated decisions rather than a system informed by outcome data [that was] being routinely captured and actioned.**"

A number of services gathered feedback on outcomes through **lived experience panels**, service user participation groups or capturing people's stories. Where feedback was gathered through direct engagement with people using services, it was effectively driving improvement activity. Almost all services noted that listening to the experiences and voices of people using services was a critical but underdeveloped aspect of their culture and practice and noted it as an improvement priority.

Outcomes: Learning from local validation activity

The key messages from the self-evaluation reports regarding the gathering and reporting of outcomes were confirmed through validation activities. Across the six areas, levels of confidence about their ability to evidence outcomes varied from 'mostly' to 'partially'.

All services reflected a good awareness of the **National Outcomes and Standards, and the associated measures** and it was clear that Community Justice Partnerships had taken steps to identify local actions mapped against the priorities of the National Strategy for Community Justice. Within justice services though, most had not yet aligned their service delivery plans to reflect the new national priorities and local outcome measures were not well defined. Leaders at all levels expressed some frustration about the [Community Justice Performance Framework](#), noting that a number of the priorities had limited or no outcome measures representing a missed opportunity to capture the impact of services. They felt this conveyed a lack of clarity at a national level about what services are trying to achieve.

There was a clear focus on identifying and measuring **outcomes for people using services** in all six services. Frontline staff had a good understanding of what constituted a positive outcome in the context of their work. They cited public safety, reducing offending and social inclusion as important outcomes alongside a clear commitment to supporting individual change and addressing wider support needs for people on CPOs. However, managers and leaders noted the complex nature of outcomes and, in the absence of a national ask, admitted a lack of clarity and confidence on the outcome measures they should be gathering and reporting on for people using services.

This lack of clarity was reflected in the very wide **range of tools and processes** used to capture outcomes for people using services. Mirroring the findings of the national self-evaluation submissions, a wide range of exit questionnaires were used

across services. Most were completed on paper, with no capacity to aggregate and report the data, and all services acknowledged very poor rates of return. None of the services had an associated 'initial' questionnaire to enable them to capture change over time. Although statutory review processes considered outcomes, they did not include a mechanism to allow services to reliably report on them. Only one service routinely expected staff to complete the LS/CMI progress record with others citing the need to 'double-key' as a barrier to its use. Some services had commissioned Justice Outcome Star, but in practice, this was inconsistently applied and the data not routinely reported anywhere. One service had developed a bespoke tool but did not yet have the capacity to collate and report on the outcome data it generated.

Given that systems to capture and report on individual outcomes were underdeveloped, outcome data was not being routinely shared in local and national reports. This limited services ability to demonstrate the impact of their service delivery and celebrate success. However, services were much more able to report on individual stories and positive examples of feedback from stakeholders and people using services. This rich qualitative data was shared in Chief Social Work Officer (CSWO) reports and was being collated and reported to Community Justice Scotland via the Community Payback Order Annual Reports. While the subsequent national [Summary Report](#) highlighted examples of the positive impact of community sentences for both people and communities, services felt the limited thematic analysis of this data represented a missed opportunity to support collective learning and continuous improvement.³

The limited capacity to capture and report on individual outcomes stood in stark contrast to the very clear messages we heard from people about the positive impact of the support they received from services. They described the experience of being on an order as 'transformational' and 'life-saving'. People described staff who 'stick with you', 'support your progress' and 'help you feel safe'. Staff were noted to be responsive to needs, appropriately challenging of offending behaviour, but non-judgemental in their approach. This was confirmed in the person-centred values that characterised our discussions with staff across all services.

Spotlight on Practice - Outcomes

Some services had developed **improvement initiatives** to address needs and support compliance for people on community orders. These included the provision of specialist support to young men on CPOs, the development of additional support for people on unpaid work with high levels of need, and the creation of a peer navigator service for people engaging in substance use. In each instance, consideration of performance and outcome data enabled services to identify barriers to the successful completion of orders for people with particular needs. In turn, this prompted action to develop and implement evidence-led support initiatives, with the aim of improving outcomes for people on orders.

National stakeholders agreed the **lack of standardised, consistently applied tools** related to key processes including exit interviews and statutory reviews limited the opportunity to gather and report on service wide and individual outcomes. All four stakeholders also reflected there were limits around their ability to gather, aggregate and report on outcome data for justice social work services. This was variously

³ It is noted that, to support shared learning, the [Community Payback Order: Summary of Local Authority Annual Reports 2023 – 24](#) published in March 2025 contains a thematic summary of key improvements, persistent challenges, and innovative practices identified from local authority reports.

connected to their lack of capacity, remit or the limits of their legislative authority. In the absence of a collective focus, means and mandate, there was no established or growing evidence base on outcomes associated with community sentences from which to identify and drive national development and improvement. This was a source of frustration for all stakeholders.

Organisational drivers

Services evaluated the extent to which the five organisational drivers enabled and supported their performance monitoring and quality assurance activity. The organisational drivers were: A Culture of learning and improvement; Leadership; Governance; Knowledge/Expertise and Resources.

Culture of Learning and Improvement: Learning from 32 local authority self-evaluations

Services rated the extent to which their organisational culture was characterised by:

- reflective practice.
- promotion of accountability at all levels.
- investment in learning.
- a focus on involving people who use services.
- an evidence led approach to change.

Most services were confident about their **organisational culture**. The extent to which the key elements noted above were present varied.

Almost all services saw **supervision and formal training** as the key vehicles for learning and reflective discussion and it was clear that services had prioritised and invested in those opportunities for staff.

Beyond the use of supervision and formal training wider **learning and development opportunities** were less consistent or clearly defined within self-evaluations. While staff training was a high priority, only a handful of services referenced specific investment in training for managers and leaders. Very few reflected on the important role that managers and leaders hold in modelling a strong culture and promoting shared ownership for learning.

While **reflective practice** was noted as a critical learning tool, mechanisms to support this were not well articulated. Only a small number of services routinely hosted practitioner forums, or group supervision, and only two services specifically mentioned a 'peer review' process. Almost all submissions reflected that opportunities to gather and learn from the **views of people using services** was a critically important but underdeveloped aspect of the learning culture.



Culture of Learning and Improvement: Learning from local validation activity

A culture of learning and improvement was a clear strength across all six justice services. However, their self-evaluation ratings suggested that services had not taken full account of the positive elements of their organisational culture.

Where the culture was strongest, there was a **clearly articulated vision** for the justice service which was communicated to, and understood by, staff at all levels. This fostered a clear sense of purpose and shared ownership across the staff group which was promoting shared accountability.

Similarly, a strong culture of **reflective practice** was evident in all six services. This was underpinned by clear investment in regular professional supervision and investment in a range of formal and informal learning opportunities. A variety of helpful reflective practice opportunities were empowering and enabling staff to propose and develop change ideas. This included the provision of access to clinical supervision, although this was becoming much harder for services to resource.

A widespread commitment to supporting **student placements** reflected the ethos of practice learning, and robust processes to support newly qualified social workers were in place across services.

All services reflected a commitment to hearing from people who used services, and people we spoke to confirmed that feedback they provided was generally acted on. However, formal processes and forums to support the participation and involvement of people with lived experience in service review and development were limited.

Leadership: Learning from 32 local authority self-evaluations

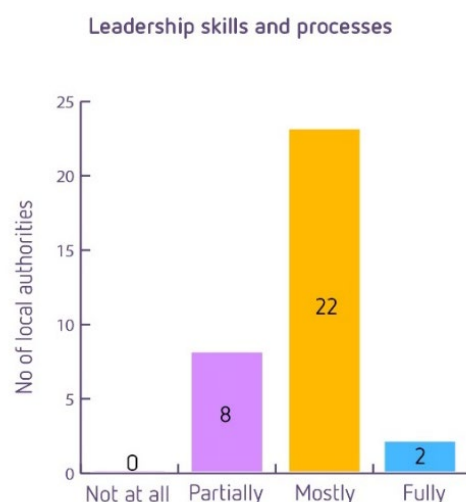
Services rated the extent to which leadership within their service was characterised by:

- a focus on performance and quality
- ownership over QA processes
- modelling a commitment to improvement
- actively celebrating strengths and addressing performance issues

Services were generally confident in their **leadership skills and processes**. Leaders used supervision, team meetings and staff appraisal processes to maintain oversight of performance and teams.

Most services had **regular processes** in place to enable operational (and sometimes strategic) managers to review service-wide performance data.

Quality assurance data was less consistently reported, indicating that not all aspects of service delivery were subject to ongoing interrogation by leaders. Because data



gathering and reporting were not always systematic, efforts to **promote and celebrate success** tended to be ad hoc, although the importance of this as a means of boosting morale and service visibility was well recognised. Gaps in data gathering and reporting also meant that opportunities to consistently provide feedback to staff about performance, and engage them in discussions about improvement were not as robust as services would have liked.

Leadership: Learning from local validation activity

Leadership was a strength across the six services. Levels of confidence about leadership varied from 'partially' to 'mostly'.

Staff experienced oversight from operational managers as supportive, encouraging and empowering. This was reflected in the wide range of change ideas identified and led by front-line staff. This demonstrated services' commitment to innovation and **encouragement of leadership at all levels**. Many of the improvement initiatives required creative leveraging of scarce resources reflecting leaders and managers ability to draw on strong partnership working to drive change. Staff understood their responsibilities and felt their work was valued by managers. Regular supervision provided routine opportunities for feedback on the quality of their work, as well as time to focus on professional development and personal wellbeing.

A leadership **commitment to improvement** was clear in each service, but presented differently across services. Some services invested in dedicated roles to support development and improvement initiatives related to performance, quality and outcomes. Other, smaller services, created a culture in which staff had permission and freedom to test change ideas and adapt service delivery approaches in response to the specific and emerging needs of people using services.

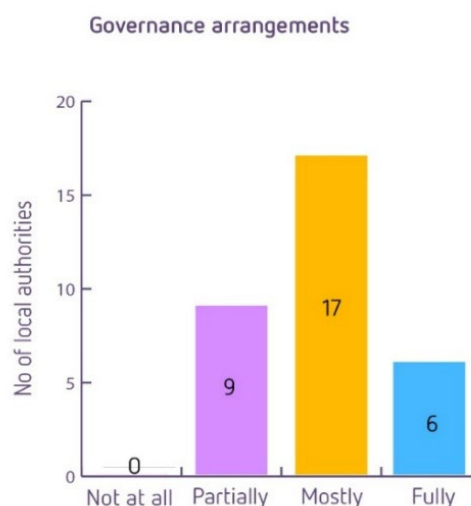
Governance: Learning from 32 local authority self-evaluations

Services rated the extent to which governance arrangements within their service were characterised by:

- Agreed reporting structures for performance, quality and outcome data
- Engaged and informed senior leaders
- Established levels of accountability
- Data that is integrated into wider planning and performance systems

Services were broadly confident about **governance arrangements**. Almost all services described reporting structures *within* services and *upwards* to relevant oversight groups although the range of oversight groups varied significantly across the country.

Reported information **predominantly focused on performance** measures, with limited consideration of quality and outcome data. While justice data was captured in wider planning and performance systems in most services, the extent of the data reported was often limited.



In contrast to other aspects of the self-evaluation submissions, reflections on governance were largely descriptive. This provided little insight into how well governance arrangements operated or the extent to which leaders and elected members were sighted and engaged in the work of justice services. This reflected the findings of our recently published social work governance report which noted that justice social work was not consistently given an 'equal voice' compared to adult and children's social work.⁴

A number of services made positive reference to the oversight provided by Community Justice Partnerships and public protection forums. These groups provided more **meaningful opportunities** to reflect on the work of justice services beyond consideration of a small number of key performance metrics.

Governance: Learning from local validation activity

Validation activities presented a mixed picture in relation to governance arrangements. Across the six services, levels of confidence about governance oversight varied from 'partially' through to 'fully'.

While oversight arrangements differed across the six services, all had **clear governance** and lines of accountability in place. As noted nationally, the extent of formal reporting about the work of justice services varied. There were examples of a range of routine performance reports and service updates submitted to committees and governance groups which supported good visibility and oversight of justice services. In general **reporting was limited**.

The **focus of reporting** was largely characterised by a narrative summary of activity. Where aggregated data was included, this was limited to a handful of high-level performance indicators, and in some services no performance data was shared. Beyond the inclusion of some individual case studies and practice examples, there were almost no instances of aggregated quality or outcome data reported in any governance report. While leaders felt assured about the performance and quality of services they acknowledged that much of this was reliant on self-report from managers rather than objective data reporting.

Engagement from strategic leaders and elected members tended to focus on specialist provisions such as unpaid work and women's services which were noted

⁴ Review of social work governance and assurance across Scotland, p16.

to be more visible. Most services recognised **scope to enhance oversight and visibility** of service delivery – particularly in relation to CPOs – through more consistent and broad-ranging data reporting.

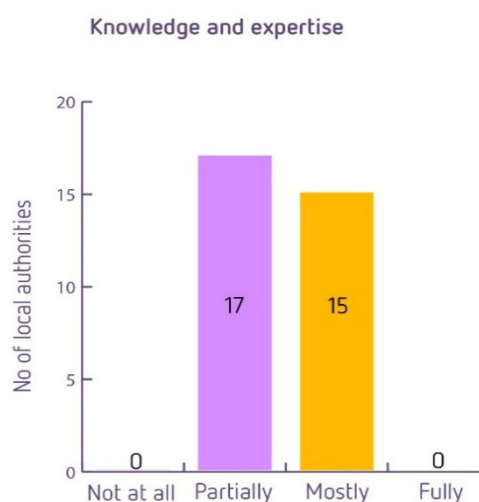
Knowledge/Expertise: Learning from 32 local authority self-evaluations

Services rated the extent to which the knowledge and expertise within their service reflected that:

- Staff were equipped with the necessary skills, knowledge and behaviours
- Dedicated performance and quality assurance expertise were in place
- Clearly defined methodologies and metrics to support performance and quality assurance activity were evident

More than half of services indicated that they were only 'partially' confident that their service had the necessary knowledge and expertise to support them to confidently gather and report on performance, quality and outcomes.

Almost all services noted the critical importance of formal training in supporting staff to develop the required **knowledge and expertise**. Commitment to investing in this was clear across all services. However, the infrastructure supporting learning and development was less consistent. Only three services noted that they had (or were in the process of developing) a specific **learning pathway for justice staff**. Processes to identify and monitor staff training needs and attendance varied, and some services noted barriers in accessing national training.



Leadership development pathways were not clearly articulated and approaches varied significantly across the country. A number of **skill gaps** for managers were also noted. Across services, managers were not confident or trained to undertake **data gathering or analysis**. One self-evaluation observed that '**services lack the level of knowledge or training in respect of interrogating systems and producing meaningful reports**'. Reflecting this point, just under half of submissions indicated they had, or had recently created a dedicated resource to support performance reporting. A further third indicated that they accessed performance support from wider corporate services. While support around reporting was welcomed, services noted that it did not always include a sufficient level of analysis to enable them to drive improvement.

There were conflicting messages about knowledge, expertise and training of managers in relation to **quality assurance and quality improvement** skills. Although most services identified that team managers were skilled in quality assurance, very few services referenced any formal training in quality assurance and audit. Additionally, a number identified that their plans to develop a quality assurance framework would include the need to provide additional quality assurance training to staff.

Knowledge/Expertise: Learning from local validation activity

Across the six services, levels of confidence about knowledge and expertise varied from 'partial' to 'mostly'. Validation activities indicated that half of services underestimated the knowledge and expertise held within their service.

There was a clear **commitment to formal training**, despite the associated resource challenges for services with a high level of staff turnover. Staff felt well equipped to undertake the core functions of their role. In particular, the impact of the local implementation of trauma-informed approaches was apparent in all services. While necessary **access to core training was viewed as adequate**, the move towards online training delivery had diminished opportunities for reflective discussion. Managers felt this had diluted the quality of training resulting in a noticeable impact on practitioners' levels of confidence.

As noted earlier, all six services had access to some form of **specialist support to meet statutory reporting requirements** and assist their gathering, reporting and analysis of data. Services were clearly wrestling with the tension between investing in dedicated roles versus embedding data management responsibilities within the service by upskilling existing staff. They were alert to the potential risk of a single point of failure in the event of staff loss or absence.

As noted within the national self-evaluations, local validation activities confirmed that **managers lacked confidence and training** in quality assurance, data analysis, quality improvement and leadership of change. Leaders in some services had made concerted efforts to source suitable training for managers, with limited success. Where staff had been trained in quality improvement science they were introducing helpful systems and processes to support learning and improvement.

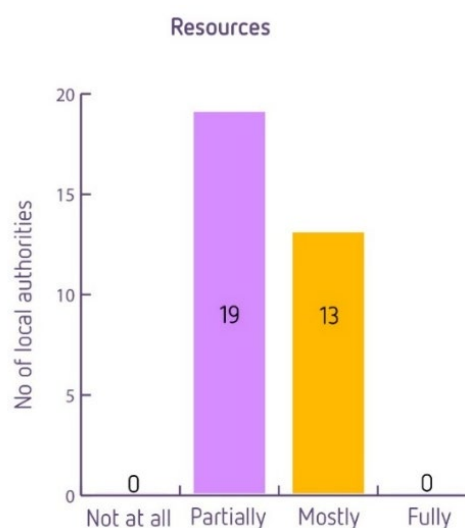
Resources: Learning from 32 local authority self-evaluations

Services rated the extent to which their access to, and use of, resources equipped the service with:

- tools to support key processes
- IT systems and technology to support data gathering and analysis
- capacity to undertake performance and quality assurance activity

Almost two-thirds of services indicated partial confidence that they had the **resources** needed to effectively undertake performance management and quality assurance activities.

Services referenced a **wide range of tools**, templates and processes supporting the gathering of performance, quality and outcome data. Notably, the language used to describe these was very inconsistent which impacted our ability to reach clear conclusions on the extent to which tools are consistently and meaningfully applied. The development of national quality assurance templates to support the introduction of revised practice processes was welcomed and these were reported to be widely used. A significant number of services also used file reading templates developed by the Care Inspectorate suggesting an **appetite for clear and consistent, nationally developed tools**.



The limited functionality of information management systems was the most commonly cited barrier to improving performance management and quality assurance activity. Almost half of services noted that current information management systems were not fit for purpose, and a third of services were investing in new systems. This was noted to be a significant resource drain. Services described little or no access to digital tools and platforms to support innovation and efficiency, and most services were resigned to pursuing 'workarounds' due to these digital and technological barriers. One service noted:

"The general landscape of social work and justice information management systems, and the lack of communication between them presents a continued issue requiring staff to manually enter information gathered from one system to another..."

The impact of Covid-19 and budgetary pressures **limited staff capacity and resilience** to meet an increasing volume of demands. Additionally, work arising from critical practice developments, such as the early release of prisoners, had drawn managers away from strategic functions, into operational delivery. Considered in combination, these pressures had made meaningful quality assurance work unfeasible and limited capacity for wider service development.

Despite these challenges, services worked hard to boost their **data gathering and reporting capacity**. For example, almost half of services indicated they had, or

were in the process of appointing, dedicated staff to support performance reporting. Further self-evaluation will enable services to gauge whether the creation of dedicated posts has delivered the intended improvement.

Most services reflected that a **re-balancing of resources** was required to support a focus on quality and outcomes.

Resources: Learning from local validation activity

Validation activities reflected varied levels of confidence across services about the adequacy of their resources with half rating themselves as 'mostly' and half as 'partially'.

In considering their resources, services drew confidence from their positive culture, and the presence of a strong cohort of dedicated and values-driven staff, committed to delivering high-quality services. Nevertheless, despite these strengths, wider system issues prevented services from consistently *evidencing* the performance, quality and outcomes of their service delivery, highlighting barriers to be addressed.

In services where confidence in available resources was lower, two key issues were apparent. Firstly, **recruitment and retention** issues had limited capacity and resilience in a number of services. Although services were working hard to support and upskill new staff through robust induction and training programmes, they acknowledged that this would take time. In the interim, existing staff and managers carried increased workloads which limited capacity to undertake wider development and improvement work.

Secondly, the impact of **implementation of new information management systems** had been seismic for some services. Staff time to deal with these issues diverted critical resources away from planned development and improvement work. In addition, services' ability to accurately report data regarding key functions had been detrimentally affected. While services were hopeful the situation would improve, the impact on capacity over a period of several years had been enormous.

All services reflected on a range of significant resource challenges largely outwith their control. Aspirations to develop **digital tools** to enhance data gathering capacity and improve efficiency were hindered by system issues relating to IT access and permissions. All services noted the impact of the **increasingly complex nature of their work**, both in terms of the presenting needs of the people they worked with and the evolving demands of justice policy and procedure. Services were frustrated that the complexity of need within a local authority area was not taken into account in the allocation of Section 27 funding. Additionally, all services reported the **volume of reporting requests** from across the sector had a material impact on their ability to take forward local improvement activity. National reporting demands from a range of stakeholders were noted to be onerous, cumbersome and duplicative. Strategic and operational managers felt that much of the data gathered was unnecessary and very little of it came back to them in any meaningful form that would support improvement. Despite the significant reporting demands placed on services, no resource provision was made to support data reporting within the annual funding grants, although each area has some autonomy to allocate spending to address local priorities.

This burden of reporting demands was echoed in interviews with national stakeholders. This was despite significant efforts from Scottish Government Justice

Analytical Services to streamline reporting processes. The limitations associated with local information management systems and staff capacity were noted as major barriers to expansion of the national data-set, with stakeholders reporting that it could take upwards of two years to implement changes, which also often incurred additional, unfunded costs for local authorities.

Learning from a self-evaluation approach

All 32 local authorities completed and submitted their self-evaluation within the allocated timescale. This reflected a **sector-wide commitment** to developing a shared understanding of the subject matter and to continuous improvement. The majority of submissions reflected proactive engagement and used the opportunity to reflect on and evaluate key areas of strength and opportunities for improvement. In the main, submissions were concise and presented a range of relevant information. Stronger examples demonstrated a reflective and analytical consideration of the available evidence, supported by useful reference to practice examples. A small number of responses were extremely limited or provided descriptive lists of activity, or unqualified statements about performance which were not supported by evidence. A number of services had elected to directly replicate the wording from the practice exemplar provided which limited their ability to showcase the uniqueness of their service.

The **documentary evidence** submitted by the six services was relevant, appropriate and provided a helpful picture of practice. It was well organised and referenced against the key domains of the self-evaluation, demonstrating that services had undertaken a thorough review of their systems and records in support of the task. The volume of evidence submitted was broadly proportionate indicating that services knew themselves well and had a good sense of what was required.

The **in-person validation activity** was characterised by strong representation and buy-in from staff at all levels of the service. Those who participated showed an interest in, and commitment to improving practice, and this was confirmed by the genuine and reflective nature of focus group discussions. Collectively, the self-evaluation activities demonstrated that most services were confident and capable in planning and implementing self-evaluation and that the appetite for reflection was well developed across the sector.

Within the self-evaluation template, services were asked to rate themselves for each element using a scale of 'fully', 'mostly', 'partially' and 'not at all'. Although the validation activities did not highlight any significant discrepancies between the evidence and the locally identified ratings, there were some areas of deviation.

While **ratings** around performance management arrangements were broadly found to be accurate, in several services, arrangements for gathering and reporting on quality and outcomes were less robust than services initially perceived.

The opposite was true in relation to the evaluation of organisational drivers. We found that services consistently underestimated their performance in these areas. This was particularly true in relation to the **culture of learning and improvement** and levels of **knowledge and expertise** where half of services had underrated themselves. Two services had also underrated the strength of their **leadership and governance** arrangements.

This review has demonstrated that self-evaluation is a robust approach to gathering relevant information on specific themes at a national level within a relatively short timeframe. Feedback from services indicated that although there was a time cost to undertaking the exercise, in the main it had provided a timely, focused and helpful opportunity to take stock of their current strengths and had usefully highlighted or confirmed priority areas for improvement. A number of services noted that the exercise had acted as a catalyst for improvement activity and had been an encouraging activity overall.

Feedback on the approach from the six local authority areas was very encouraging with services noting the approach as proportionate and transparent. The approach had added value to their work and helped to build confidence in undertaking future self-evaluation. Engagement with justice staff had helped to reduce anxiety about the Care Inspectorate role, and the quality of engagement with people using services was highly rated within feedback forms. Respondents variously noted:

‘Self-evaluation... focused our attention on areas which we knew required work but hadn’t prioritised... We have now produced an action plan to implement and progress these areas.’

‘(This) has given (us) the confidence to progress self-evaluation ... using quality indicators...’

‘We found the self-evaluation collaborative and supportive. The process was appropriately challenging, made us think, supported wider participation and engagement from service... This will be a real boost for all colleagues in the service.’

‘This has been an excellent exercise in supporting us to develop our journey in performance management, auditing and outcomes. The areas highlighted were all known areas for change so it was reassuring this was also recognised by the review.’

Conclusions

This review set out to evaluate the extent to which justice social work services could confidently evidence the performance, quality and outcomes of community sentences. It also sought to explore the factors that were supporting or hindering services' ability to demonstrate effectiveness and impact. These questions align with wider policy objectives for the justice sector, and the findings have implications for national stakeholders and justice social work services.

The Scottish Government's current strategic priorities include reducing the prison population by shifting the balance between custodial sentences and community disposals. However, as the Scottish Sentencing Council's 2021 consultative exercise noted, this requires confidence in the availability, quality, and effectiveness of community sentences. Additionally, the Scottish Government recently announced an independent review of sentencing and penal policy ⁵ to identify the most effective ways of addressing offending behaviour, reducing crime, and lowering the number of victims. All this work requires a robust evidence base on the quality and effectiveness of community sentences.

Our previous scrutiny activities found that justice social work services faced challenges in telling a cohesive, comprehensive story about how the services they deliver helped people to change and positively impacted communities. Performance management and quality assurance were identified as key areas for improvement. The findings from this review confirm this remains the case. This stands in stark contrast to the consistently positive messages we heard from people who use justice services about the impact of community sentences.

There is a clear appetite across services to go beyond the numbers which inform statistical returns in order to demonstrate outcomes and the real difference community sentences make in people's lives. There was therefore a sense of frustration from services that the collective efforts of the SWS Justice Standing Committee sub-group on Performance and Quality Assurance had not made progress in delivering improvements. The findings of this review are deliberately detailed to meaningfully inform specific improvement work planned by the SWS Justice Standing Committee, the digital intelligence and analysis work of Community Justice Scotland, and improvement priorities of wider national and local leaders.

Reaching shared agreement about what justice services are seeking to deliver and how this will be meaningfully measured will be an important starting point. The development of a shared strategic approach, underpinned by consistent frameworks and systems to measure quality and outcomes, are indicated as clear priorities. However, delivering transformational change to robustly evidence the impact and value of community sentences is beyond the scope and best efforts of individual justice social work services working on their own. There are also risks and resource implications associated with 32 services developing 'local' solutions to national issues. A systematic and co-ordinated approach to working together offers greater opportunities for consistency and standardisation in identified areas of improvement. This will require a strong vision for justice, underpinned by investment and effective leadership at all levels. The Care Inspectorate remains committed to working with partners to support improvement informed by self-evaluation or other forms of scrutiny as appropriate.

⁵ [Independent Review of Sentencing and Penal Policy](#)

Considerations for the wider justice sector

The conclusions point towards a number of key areas of consideration for justice social work services and wider justice stakeholders:

Developing a shared strategic approach to performance, quality and outcomes

- Collective work to establish a shared framework for justice social work services, with agreed measures and tools is worthy of consideration. The current evidence base is limited to performance data, with outcome measures not well defined. Services are not consistently able to gather and report on quality and outcomes. Critically, there is no coherent national strategy or system to support them to do so. Building this robust evidence base is crucial for justifying shifts in investment from custodial sentences to community-based interventions.

Clarifying leadership and stakeholder responsibilities

- Development of a shared, strategic approach requires clear leadership and agreement about social work services and stakeholder responsibilities. Reflecting the findings of the recent [National Care Service: Justice Social Work Research](#), services echoed the suggestion that “the Scottish Government could provide more national leadership in terms of the direction of travel for the sector.”⁶ Respondents also expressed a lack of clarity about Community Justice Scotland’s role in supporting development in justice social work. Understanding the role and contribution of the forthcoming National Social Work Agency is also important.

Optimising the national data infrastructure

- Enhancing capacity for developing and sustaining the national data infrastructure is crucial. Services value the overview provided by the national justice statistics and support from Scottish Government Justice Analytical Services. However, there were requests to streamline quantitative reporting demands and address resource challenges linked to the gathering and reporting of qualitative data.
- There was wide agreement that the LS/CMI system has the potential to provide valuable insights about the justice service population and the measures that are proving effective in supporting risk reduction and reduced reoffending. However services were concerned that disjointed oversight arrangements, inaccessible reporting functionality and lack of ongoing investment in the system threatened the tool’s sustainability, and risked diluting the FRAME practice principles which are embedded in the approach.
- Building a robust evidence base for the effectiveness of community sentences will require access to broader and richer data than can be provided by justice services alone. Combining re-conviction data with unit-level data in the national justice dataset would allow for a much more meaningful understanding of the impact and outcomes of community sentences. At present, there is no mandate or framework to support this and services and stakeholders lack clarity about who has the responsibility or resources to address these gaps nationally.

⁶ [National Care Service: Justice Social Work research](#), p34

APPENDICES

Appendix 1 - Quality Improvement Framework

The Care Inspectorate team use this model to reach conclusions on the quality and effectiveness of justice social work services. This review focused specifically on Quality Indicator 6.4 – [Performance Management and Quality Assurance](#).

What key outcomes have we achieved?	How well do we jointly meet the needs of our stakeholders?	How good is our delivery of community justice services?	How good is our management?	How good is our leadership?
1. Key performance outcomes	2. Impact on people accused or convicted of offences, and people affected by crime.	5. Delivery of key processes	6. Policy, service development and planning	9. Leadership and direction
1.1. Improving the life chances and outcomes of people with living experience of community justice	2.1. Impact on people accused or convicted of offences 2.2 Impact on victims of crime 2.3 Impact on families	5.1 Providing support when it is needed 5.2 Assessing and responding to risk and need 5.3 Planning and providing effective interventions 5.4 Involving people accused or convicted of offences, and people affected by crime	6.1. Policies, procedures, and legal measures 6.2 Planning and delivering services collaboratively 6.3 Participation of people accused or convicted of offences, people affected by crime, and other stakeholders 6.4 Performance management and quality assurance	9.1. Vision, values and aims 9.2 Leadership of strategy and direction 9.3 Leadership of people 9.4 Leadership of improvement and change
	3. Impact on staff		7. Management and support of staff	
	3.1. Impact on staff		7.1. Recruitment, retention and joint working 7.2 Staff development and support	
	4. Impact on communities		8. Partnership and resources	
	4.1 Impact on the community		8.1. Effective use and management of resources 8.2 Commissioning arrangements 8.3 Securing improvement through self-evaluation	
10: What is our capacity for improvement?				

The report summarises the overall findings of the review in relation to the adapted version of QI 6.4⁷.

Key factors - Extent to which:	Very Good Illustration	Weak Illustration
Performance management ensures high standards of service delivery	<p>We have developed and make effective use of a performance management framework. This includes measures which help us to gauge our progress in relation to national outcomes and local priorities. Reliable systems and processes are embedded across our service which enable us to generate, analyse and collate the required performance information. Our processes capture a range of performance information. This includes quantitative data about service delivery as well as qualitative data about people's experience of support and supervision, and the difference it is making.</p> <p>We can show that transparent reporting arrangements provide timely and reliable information. The data gathered is considered by senior leaders and used to measure the performance of our service and to influence continuous improvement within the service. It also supports wider local partnership improvement activity. Performance which falls below expectations is quickly identified and action is taken to correct this.</p> <p>Both aspirational and realistic targets for performance are set and trend data is regularly reviewed. We use data to ensure that strong performance is sustained over time. Where performance dips below expectations, corrective action is taken to achieve goals. We are not content to meet minimum standards, and continually strive to improve the quality of our work.</p>	<p>The scrutiny of performance is not robust or consistent. We do not have a coherent framework or schedule for performance management and reporting. We have not yet articulated performance measures based on locally determined priorities. The systems and processes for gathering performance data are limited, inefficient or inconsistently applied which affects the quality and reliability of information.</p> <p>The outcomes and indicators we do measure are not clearly or consistently reported and are not being used to set priorities and targets. There are gaps in our reporting and the rationale for not reporting on certain indicators is not clear. Performance reporting does not provide the level of detail needed to identify trends or inconsistencies in practice. Staff are therefore unable to use performance data to identify where improvement is needed and make changes.</p> <p>We cannot consistently demonstrate that we are meeting performance targets which limits our ability to confidently identify areas for improvement.</p> <p>Improvements are delivered in some areas of practice, but these are not informed by performance data. We are not sufficiently challenged to perform better by making targets more ambitious and do not have the data to evaluate whether targets remain appropriate.</p>

⁷ [Quality Indicator 6.4 – Performance management and quality assurance](#)

	Improvements are made across all areas of our justice social work service using a planned and progressive approach. We make effective use of the resulting data to baseline performance, drive improvement and gauge progress against local and national outcomes.	
Quality assurance arrangements enable staff at every level to take responsibility for the quality of service	<p>Processes are in place for the routine quality assurance of practice across the service. Our quality measures capture the efficiency, effectiveness and impact of the delivery of core functions, including service user experiences of support and supervision.</p> <p>We draw on a range of tools and processes to gather both qualitative and quantitative data about the quality of our service delivery and the difference it is making. Robust reporting arrangements allow senior leaders to monitor the quality of practice over time. When variability in the quality of work is identified, effective solutions are put in place to remedy this. Our quality assurance systems are used to encourage a high standard and consistency of work by all staff.</p> <p>We can evidence a learning culture based on self-evaluation and collective learning and reflection. Managers and staff make effective use of quality assurance data to inform continuous improvement. We provide staff with high-quality, reflective supervision that supports, challenges and quality assures practice and decision-making. Together, these underpin our efforts to drive continuous improvement and ensure staff understand what they need to do to improve the quality of their work.</p>	<p>There are significant gaps in our quality assurance processes. Tools to support quality assurance activity are underdeveloped and processes are not routinely or consistently applied.</p> <p>We do not review the quality of all of our core functions, and we have not yet developed mechanisms to gather service users views about the quality of our service delivery. Consequently, we do not have a clear sense about our targets for improvement.</p> <p>Senior leadership oversight of the quality of practice is lacking and reporting mechanisms are not sufficiently well established. Staff believe that assuring the quality of the service is a management task and do not feel connected to quality assurance, self-evaluation, and improvement activities. The importance of quality assurance is not routinely discussed in supervision and there are limited forums focussed on improving standards of practice.</p>

Appendix 2 - The terms we use in this report

Assurance – processes for ensuring the quality and effectiveness of services.

Case Management Plan – risk and needs are actively addressed through a case management plan of intervention in which the person actively participates. Any strengths identified by the assessment process (using LS/CMI) should be promoted within the plan.

Community Justice Scotland – Non-Departmental Public Body (NDPB) with statutory responsibilities to promote, support and improve the provision of services by community justice partners, in line with the National Strategy for Community Justice.

Community Payback Order (CPO)– a type of community sentence available to courts in Scotland. CPOs are supervised by justice social work services in accordance with [Community Payback Order Practice Guidance](#).

Culture – organisational culture – refers to values, beliefs, behaviours and norms shared by all members of an organisation or service.

Data – a collection of statistical information that conveys quantity, quality or other units of meaning.

Desistance - the process by which people who have engaged in a pattern of criminal or antisocial behaviour cease or reduce their involvement in offending behaviour.

Focus group - a qualitative research method where a small group of people discuss a topic guided by a moderator.

FRAME – [Framework for Risk Assessment, Management and Evaluation](#) (FRAME): a framework developed in partnership with justice agencies which aims to develop a consistent and evidence-based approach to risk assessment and management.

Framework – a structured approach to monitor and improve efficiency and effectiveness.

Governance - a system that provides a framework for managing organisations. It identifies who can make decisions, who has the authority to act on behalf of the organisation and who is accountable for how an organisation and its people behave and perform.

HSCP - integrated arrangements for health and social care across Scotland. All partnerships are responsible for adult social care, adult primary health care and unscheduled adult hospital care. Some are also responsible for children's services, homelessness, and justice social work services.

Information Management System - a software solution designed to help social work services manage and record case information, ensure compliance with regulations, improve communication, and enhance the delivery of social services. Common examples include Liquidlogic, Mosaic, and CareFirst.

Indicator – specific and measurable standard used to assess performance, quality or effectiveness.

Justice social work – local authority statutory justice social work services. Previous Care Inspectorate reports refer to justice services. Terminology varies across the 32 local authorities including justice social work services and community-based justice social work, to distinguish from prison-based social work.

Justice Outcome Star - [The Outcomes Star](#) is an evidence-based tool for both supporting and measuring change. The Justice Star is designed for use with people serving a sentence, approaching release from prison or in the community.

Level of Service/Case Management Inventory (LS/CMI) - a comprehensive risk/need assessment and management planning method for general offending. In Scotland, the approach has been developed to combine the robustness of an actuarial approach with an evaluation of the pattern, nature, seriousness, and likelihood of offending. The LS/CMI system supports the input of data.

Lived experience - knowledge and understanding gained through direct, first-hand, and personal experiences, rather than through second-hand accounts or theoretical knowledge.

MAPPA - [Multi-Agency Public Protection Arrangements](#) established to manage the risk posed by registered sexual offenders and other individuals who pose a serious risk of harm to people and communities.

National Outcomes and Standards (NOS) – Known formally as [National Outcomes and Standards for Social Work Services in the Criminal Justice System](#) – they provide detailed Scottish Government quality assurance guidance for justice social work services.

National Social Work Agency - The Scottish Government plans to establish a National Social Work Agency as part of the Care Reform (Scotland) Bill, aimed at improving social care support and workforce standards across Scotland.

Other Activity - as part of a community payback order unpaid work requirement, a person can use a small proportion of their hours to undertake activities to help with the development of skills to support long-term desistance from offending.

Outcome – the result or the effect of an action, an intervention or a specific situation or set of circumstances. Used in this report's context to refer to impact on people, communities or the justice system.

Outcome tools – tools used to assess the effectiveness of interventions or programmes by tracking changes in a person's health, well-being, behaviour or functioning over time.

Key Performance Indicator – specific quantitative measures that evaluate performance.

Quality assurance – a systematic process that ensures services meet or exceed established quality standards.

Quality measures – measures by which services assess and quantify the effectiveness and impact of interventions and services. They typically focus on outcomes, processes, and organisational structures to ensure high-quality support.

Risk Management Authority – A Non-Departmental Public Body (NDPB) providing expertise in risk assessment and risk management for the justice system in Scotland.

Scottish Government Annual Aggregate Return – justice social work statistical return relating to various aspects of justice social work

Scottish Government Justice Analytical Services – Justice Analytical Services within Scottish Government has multi-disciplinary analytical teams which include statisticians, social researchers, economists, operational researchers and performance analysts. The teams provide statistics and research support relating to a range of policy areas including police and community safety, court affairs and people accused or convicted of offences, victims, prisons and matters relating to civil and international law.

Scottish Government Unit Returns – Justice social work annual statistical returns collection unit level data on CPOs and Drug Treatment and Testing Orders only.

Self-evaluation – process of self-assessing, and monitoring performance and abilities.

Serious Incident Reviews (SIRs) - are undertaken by local authority justice social work services when someone subject to statutory supervision has caused or been subject to serious harm. SIRs are submitted to the Care Inspectorate to evaluate the quality of the local authority's review of the supervision of the person involved.

Social Work Scotland (SWS) – social work professional leadership body for the social work and social care professions.

Statutory reviews – National Outcomes and Standards determine that case management plans should be reviewed by the social work service and, where necessary, revised at regular intervals during the period of statutory supervision.

Trauma-informed practice - a strengths-based approach grounded in an understanding of, and responsiveness to, the impact of trauma, that emphasises physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

Validation – process of checking or proving validity or accuracy.

Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com

This publication is available in alternative formats on request.



© Care Inspectorate 2025 | Published by: Communications | COMMS-0425-553





Claire Carthy, Interim Chief Social Work Officer,
Derrick Pearce, Chief Officer,
East Dunbartonshire HSCP,
Kirkintilloch Health and Care Centre,
10 Saramago Street,
Kirkintilloch,
East Dunbartonshire
G66 3BF

Date: 20 March 2025
Our Ref: JSWSE/EDC

Dear Ms Carthy and Mr Pearce,

Justice Social Work Self-Evaluation: performance and quality assurance

Thank you for engaging with us in relation to Phase 2 of our national self-evaluation activity in which your service was one of four areas selected for validation. This letter offers feedback on our findings. The content is personalised for your justice social work service and is for you to share within your organisation and with partners as you decide most appropriate. The thematic findings from the four areas, and two pilot areas will be anonymised, aggregated and referenced within final report, due for publication in early May 2025.

Background

Building on our previous scrutiny activity, we developed a self-evaluation approach to enable justice social work services to consider the extent to which their service can confidently and robustly evidence the performance, quality and associated outcomes of the community support and supervision they provide. This relates to the Scottish Government priorities outlined with the National Strategy for Community Justice, specifically:

- Aim 2 to: *Ensure that robust and high-quality community interventions and public protection arrangements are consistently available across Scotland.*

The focus also aligns to Social Work Scotland's priorities and the work of their performance and quality assurance sub-group. The aggregated findings from the self-evaluation activities will contribute meaningfully to an evidence-based understanding of strengths, challenges and opportunities for improvement in how the sector measures and reports on the performance, quality and outcomes of community sentences.

Self-evaluation Process

During Phase 1, your service completed a self-evaluation using a structured template based upon an adaption of Quality Indicator 6.4: Performance Management and Quality Assurance. This was drawn from our [guide to self-evaluation for community justice in Scotland](#). As well supporting you to identify local improvement priorities, this activity also

supported your service to become more familiar with the quality improvement model and to build capacity and experience to undertake further self-evaluation.

As an area selected for validation, during Phase 2 we engaged with your service in the following ways:

- we read carefully the written self-evaluation.
- we requested and received supporting evidence which was reviewed against the self-evaluation and informed our in-person activities.
- Care Inspectorate staff met with relevant members of justice social work staff and people who use services to explore the supporting evidence and triangulate key findings of the self-evaluation.

Summary of Findings

Approach to self-evaluation

East Dunbartonshire Council's commitment to this self-evaluation work was positive. Managers within both the justice social work service and community justice partnership took ownership of the process and worked effectively to complete the self-evaluation template. The resulting submission was clear, concise and captured the considered approach which underpinned their conclusions. Appropriate strengths and areas for improvement were identified and were supported by some helpful references to practice initiatives.

The self-evaluation was accompanied by a good and proportionate range of relevant supporting evidence which was well organised and referenced against the key domains. It conveyed a helpful sense of practice across key aspects of the service. It reflected that the service had undertaken a thorough review of their evidence and systems in support of the task.

On-site validation activity was well planned, and there was strong representation and buy-in from staff at all levels of the service. Those who participated showed a clear interest in, and commitment to improving practice, and this was confirmed by the honest and reflective nature of the discussions. The focus on trauma and staff wellbeing was clearly evident in the culture of the service. Overall, the service demonstrated that they are confident in planning and implementing self-evaluation and committed to developing understanding and driving improvement locally.

Feedback on self-evaluation

Our feedback on the self-evaluation is informed by Quality Indicator 6.4. This considers how the justice social work service is using performance management to ensure high standards of service delivery. It also explores how quality assurance arrangements are enabling staff at every level to take responsibility for the quality of service delivery.

ENSURING HIGH STANDARDS OF SERVICE DELIVERY

How effectively are you able to measure the performance of your service in delivering support and supervision for people on community sentences?

A documented justice social work performance framework was in place which helpfully mirrored the wider East Dunbartonshire Council performance management framework and reflected a 'golden thread' running through organisational, service and team plans. Within the framework, specific service performance indicators were linked to overall service and strategic outcomes and priorities. The indicators were largely focussed on requirements around the outcomes, standards and expectations reflected in the aggregate return to Scottish Government. As a consequence, there was an inevitable focus on volume and process efficiency. A small number of indicators also focussed on outcomes which was positive.

A small number of justice related measures were reported through the councils 'How good is our service' (HGIOS). Spreadsheets were in place to focus on workload monitoring measures. Data spanned more than five years in many cases which enabled a focus on performance trends. Data and other measures relating to performance were reported through the HSCP and Community Justice Partnership. This included regular updates through the clinical and care governance group. Staff at all levels of the service were clear about the key performance measures and fully understood the importance of accurately and promptly recording these. Leaders and staff noted the benefit reporting on performance had on developments such as the peer navigator service and 'one-stop shop'. This suggests that data is being used to inform evidence-based improvement.

Whilst there was a focus on a range of performance information, the service lacked a definitive performance dashboard or performance report. The service recognised this as an area for improvement and had been benchmarking possible approaches with other local authorities.

A number of tools, processes and systems were in place to support oversight of performance issues. This included a range of spreadsheets, staff supervision, statutory reviews, countersigning of reports for registered sex offenders (RSOs) and robust oversight of MAPPA. Team meetings and management meetings incorporated standing discussion on performance. Staff and managers understood the focus and importance of performance and managers used data to evaluate practice and develop the service. A weekly check-in between the team leader, senior practitioner and business support colleagues were helping with early identification of issues. Within unpaid work, service processes were in place for daily interviews, debriefs and job allocations. Collectively, these processes helped managers to be assured about performance and maintain oversight.

Managers acknowledged some processes could be more robust to better support performance monitoring and management. This included the consistency of undertaking reviews and recording of LSCMI completions.

How effectively are you measuring the quality of work you undertake to support and supervise people on community sentences?

A range of processes, tools and systems supported a focus on quality within the service. Robust MAPPA audit processes provided oversight and assurance to East Dunbartonshire Chief Officers Group (COG) and the Strategic Oversight Group (SOG) and leaders cited

examples of how this had driven improvement. Staff supervision was well embedded and was recently reviewed to support a focus on individual practice, conceptualisation of theory, monitoring of caseloads and consideration of personal wellbeing. Staff were also encouraged to bring complex case concerns to managers and all newly qualified social worker reports were reviewed by a manager. Reports for registered sex offenders were counter-signed and statutory reviews were taking place consistently, providing opportunities for managers to review the quality of work. Although consistency varied, reviews, alongside the use of end of order questionnaires also allowed the service to gather feedback from people using services.

A number of tools supported audit activity such as programme evaluation tools and justice social work report audit templates. However, these were not consistently or routinely prioritised which limited their effectiveness. There was no systematic process for reviewing case records, or the quality of assessments, and the service had not undertaken any Serious Incident Reviews in recent years which, considered collectively, limited the range of quality assurance activity. There were aspirations to implement a peer evaluation template developed pre-covid, but there was an honest reflection of limited capacity within the service to deliver this.

Whilst the quality assurance templates in use reflected that quality measures were in place, leaders acknowledged their ability to aggregate results of audit activity was limited at present. Never-the-less, staff we spoke to had a clear understanding of the standards of practice required and were committed to meeting those standards. The service was also able to demonstrate that they had used learning from service user feedback about the quality of unpaid work activities to drive improvement initiatives including the creation of a fishing group that supported mental wellbeing and allowed for positive post-order support.

Leaders noted that systematic quality assurance activity resulting in aggregated data was a gap and had identified an action to develop a framework to support a schedule of quality assurance activity.

How effectively are you measuring the difference your delivery of community sentences is making to people on community sentences?

There was a focus on identifying and capturing outcomes for people who use services. A number of tools, which contained outcome measures, were in use. This included end of order questionnaires for both unpaid work and those subject to CPO supervision requirements. There were opportunities taken to capture unpaid work recipient feedback which was being reported through the Community Justice OIP annual report and the Scottish Government CPO annual return. Successful completion of CPOs were reported using long term data trends.

Front line staff had a good understanding of what constituted a positive outcome in the context of their work, citing public safety, reducing offending and social inclusion as important outcomes. Identifying change and good access to services were also noted as important. Service users talked positively about the effect the service had on their circumstance with one person noting that the support provided had 'saved my life'. People who used services also highlighted frequent efforts to capture their opinions regarding outcomes. Managers had aspirations to introduce a system of QR codes that would support them to capture and report on data from questionnaires and other forms of

feedback. The service was frustrated by delays in getting IT systems that would support them to implement this.

While the service had a range of initiatives focussed on capturing outcomes, they were not yet able to consistently report on these which limited their ability to demonstrate impact and celebrate success. Statutory reviews were taking place but opportunities to capture data and report on them were yet to be developed. Although the service had commissioned Justice Outcome Star, they had yet to fully train staff, implement and embed the use of the tool in practice. And whilst exit questionnaires were noted to be commonly used, very low numbers of completed questionnaires were being collated and reported on in an aggregated way.

Whilst the service was clearly focussed on outcomes and there was evidence to suggest the service being provided was positive, systems and processes to capture and report on outcome data were not yet well developed.

ENABLING STAFF AT EVERY LEVEL TO TAKE RESPONSIBILITY FOR THE QUALITY OF SERVICE DELIVERY

The self-evaluation also asked you to consider the wider organisational capabilities and drivers that underpin your performance management and quality assurance activities. This helped to identify what is enabling effective practice and highlight barriers that may be getting in the way of efficient, effective and responsive service delivery.

A culture of learning and continuous improvement

Staff were supported to provide quality services that benefitted people. A supportive management team and access to learning and development were highly valued by staff. A strong learning culture was in place. After recent high turnover of staff, managers had recognised the social work team were inexperienced and were therefore investing in additional support and training. Whilst the service was committed to meeting their needs it was recognised as an additional pressure for managers.

A strong commitment towards staff wellbeing and a culture of trauma-informed practice was evident from discussions with staff, managers, service users and was clearly reflected in documentation such as the induction pack and supervision policy. The supervision process was consistently implemented and valued by staff.

Leadership

The Chief Officer and the Head of Service/Chief Social Work Officer (acting) were committed to increasing awareness, understanding and visibility of justice services within the wider justice landscape. The CSWO chaired the Community Justice Partnership which demonstrated active and engaged leadership. Performance reports and discussion with leaders ensured the Chief Officer recognised the contribution of justice social work. The service was recognised in press releases or committee reports and leaders noted that the service had been nominated for, and achieved an award for the quality of the service. The service manager was aware of and engaged in improvement plans for the service and had a key role in delivering identified improvement actions.

Both social work and unpaid work staff felt valued, and appreciated the support provided by their first line managers. Staff also understood the demands on their managers. The routine of team meetings, regular supervision and co-location of staff aided the accessibility of operational managers. Managers sat with staff which had helped to break down negative cultures and practices within the UPW team. An 'open door' approach supported staff wellbeing and helped maintain a focus on quality. Beyond operational manager level, staff felt leaders were less visible.

Governance

The Community Justice plan fed into the Community Planning Partnership and Local Outcome Improvement Plan, the Community Planning Executive Group and the HSCP. This provided a strategic 'golden thread' through planning structures. The CSWO/Head of Children and Families and Justice Service also chaired the Community Justice Partnership allowing for continuity of oversight. Clear reporting routes through the clinical care governance group to the IJB were also evident. Justice social work was meaningfully reported on in these settings and the Community Planning Partnership and other council committees regularly received performance reports relating to justice social work.

Clear governance was in place for MAPPA through the Chief Officers Group and Strategic Officers Group. This was supported by a strong approach to quality assurance.

Knowledge, Expertise and Resources

The service was working to ensure they had the necessary knowledge and expertise in place. Staff acknowledged there was good access to training and development resources and there was relevant expertise within the service to support their practice. Supervision was positively re-enforcing practice and was valued by staff. Business support staff had important levels of knowledge and expertise and were helpfully prompting managers about key processes and timelines. This capacity and skill set was noted to be critical in enabling the service to gather and report on performance, quality and outcome data.

First line managers appreciated the support received from the service manager in terms of brokering resources where possible. The service manager was noted to be critical in leading on a number of actions in the service improvement plan.

Operational managers noted that recruitment and retention issues had created general capacity issues across the team and that upskilling staff required significant on-going investment. As a result, there were on-going operational pressures which limited scope to implement change ideas (e.g. peer reviews, developing QR codes for service user feedback). In addition, with only one team manager, capacity for strategic development was similarly limited and there was very little resilience and contingency within the team in the event that someone was off sick. Protecting time for strategic development or improvement work will always be a challenge and whilst there were aspirations to recruit an 'improvement lead' this was acknowledged to be 'blue sky thinking'. Limitations relating to the availability, functionality and capacity of IT resources and systems was noted to be a barrier to desired service improvement initiatives.

Conclusions and next steps

The self-evaluation identified a range of appropriate priority areas for improvement. These included:

- development of an efficient performance dashboard to reflect the performance framework in place.
- development and implementation of a quality assurance framework. This would include key quality measures, templates to be used, governance and reporting arrangements.
- systematic undertaking of audit exercises.
- identifying a clear set of quality and outcome measures for the service and agreeing governance reporting structures for these.
- development of a quality improvement lead (subject to financial resources being available).

Based on your self-evaluation submission, the supporting evidence and our validation activities, we are confident that the justice social work service has the ability and leadership required to achieve the objectives of the improvement plan. That said, the capacity to deliver on this will require careful consideration and prioritisation given the ongoing recruitment challenges and balance of responsibilities across operational and strategic leaders within a very small service.

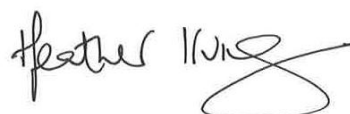
In conclusion we would like to thank you and your staff for proactively engaging with us and collaborating to deliver new approaches to support continuous improvement locally and nationally.

This letter has been shared with our link inspector colleague Louise Officer who will support your intentions.

Yours sincerely



Tim Ward
Strategic Inspector
Care Inspectorate



Heather Irving
Strategic lead
Care Inspectorate

Cc – Louise Officer, Link Inspector

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

DATE OF MEETING: 19th JUNE 2025

REPORT REFERENCE: PERF/190625/09

CONTACT OFFICER: CLAIRE CATHY, HEAD OF CHILDREN'S
SERVICES AND CRIMINAL JUSTICE

SUBJECT TITLE: CHILDREN AND YOUNG PEOPLE'S
COMMUNITY MENTAL HEALTH AND
WELLBEING FRAMEWORK ANNUAL REPORT
2024/2025

1.0 PURPOSE

- 1.1** The purpose of this report is to inform the Performance Audit and Risk Committee of the Children and Young People's Community Mental Health and Wellbeing Framework Annual Report 2024/2025.

2.0 RECOMMENDATIONS

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

- 2.1** Note the content of this report.

**DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Children and Young People's Mental Health Taskforce was jointly commissioned by the Scottish Government and COSLA in June 2018. The aim of the Taskforce was that children, young people, their families and carers should know that they are supported in good mental health and will be able to access services which are local, responsive and delivered by people with the right skills.
- 3.2** On order to improve access to mental health support services at an early stage in the community the Scottish Government awarded grant funding to every Local Authority. In 2024/2025 this amounted to £270,000 for East Dunbartonshire. An Annual report is required to inform Scottish Government of the progress made in delivering improved support and services.
- 3.3** In East Dunbartonshire, the Delivering for Children and Young People's Partnership Group (DCYPP) provides the strategic overview for all children's services in East Dunbartonshire and includes representation from all Community Planning Partners who support children and young people. The grant funding is agreed at DCYPP and through continual evaluation, the DCYPP have been able to provide a strong, coordinated approach to delivering key aspects of the Communities Mental Health and Wellbeing Support Services Framework. The DCYPP also provide the strategic overview of the Whole Family Wellbeing Fund (WFWB), which has allowed the sharing of information and resources and assets, providing wider support structures within the community.
- 3.4** A number of excellent practice examples are highlighted in the report, including:
- Nurture Pilot
 - Compassionate Distress Response Service.
 - Lifelink School, Community and Care Experienced Services.
 - We Are With You.
 - Family Group Decision Making.
- 3.5** Information on school counselling is also reported in this document as required by The Scottish Government.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2025-2030 Priorities;-
1. Empowering People
 2. Empowering and Connecting Communities
 3. Prevention and Early Intervention
 4. Public Protection
 5. Supporting Carers and Families
 6. Improving Mental Health and Recovery
- 4.2** Frontline Service to Customers – None.
- 4.3** Workforce (including any significant resource implications) – None.
- 4.4** Legal Implications – None.

- 4.5 Financial Implications – None
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None.
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

- 5.1 There are no risks associated with this report.

6.0 IMPACT

- 6.1 **STATUTORY DUTY** – All statutory duties are fulfilled.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** –N/A
- 6.3 **NHS GREATER GLASGOW & CLYDE** – N/A
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – None

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

- 8.1 **Appendix 1** – Children and Young People's Community Mental Health and Wellbeing Framework Annual Report 2024/2025

East Dunbartonshire

**Community's Mental Health and Wellbeing Support Services
Framework**

Reporting Period – 01/07/2024 -31/03/2025

**Vivienne Tennant
East Dunbartonshire HSCP Children's Services Project Lead
Vivienne.Tennant@nhs.scot**



Reporting Highlights

During this reporting period, 1st July 2024 - 31st March 2025, East Dunbartonshire have continued to fund services which were set up as a test of change through this grant fund, but have proven to provide an essential contribution in supporting our children and young people across East Dunbartonshire. Previous reporting has detailed where changes have been made to the commissioned services as part of the test for change process.

Our Delivering for Children and Young People's Steering Group (DCYPP) provides the strategic overview for all children's services in East Dunbartonshire and includes representation of our Community Planning Partners who support our children and young people. The grant funding is agreed at DCYPP and through continual evaluation, the DCYPP have been able to provide a strong, coordinated approach to delivering key aspects of the Communities Mental Health and Wellbeing Support Services Framework. The DCYPP also provide the strategic overview of the Whole Family Wellbeing Fund (WFWB), which has allowed the sharing of information and resources and assets, providing wider support structures within the community.

East Dunbartonshire DCYPP were delighted to understand that the Children and Young People's Mental Health and Wellbeing Framework grant funding was to be mainstreamed after 2025.

Key Highlights

Nurture Pilot

Our schools Nurture Pilot (report below) continues to build upon the excellent work which have previously proven essential to our children and young people. The unanimous decision to fund this programme through the Community's fund was agreed for this year (2024/2025), and now with the hope that with mainstream funding, this work will continue to develop. Our nurture report follows the school academic year from August 2024 –March 2025, and at this point, we cannot report core improvement data.



Primary core nurture
children data - Report

Compassionate Distress Response Service

Glasgow Association for Mental Health (GAMH) have continued to provide the Compassionate Distress Response Service (CDRS) this year, supporting our young people aged 16 -25 (26 if care-experienced). Over the first part of this year, the service saw a drop in referrals from our secondary schools; however, through more marketing across our secondary schools, the service has seen a slight rise. Our Primary Care colleagues continue to provide the highest number of referrals and have highlighted the need for this service to be extended after 25 years, the report has also highlighted an increase in self-harm reported by our children and young people.



We have a strong collaborative approach to “What's The Harm Training” across East Dunbartonshire, which is co-ordinated by the East Dunbartonshire suicide prevention lead.

The CDRS Service report is included in the Communities section of this report.

Lifelink School and Community Services

The East Dunbartonshire LifeLink service which provides school support through one to one counselling, mental health support and provides group and class sessions such as I Heart and bespoke sessions if required. The school counselling report is below. Children and young people accessing school counselling has increased from last year. Overall more females are accessing counselling support in school than males and those who state they are non-binary, trans or would rather not say. Anxiety and depression still remain the highest reasons for a referral to school counselling. School staff have predominantly been where referrals into the service come from, however, this year we see a slightly better spread of referrals, especially self-referrals. Primary 6 – Secondary 3 is the age where the report shows the highest referrals since recording.

Lifelink Community Service for children and Young People 11-25 (26 if care-experienced).

This service was set up in 2022 to support children who were being home-schooled or those who may have left school, and to support CAMHS. LifeLink Community Service has worked well and has been well-received by those who use this. The service has received no additional funding outside of what was initially allocated in 2022. Now in 2025, we have received notification that the sessions purchased are nearly all used. DCYPP will need to consider whether this service is still required going forward.

We Are With You – Young People's Service

Continuation of funding from the framework to support the “We Are With You” Young Person’s Service has enabled this service to continue to run. A total of 88 young people were supported this year, with more males being supported than females. The With You Service report is included in the Communities section of this report.

Changing Minds UK

Changing Minds UK, who have previously worked with East Dunbartonshire House Project, were asked to develop a similar approach to support our Team Around the Child meetings (TAC). Due to local commissioning and procurement delays, the new service started in September 2024. A full report and evaluation have been embedded below.



Changing Minds -
Evaluation (2).docx

Family Group Decision Making (FGDM)



Barnardo's have been supporting our Social Work Teams around FGDM. This support began in April 2024 for 1 year initially. Our teams worked in partnership with Barnardo's to support families who were experiencing problems for several reasons, such as fractious relationships within the family, behavioural issues and care responsibilities. Supporting families to have better relationships. Feedback from Barnardo's has been positive, and an evaluation and case study have been embedded below.



FGDM Annual Impact
Results Report 2024-25

CYPCommunityMentalHealth@gov.scot (cc Hannah.Axon@cosla.gov.uk)
by 30th April 2024. If you have any questions, please contact us.

Name of Local Authority	East Dunbartonshire
--------------------------------	----------------------------

School Counselling

The data provided below will inform on use of the access to counsellors in schools service as well as the outcomes for children and young people accessing counselling through schools. Your return should relate to counselling provision made, including not yet completed, in the period from 1st July 2023 to 31st March 2024.

Access and Outcomes		
Total number of children accessing counsellors		895
Number accessing in-person provision		879
Number accessing provision virtually		1
Number accessing provision both in person and virtually		15
Number of female pupils accessing the provision		553
Number of male pupils accessing provision		331
Other		3
Non Binary		4
Prefer not to say		4
Stage specific data		
Number of children in P6		105
Number of children in P7		182
Number of children in S1		101
Number of children in S2		143
Number of children in S3		142
Number of children in S4		96
Number of children in S5		72
Number of children in S6		43
Unknown		11



Number of children who have reported an improved outcome following access to a counsellor <i>By an appointed counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure</i>	269 (Out of 366 YP who completed therapy with more than 1 session with YP-CORE score) and 146 (Out of 399 YP who completed therapy with more than 1 session with SCWBS score)
--	---

Referrals In	
Numbers of form of referral	
Self-referral	727
School Staff	2
Social Services	2
GP	
School Nurse	
Health Professional	3
Other	6 no further detail given

Onward Referrals	
Number of onward referrals	
CAMHS	4
Child Protection	
Other Service	

Reasons for Presenting** Please use numbers			
Anger	164	Self-Harm	60
Trauma	16	Depression	91
Bereavement	102	Anxiety	514
Gender Identity	66	Emotional/Behavioural Difficulties	27
Substance Use	1	Body Image	
Work/Academic	168	Witnessed violence/aggression	9
Social Media Bullying	3	Sleep Issues	92
Self-Esteem	139	Self/Identity	95
Physical Problems	5	Living/Welfare	6
Depression	91	Cognitive/Learning	40
Bullying	60		

The [summary reports](#) set out information on the wide range of reasons that children and young people reported for using counselling services. It would be helpful if these could be used consistently – as indicated above, please add any lines to add those reasons or new reasons which have not previously been reported.

Number of counsellors and hours being provided	
Number of counsellors in post (please use total number rather than FTE)	12 (7.4 FTE)



Number of hours counselling being provided per week	266
---	-----

If there is any additional information that you would wish to report, please provide it here. This may include particular themes, patterns, or information not able to be captured above.

Any Additional Information/Comments/Reflections

0.6FTE also provided to deliver groups wellbeing workshops in East Dunbartonshire schools including iheart (Primary schools) and MHA programme (Secondary schools).

Measuring Outcomes – Core Improvement

Report Range: 31/03/24 to 01/05/25

East Dunbartonshire School	Average Starting CORE	Average End CORE	CORE Improvement
All	16.6	12.3	4.3

Measuring Outcomes – Stirling Children's Wellbeing Scale (SCWBS)

Report Range: 31/03/24 to 01/05/25

East Dunbartonshire School	Average Starting SCWBS	Average End SCWBS	Average SCWBS Improvement
All	40.4	41.6	1.2

Notes – School Counselling

* It has been agreed that where young people identify as non-binary this should be included within the additional information section above. This section can also be used to record information about pupils who identify as transgender.

** This is the information which is reported to the counsellor or service as the reason/s for accessing counselling services. It is not intended to imply or reflect diagnosis of mental health condition or needs. Instead, it is to be used to understand the reasons why pupils are seeking support from counselling services. Multiple reasons can be recorded for each individual accessing services.



Community Mental Health and Wellbeing Supports and Services

Table 1: People accessing supports and services			
Number of children and young people accessing	130		
Gender of children and young people accessing	<i>Male</i>	<i>Female</i>	<i>Other</i>
	60	69	1
Age of children and young people accessing	<i>Primary</i>	<i>Secondary</i>	<i>Post-school</i>
	0	52	49
Number of family members and carers accessing			

Table 2: Emotional Distress Services (EDS)*	
Number of EDS users	90
Number of EDS users reporting an improved outcome	90
Number of EDS users from at-risk groups**	
Number of EDS users from at-risk groups reporting an improved outcome**	

Table 3: Positive Mental Health and Wellbeing Services (PMHWS)*	
Number of PMHWS users	48
Number of PMHWS users reporting an improved outcome	45
Number of PMHWS users from at-risk groups**	
Number of PMHWS users from at-risk groups reporting an improved outcome**	

Table 4: Referrals In	
Self	15
Family Member / Carer	9
School Staff	20
Social Work / Child Protection	36
CAMHS	17
GP / School Nurse / Health Professional	21
Local Community Group	
Third Sector Partner	10
Youth Work	
Police	12
Housing / Homelessness	9
Other (please specify if possible)	13 ADRS, Family Friends

Table 5: Onward Referrals	
CAMHS	
GP / School Nurse / Health Professional	
School Counselling	5 (LifeLink)
Non-School Counselling	14
Youth Work	
Social Work / Child Protection	4
Educational Psychology	
Young Carers	2
Autism Support	4
Benefits / Financial Advice	12
Domestic Abuse Support	
Occupational / Other Therapy	
Parenting Support	
Housing / Homelessness	10
Alcohol / Drugs Support	64



Bereavement Support	7
Local Community Group	11
Third Sector Partner	
Other (please specify if possible)	

Table 6: Reasons for Presenting***			
Exam Stress / School Issues	19	Self-Harm	27
Trauma	6	Depression / Low Mood	34
Bereavement	2	Anxiety	58
Gender Identity / Sexuality	3	Emotional / Behavioural Difficulties	38
Substance Use by Self or Family	69	Body Image / Eating Concerns	8
Distress	42	Anger	20
Isolation / Loneliness	5	Family Relationships / Home Issues	20
Emotional Literacy	6	Self-Esteem / Confidence	34
Social Interaction / Peer Relationships	15	Resilience	8
Physical Health	2	Bullying	2
Support for Parents	33	Poverty / Homelessness	6
Learning Support	6	Routine / Boundaries	7
Neurodevelopmental	7	Suicidal Thoughts	26
Sleep	4	Violence / Abuse	12
Fears / Phobias	1	Relationship break-up	3

Any Additional Information
<p>With You</p> <p><i>“With You is a charity offering free confidential support to people who have challenges with drugs, alcohol or mental health. Our Young Person’s service offers support to 11 to 25 year olds struggling with substance misuse and mental health issues and we are the only service supporting this specific group in East Dunbartonshire. By offering support when they need it we hope that young people will be less likely to need an adult service in the future by which stage their substance misuse could be more established and their life changes significantly reduced. The support is intensive with a minimum of one face to face support session each week, often depending on the need this can be up to three times per week and in certain instances where young people are in crisis, this can be daily. The outcomes we strive to achieve are: young people reduce their alcohol/drug use; physical and mental health is improved; there is improved school attendance and educational attainment and there is less involvement in the criminal justice system. The trauma principles of safety, choice, trust, collaboration and empowerment are embedded in the service and time is taken to build positive therapeutic relationships with the young people. 69% of the young people discharged during the reporting period achieved their goals and either significantly reduced their alcohol/drug use or were abstinent. Feedback from stakeholders and young people is 100% positive and the service continues to grow significantly. This funding is essential to allow the service to continue supporting young people to achieve their full potential and make positive contributions to their local community”</i></p> <p>ED CDRS</p> <p>The data gathered shows that 50% of young people from East Dunbartonshire present with suicidal thoughts and self-harm. Young people referred receive ‘in the moment’ immediate distress response, check in calls for up to a month at a time that suits them. The support is provided via telephone. The model provides an early intervention preventative approach, helping YP to manage their distress and reducing the need for statutory or clinical services. Data gathered by Public Health Scotland shows that distress</p>



is reduced considerably on discharge. East Dun-YPCDRS has a very low-level escalation rate. Distress and risk are managed safely within East Dun-YPCDRS.

Project staff have provided information about the service at various 'meet the services' events which have taken place in East Dunbartonshire.

The three case studies below gives an insight to distress presentation and support provided to young people by East DunYPCDRS.

Case Study 1

Female: age 16

Referred to East Dunbartonshire YP-CDRS by CAMHS.

Young person's distress presentation was that she was very lonely, isolated, and felt very low. Being autistic, she has struggled making friend at school and feels she is misunderstood by other people because of this. She had been overwhelmed with exams. She feels she has lost hope, has little purpose, with nothing much to do day to day. She has had suicidal thoughts (*thoughts of not wanting to be here*), but no plan or intent. The GP had prescribed her medication which has made her feel worst hence emergency CAMHS appointment then referred her to YP-CDRS.

It was highlighted that school had made some adaptations and reduced her timetable, so she did not feel overwhelmed and to help ease her anxiety and stress around other people. She had also been given a separate room to do her exams. YP mentioned that she will be seeing CAMHS later this year hoping to get a diagnosis for Autism.

YP-CDRS provided compassionate listening and regular follow up calls listening to help explore how she was and help alleviate her feelings of distress. Breathing techniques information and Sooth box was sent out with information to help with anxiety and to reduce negative thoughts. She stated that fidget toys were helpful, as it helped distracting from having low, negative thoughts. A referral was made EDICT service which can help provide therapeutic art activities, social opportunities, friendships, employability support, further education and distance learning courses, and regular weekly sessions to young adults diagnosed with autism. Young person appreciated the support and information about this service.

Case Study 2

Female: age 17

Referred to East Dunbartonshire YP-CDRS by GP

Young female previously known to CAMHS was referred into YP-CDRS due to ongoing issues with low mood and panic attacks as well as an existing diagnosis of autism and learning disability. Individual struggled with feelings of increased anxiety due to bullying.

YP-CDRS provided her with a safe space to discuss current stressors in relation to school and bullying. Initially calls were challenging as the individual would only engage when prompted to do so by her mother, who was present for calls. With continued support and reassurance, the individual was able to engage with YP-CDRS on her own without her mother.



We were then able to establish that she used self-harm (SH) as a coping strategy to manage her feelings when she was feeling overwhelmed when at school. We discussed alternative means of SH which the individual was keen to explore e.g. elastic band method and creating a soothing bag (we discussed this to be an effective coping strategy for her to take to school as it was discrete and something she could keep to hand).

YP-CDRS responder also created an Autism Friendly Soothing Box with a variety of sensory items (e.g. fidget toys) to help manage her urges to SH. Individual found this to be an effective distraction and began adding her own objects to the 'soothing box' which she found helpful. YP-CDRS responder encouraged journaling. Individual implemented journaling into her daily routine which helped when being unable to express her feelings verbally.

Upon discharge from YP-CDRS, it was clear just how much progress young people can make if they are simply listened to and provided with a certain level of reassurance. One major change in this case was that the individual now spoke freely without her mother present and was able to lead some conversations with the responder. The individual also reported positive changes in her mood and had effectively incorporated the soothing box into her daily life stating she hadn't self-harmed since using this. She reported being able to manage conflicts more effectively and confidently than previously. This was demonstrated in a conversation about bullying when the individual stated; *"words only have meaning if I let them"*

Case Study 3

Transgender male: age 18

Referred to East Dunbartonshire YP-CDRS by GP

Transgender male student in his early twenties who was referred by his GP. He was struggling with anxiety, low mood, and issues with emotional regulation. He had recently started experiencing seizures and was struggling with family stressors. Summary of contacts below describes the frequency of support calls and its impact.

First Contact: Distress Response Worker (DRW) provided individual with empathetic listening, emotional support, and gave him space and time to tell his story. Individual explained he was diagnosed with epilepsy recently following a series of seizures. He was commenced on anti-seizure medication which had reduced seizure activity, but he reported his mood had been deteriorating and he was having thoughts of suicide. Individual discussed long history of depression dating back to his childhood. He spoke about being previously supported by CAMHS and said he had been prescribed anti-depressant medication since age thirteen. Individual spoke about having difficulty regulating his emotions and explained he experiences frequent mood swings and episodes of irritability. Individual stated he frequently struggled with anxious thoughts and was keen to develop coping strategies to help reduce his anxiety.

Second Contact: DRW had discussion with Individual around potential coping strategies for managing anxiety symptoms and anxious thinking patterns. They



provided him with a range of self-help resources to try, including Challenging Anxious Thoughts worksheets, Anger Management resources, Mobile Apps for anxiety, and signposted him to LGBT+ mental health and wellbeing support services.

Third Contact: Individual expressed that his mood had been a little better between calls. He explained he was planning to try and get out to socialise with friends during the week which Distress Response Worker encouraged.

Fourth Contact: Individual stated his mood had remained stable between calls with CDRS. He had been managing to occupy his time constructively and was planning to return to university in a few weeks.

Fifth Contact: Individual stated his mood had remained stable between calls with CDRS. He had been managing to socialise and spend time with family. He advised he was struggling to adjust to new medication which had been negatively impacting sleep. DRW suggested using Headspace Guide to Sleep to try to improve his issues with insomnia.

Sixth Contact: Individual stated his mood had been better between calls. He had returned to university and was enjoying his studies. He had been continuing to struggle with sleep but had not yet tried Headspace. Distress Response Worker provided additional sleep resources in the form of audio 'sleep stories' to try.

Seventh Contact: Individual stated that his mood had been 'fine' between calls. He had been continuing to struggle with feelings of frustration and anger but stated he felt able to deal with them now and was able to 'wait for them to pass'.

Final Contact: Individual stated that his mood remained 'fine' and stable at point of final call, and he was ready for discharge from service.

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

DATE OF MEETING: 19th JUNE 2025

REPORT REFERENCE: PERF/190625/10

CONTACT OFFICER: KAREN LAMB, INTERIM HEAD OF LEARNING
DISABILITIES SERVICE

SUBJECT TITLE: JOHN ST INSPECTIONS UPDATE

1.0 PURPOSE

- 1.1** The purpose of this report is to provide an update to the Performance Audit and Risk Committee on the recent inspection of John St House on 11th March 2025 and the subsequent unannounced inspection on 9th May 2025.

2.0 RECOMMENDATIONS

- 2.1** It is recommended that the Committee: note the areas of improvement and requirements placed on the service and the actions undertaken in response to the inspection.

**DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The inspection which was carried out on 11th March indicated concerns around the management of infection prevention and control in the unit, in particular in relation to adherence to the Care Home Infection Prevention and Control Manual (CH IPCM)
- 3.2** The service received a downgrade from previous inspection grades of 5's – Very Good to grades of:
- 2 Weak: How well do we support people's wellbeing
 - 3 Adequate: How good is our leadership?
 - 3 Adequate: How good is our staff team?
 - 3 Adequate: How good is our setting?
 - 3 Adequate: How well is our care and support planned?
- 3.3** A time scaled requirement was placed on the service to be actioned by 5th May in relation to infection prevention and control which required support from Property and Assets and Facility Management Services. This was in relation to cleaning regimes, repairs, and maintenance and replacement of flooring. The service also had to indicate additional training in infection prevention and control.
- 3.4** The requirement stated that, by 5 May 2025, the provider must ensure that people are safe and protected by being proactive in ensuring that systems and resources are in place within an environment that is well-maintained and supports good infection prevention and control. In order to do this, the provider must, at a minimum:
- a. ensure that staff are trained, understand and adhere to the contents of the Care Home Infection Prevention and Control Manual (CH IPCM)
 - b. ensure the care home environment, furnishings, floor coverings and equipment are kept clean, tidy and in a good state of repair
 - c. maintain records of all regular and deep cleaning
 - d. implement robust environmental auditing and demonstrate that any issues have been resolved.
- 3.5** The above requirement was scrutinised through the unannounced inspection which took place on 9th May 2025. All areas of the requirement have been met and the Care Inspectorate indicated that they felt assured by the response to the requirement by the service, by the Council Property and Assets Team and by Facilities Management Services
- 3.6** The remaining areas of improvement and one remaining requirement in the inspection report will be examined by the care inspectorate through a further unannounced inspection which will take place in July 2025
- 3.7** The remaining requirements and areas of improvement are:
- a. Requirement 2: By 8 July 2025, the provider must ensure people have a personal plan which sets out how their health, welfare and safety needs are to be met. These must be reviewed at least every six months, or if there is a significant change
 - b. Area for improvement 1: The provider should ensure people's wellbeing is supported through regular and planned activities. Group and one-to-one

activities should promote positive outcomes for people and meet people's individual choices, wishes and preferences.

- c. Area for improvement 2: The provider should ensure quality assurance processes and audits are in place to support continuous improvement across all areas of the service. Improvement plans and actions should be in place and reviewed timeously to ensure improvements are made and embedded within the care home.
- d. Area for improvement 3 : The provider should make a regular assessment of staffing levels and the skill mix of staff to ensure responsive care can be provided to all people throughout the day and night. This should take into account the changing needs of people, layout of the building, social opportunities and activities, and be used to inform staffing rotas.

3.8 Actions for each of these areas have been submitted to the Care Inspectorate. However, there was a challenge submitted to the Care Inspectorate with regard to the suggestion that staffing levels are not adequate, and a staffing matrix was submitted to provide evidence in this area. This matrix evidences that the complexities of the individuals in the unit have been assessed and matched against required staffing, and that the current allocation of staff is appropriate to current support needs.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2025-2030 Priorities;-

- 1. Empowering People
- 2. Empowering and Connecting Communities
- 3. Prevention and Early Intervention
- 4. Public Protection
- 5. Supporting Carers and Families
- 6. Improving Mental Health and Recovery

4.2 Frontline Service to Customers – None.

4.3 Workforce – None.

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 There will be ongoing reporting to the Performance Audit and Risk Committee on the management of risk arising in this service, monitored through service level risk registers.

6.0 IMPACT

6.1 STATUTORY DUTY – None

6.2 EAST DUNBARTONSHIRE COUNCIL – None

6.3 NHS GREATER GLASGOW & CLYDE – None

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1** – Care Inspectorate Draft Report for John Street House Care Home Service

John Street House Care Home Service

38 John Street
Kirkintilloch
Glasgow
G66 2HE

Telephone: 01417 777 708

Type of inspection:
Unannounced

Completed on:
9 May 2025

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 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.

About the inspection

This was an unannounced inspection which took place on 9 May 2025. The inspection was carried out two inspectors from the Care Inspectorate. This inspection was to follow up on a requirement made at a previous inspection.

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 three people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Infection prevention and control practice and procedures had improved.
- Staff had participated in further training and development work relating to infection prevention and control.
- Replacement furnishings had been purchased and further orders were awaiting delivery.
- Cleaning practices had notably improved to support the physical and mental wellbeing of people experiencing care and staff.
- Repairs and maintenance had been carried out, which was ongoing to ensure the safety of people and staff.
- Quality assurance processes and actions were further enhanced to ensure compliance to infection prevention and control procedures and cleaning schedules.

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?	3 - Adequate
How good is our setting?	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?

3 - Adequate

We re-evaluated quality indicator 1.5, 'People's health and wellbeing benefits from safe infection prevention and control practice and procedure' of this key question from weak to adequate, where strengths only just outweighed weaknesses. This was due to the progress the provider had made to improve practice and procedures related to this requirement.

Please see section, 'What the service has done to meet any requirements made at or since the last inspection' which can be found later in this report for further detail of the improvements made.

How good is our setting?

4 - Good

We re-evaluated 4.1 of this Key question from adequate to good. This was due to the progress the provider had made in this area of the requirement where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Please see the outstanding requirements section of this report for the progress achieved.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 5 May 2025, the provider must ensure that people are safe and protected by being proactive in ensuring that systems and resources are in place within an environment that is well-maintained and supports good infection prevention and control. In order to do this, the provider must, at a minimum:

- a. ensure that staff are trained, understand and adhere to the contents of the Care Home Infection Prevention and Control Manual (CH IPCM)
- b. ensure the care home environment, furnishings, floor coverings and equipment are kept clean, tidy and in a good state of repair
- c. maintain records of all regular and deep cleaning
- d. implement robust environmental auditing and demonstrate that any issues have been resolved.

This is in order to comply with Regulations 3, 10(2)(b) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This requirement was made on 11 March 2025.

Action taken on previous requirement

The service had worked extremely hard to meet all areas of the requirement.

Staff had participated in Infection Prevention and Control (IPC) training and were able to discuss their learning and refreshed practice. As a result, people could be confident their health and safety was supported by knowledgeable staff.

All staff had read the guidance set out in The Care Home Infection Prevention and Control Manual (CH IPCM). This meant that staff understood the standards and importance of reducing risk of infections for people, staff, and visitors in the care home environment.

The home was visibly clean and free of clutter in most areas. Staff practice was checked by the manager and monitored using observation, discussions, and some new equipment to highlight hand hygiene

practices. This had led to improvement and the raising of standards to protect people.

The weekly deep clean of the home was completed by the facility manager and overseen by the care home manager. This happened on a rotational basis for different areas of the home. The carpets in the hall and throughout the home would be replaced the following week of the inspection. The furnishings that were no longer fit for purpose had been disposed of and new furniture ordered. This offered people the opportunity to feel valued and dignified within their surrounds and home.

Environment maintenance and repairs had taken place, with more effective systems in place, such as reporting, accountability, and completion times. The service had been greatly supported by the maintenance team. A request for funding replacement furniture has been submitted and agreed by the Health and Social Care Partnership.

The manager had built up effective communications with the facility team's manager, which resulted in a more conducive way of working as a team. Comprehensive repairs which were outstanding had been completed, such as leaking roofs and mould on ceilings. This meant people could benefit from living in an environment that offered comfort and ensured their wellbeing and safety.

The manager and staff completed various audits and daily walkarounds in the home to ensure continuous improvement and problems were highlighted early and addressed.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure people's wellbeing is supported through regular and planned activities. Group and one-to-one activities should promote positive outcomes for people and meet people's individual choices, wishes and preferences. These should be clearly documented within people's personal plans.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 11 March 2025.

Action taken since then

This area for improvement was making progress. **We will look at this further at the next inspection.**

Previous area for improvement 2

The provider should ensure quality assurance processes and audits are in place to support continuous improvement across all areas of the service. Improvement plans and actions should be in place and reviewed timeously to ensure improvements are made and embedded within the care home.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 11 March 2025.

Action taken since then

This area for improvement was making progress. **We will look at this further at the next inspection.**

Previous area for improvement 3

The provider should include feedback from people and use general observations to support decision making around the assessment of staff numbers. This is to ensure responsive care can be provided to all people throughout the day and night. This should take into account the changing needs of people, layout of the building, social opportunities and activities, and be used to inform staffing rotas.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

This area for improvement was made on 11 March 2025.

Action taken since then

This area for improvement was making progress. **We will look at this further at the next inspection.**

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?	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT & RISK COMMITTEE

DATE OF MEETING: 19th JUNE 2025

REPORT REFERENCE: PERF/190625/11

CONTACT OFFICER: ALISON MCCREADY, CHIEF FINANCE AND RESOURCES OFFICER

SUBJECT TITLE: HSCP CORPORATE RISK REGISTER UPDATE

1.0 PURPOSE

- 1.1** The purpose of this report is to provide an update on the Corporate Risks and how risks are mitigated and managed within the HSCP.

2.0 RECOMMENDATIONS

It is recommended that the Committee:

- 2.1** Consider and approve the Corporate Risk Register attached as **Appendix 1**.

DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Corporate Risk register reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.
- 3.2** Individual Service Risk Registers are reviewed and updated on a monthly basis, as appropriate, by the Operational Leads within the HSCP. These capture a more detailed picture of individual service risks and include those services hosted within ED HSCP. This aligns to the policy requirements which states that all high and very high service levels risks should be reviewed monthly to ensure the risk in being managed with lower level risks reviewed quarterly.
- 3.3** The Corporate Risk Register is reviewed at least monthly by the Senior Management Team to ensure scrutiny, review and updating. It captures the high level risks across the HSCP and the hosted services.
- 3.4** The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these.
- 3.5** There are a total of 22 risks (21 live risks) included within the HSCP Corporate Risk register. This represents an increase of 3 new risks for the HSCP from that previously reported to the Performance Audit and Risk Committee in January 2025 and the Integration Joint Board in March 2025.
- 3.6** One risk, HSCP15 relating to Oral Health has now been de-escalated following the appointment of an Infection Control Doctor in April 2025.
- 3.7** The 3 additional risks reported in this period relate to;-
- HSCP20 is an escalated risk in relation to Skye House following a documentary about the care and treatment of young people, with the persons exposed being young people, families and staff. This is reported as a Very High Risk (20), with mitigating actions including enhanced level of monitoring and support. Active communication to all young people and families is ongoing with SMT following communication strategy and engagement with range of stakeholders. Internal and external reviews have been commissioned to provide assurance. A review of all complaints and feedback will be undertaken and will help determine future plans. Staffing models are being revisited. This will seek to reduce the risk score to Low Risk (4)
 - HSCP21 is an escalation of the risk of the ability to deliver on the Neurodevelopmental (ND) service specification, due to clinical and service reputational risk associated with large existing waiting list for diagnosis across all ND profiles, and increase in new referrals is in excess of limited resource available for ND assessments. This is a national pattern with limited additional funding. This is a High Risk (16) with a number of mitigating actions have been identified; to describe demand/ capacity, to develop reduced criteria for access to the service and consultation which will be escalated up to Senior organisation level seeking to mitigate this risk to Low (4).

- HSCP22 is the risk associated with Regional Specialist Children Services developments; Forensic Child and Adolescent Secure Care Pathway and Regional Inpatient Children's Unit (IPCU). This will place demand on the service to support developments, and there is a financial risk where recurring funding is not established. This is reported as a High Risk (16) seeking to reduce to Medium (9) by establishing monthly meetings with all partners, raised to Corporate Management Team for agreement and phased approach to developments to stagger demand.

- 3.8** Of the 21 live risks identified within the Corporate Risk register, 4 are considered to be very high risk (priority 1), 11 are considered to be high risk (priority 2) and 6 are considered to be a medium risk (priority 3).
- 3.9** There has been a review of the previously reported risk scores and management actions identified to seek to mitigate risks and while these remain key actions they are having a minimal impact on the risk scores to date which have remained largely the same as those previously reported for risks HSCP02 to HSCP08 and HSCP11 to HSCP19.
- 3.9.1** HSCP04 – although a fixed term admin post progressed through recruitment, there was a failure to recruit following offer of post to preferred and back up candidates. This post will require to go back through recruitment.
- 3.9.2** HSCP07 – updated to reflect pressures on a wide range of services on the inability to recruit or retain staff across a range of trained disciplines. Risk levels and mitigated risk levels remain at the same level.

Very High Risk – Priority 1, Risk Score 20-25

- 3.10** There are 4 Very High Risk, Priority 1 risks.
- 3.11** HSCP01 and HSCP09 relate to the ability to deliver a balanced budget and the failure to achieve transformational change and service redesign plans within necessary timescales and at the pace required. Both risks remain at a score of 25, Priority 1 which is the highest possible risk score. There remains continued liaison with Chief Finance Officers and engagement with Scottish Government, along with monitoring of efficiency plans for the coming year through the HSCP Annual Delivery Plan. There is a focus on transformational change and a number of service reviews will be progressed which should bring both risk scores to 16 and Priority 2.
- 3.12** HSCP17 details the lack of and/or insufficient funding from central government to offset the planned increase in employers national insurance rate across commissioned services resulting in additional and significant financial pressures for the HSCP and Providers / services. This risk has been scored at 20 which is also very high risk, the HSCP is awaiting further update from the Scottish Government. This should reduce to high risk (16), pending determination, the Council and HSCP is working collaboratively to estimate the likely cost impact, provide appropriate assurance to providers and liaising with Sector Leads re updates on Provider engagement with the Scottish Government.

3.13 HSCP20 relates to Skye House as described in 3.7.

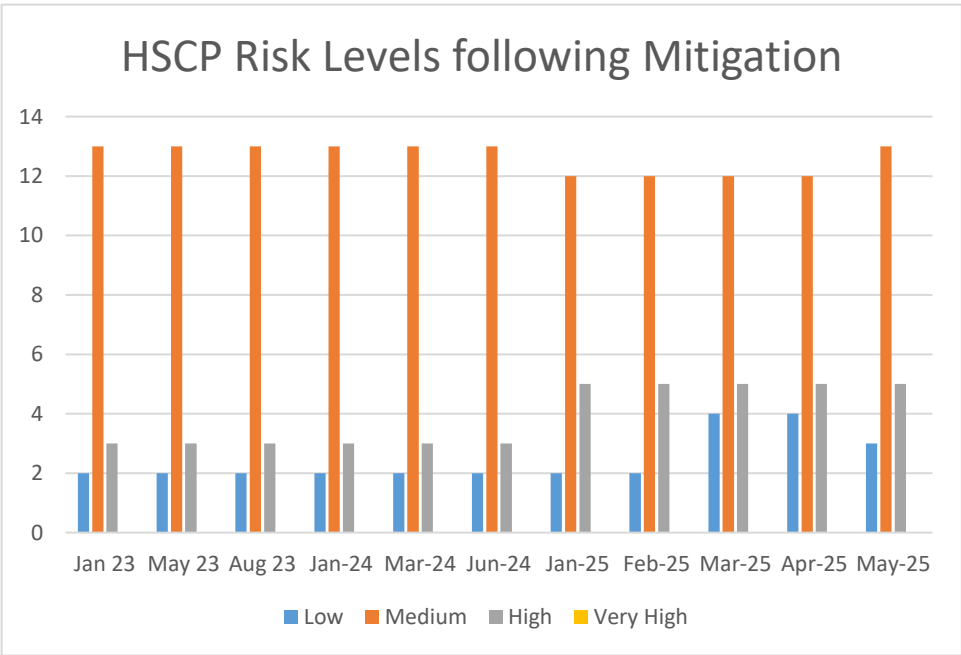
High Risk - Priority 2, Risk Score 12-16

3.14 There are 11 high risk areas relating to: service delivery (HSCP02/HSCP06/HSCP07/HSCP08/HSCP10/HSCP12/HSCP13/HSCP14/HSCP18/HSCP21); financial and service delivery risk (HSCP22) of failure to achieve transformational change and service redesign plans within necessary timescales (HSCP09); failure to deliver on actions to support the implementation of the Un-scheduled Care Commissioning Plan and inability to support early, effective discharge from hospital (HSCP10); inability to secure appropriate accommodation in the West Locality to deliver effective integrated health and social work services in that area (HSCP13). There are a number of management actions identified which seek to mitigate the risks as far as possible.

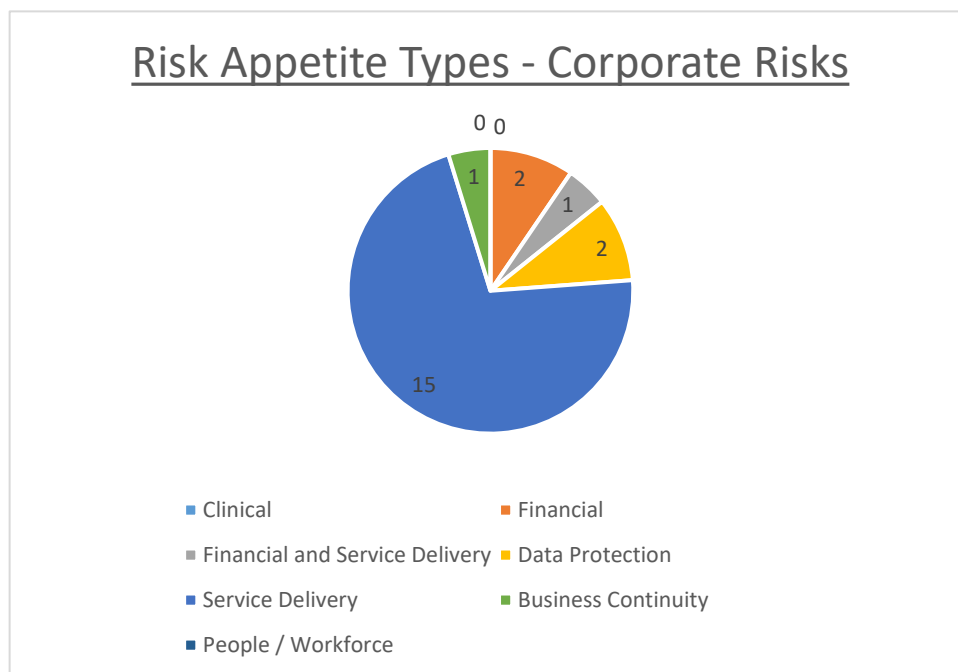
3.14.1 HSCP10 – the risk score remains high for this area given the continued pressures on the system and is the subject of regular reporting through the IJB and attracts significant scrutiny from both the NHS Board and nationally through the Scottish Government. Performance continues to be challenging in this area.

3.14.2 HSCP13 – options for securing accommodation in the west locality remain challenging in the context of available capital investment through our partner organisations. There is no HSCP accommodation reserve available. Work continues on the development of a Bishopbriggs site, which received £1.2million of capital funds through 2024/2025 and 2025/2026 utilising a leased facility. This accommodation should be available by September 2025. The HSCP continue to explore alternative options through maximising clinical space within existing HSCP accommodation and exploring feasibility studies options which may arise within the local area in conjunction with NHS GGC and East Dunbartonshire Council.

3.15 Following the risk management actions set out, this reduces to 5 as high risk, the remaining 16 risks reducing to 13 medium and 3 low risks.



3.16 The majority of risks on the corporate risk register can be categorised as risk to Service Delivery, followed by Finance and Data Protection.



3.17 A copy of the HSCP Corporate Risk Register is included as **Appendix 1**.

3.18 In terms of horizon scanning, there are a number of emerging risks for the HSCP, however the likelihood that these events may occur and the extent to which they will have a negative or positive impact on the HSCP is still under review. These relate to:

- The implementation of safe staffing legislation – emerging information from the application of common staffing tools suggest that we may be under resourced in some areas.
- Impact of financial position on service delivery and savings programme ongoing to maintain financial sustainability

3.19 The HSCP also has a number of service risk registers in place which provides a systematic and structured method to support the risk management process. Information informing the risk register will be captured using Datix system and Social Work recording. The risks included are of a more operational nature, service specific and tend to be more fluid in how they appear on the register the risk score attached and the management actions to mitigate the risks.

3.20 There are a total of 21 service risk registers with 125 live/active risks associated with these registers. Of the 126 risks, 37 are Low risks, 41 are Medium level risks, 41 are High level risks and 7 are Very High risks.

3.21 The 7 Very High level risks on the service level risk registers relate to:-

Alcohol and Drug Recovery Service

- Vulnerable Adults - failure of protection process. Failure of systems resulting in drug related death or completed suicide of service user. Increase in Drug related deaths likely to be recorded in July 2025.

Joint Learning Disability Team

- Risk of rising demand and consequent financial risk and exposure of HSCP / Council. This is a significant and certain risk pending the completion of the Learning Disability Review. There are significant demand pressures due to demographics, relocation to East Dunbartonshire, enhanced life expectancy etc. Risk of Ordinary Residence being applied with high cost packages moving to East Dunbartonshire.
- Inability to recruit and retain appropriately qualified staff to meet service needs; risk increased due to LD review processes and inability to recruit to all posts on a permanent basis which has limited recruitment options.

Mental Health

- Vulnerable Adults - failure of protection process. Failure of systems resulting in completed suicide or drugs related death of service user.

Specialist Children's Services

- Neurodevelopmental Pathway – demand for assessments is in excess of limited resource available.
- PECOS – child health ordering financial risk as growth continues annually at 18%
- Skye House – confidence in Service delivery has been affected following a documentary on the care of young people.

3.22 The process for escalation to the corporate risk register will depend on a number of factors such as risk score, ability to continue to manage risk at a service level or where risk have an impact across the HSCP and are not solely within one service area.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2025-2030 Priorities;-

1. Empowering People
2. Empowering and Connecting Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – there are particular workforce issues highlighted throughout the risk register, particularly related to the challenges in recruitment and retention of staff into key frontline services and

managing ongoing absence across critical services. Workforce issues will be addressed through the HSCP Workforce Strategy.

- 4.4 Legal Implications – The HSCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.
- 4.5 Financial Implications – There are key high level risks to the HSCP which will have a financial impact going forward and where there will require to be a focus on the delivery of transformation and service redesign to support financial sustainability and the delivery of financial balance in future years.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 This risk register is an aggregate of all service specific Risk Registers and control measures must be reviewed and updated regularly to reduce risk.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – The HSCP Board Risk Register contributes to East Dunbartonshire Council Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – The HSCP Board Risk Register contributes to NHS GG&C Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 **POLICY CHECKLIST**

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

8.0 APPENDICES

8.1 Appendix 1 - HSCP Corporate Risk Register May 2025

Risk Appetite/Tolerance matrix

Likelihood	Consequence /Impact				
	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Extreme
Almost Certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely-2	2	4	6	8	10
Rare - 1	1	2	3	4	5

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE AUDIT AND
RISK COMMITTEE**

DATE OF MEETING: 19th JUNE 2025

REPORT REFERENCE: PERF/190625/12

CONTACT OFFICER: ALISON MCCREADY, CHIEF FINANCE AND
RESOURCES OFFICER

SUBJECT TITLE: HSCP DIRECTIONS LOG UPDATE

1.0 PURPOSE

- 1.1** The purpose of this report is to update the Performance Audit and Risk Committee on the status of HSCP Integration Joint Board Directions which are recorded and issued to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

2.0 RECOMMENDATIONS

It is recommended that the Performance Audit and Risk Committee:

- 2.1** Note the content of the Report.

**DERRICK PEARCE
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Directions are the mechanism by which the IJB signals to the Health Board and Local Authority the details of how the objectives of its Strategic Plan, and any other strategic decisions taken during the lifetime of the plan, are to be delivered.
- 3.2** The use of Directions is a legal requirement for IJB's, Health Board and Local Authorities and as such their use is subject to internal/external audit and scrutiny.
- 3.3** Each IJB report which has an accompanying Direction is submitted through each IJB cycle for consideration noting the Direction to be issued, revised, superseded or revoked.
- 3.5** The Directions Log is updated and maintained by the Corporate Business Manager.
- 3.6** The recommendation from Internal Audit as part of HSCP governance processes is that to comply with statutory guidance that Directions are regularly reviewed with a robust follow up and review process.
- 3.7** The Directions Log is taken to the Senior Management Team meeting for regular review, highlighting impending review dates and asking for an update on the progress of the Direction.
- 3.8** An update on the Directions Log will be brought in January and June each year to the Performance. Audit & Risk Committee and HSCP IJB.
- 3.9** All Directions issued in 2021 and 2022 are Superseded or Complete.
- 3.10** **Appendix 1** details the Directions Log for 2023, 2024 and 2025 IJB cycles.
- 3.11** There have been 15 Directions issued across the IJB meetings in 2023 the status of the Directions are noted as being:

Current	2
Complete	5
Superseded	8
Revoked	0

Of the 2 current Directions, the Older Peoples Support Strategy has a review date of 01.01.26 with an extension to March 2026. The Carers Strategy will also be reviewed in March 2026.

- 3.12** There have been 15 Directions issued across the six IJB meetings in 2024, the status of the Directions are noted as being:
- | | |
|------------|---|
| Current | 6 |
| Complete | 5 |
| Superseded | 4 |
| Revoked | 0 |

Of the 6 current Directions, 4 are due for review through 2025.

2025 Directions

- HSCP Digital Strategy – will be reviewed in line with Strategic Plan 2025-2030 and in line with medium term financial plan.
- Alcohol and Drugs Partnership Strategy 2023-2025 – update with return to IJB in November 2025 or January 2026.
- Alcohol & Drugs Partnership (ADP) Annual Report and Mat Standards Update 2024 – update with return to IJB in September 2025.
- Mental Health Alcohol and Drug Recovery Review and Redesign – further update to come to IJB in September or November 2025

Of the remaining 2 Directions, The East Dunbartonshire HSCP Local Advocacy Plan 2024-2027 is to be reviewed in 2027 and The Learning Disability Strategy 2024-2029 Direction is to be reviewed in 2029.

3.13 There have been 7 Directions issued to date from the IJB meetings in 2025.

Current	6
Complete	0
Superseded	1
Revoked	0

Of the 6 current Directions, 3 are due for review in 2025.

2025 Directions

- HSCP Financial Planning & Annual Budget Setting 2025/26 – review date June 2025
- Budget Savings Implementation Commissioned Services – defer to September 2025 IJB
- Financial Performance Budget 2024/2025 Month 10 – will be Superseded with update at June 2025 meeting.

Of the remaining 3 current Directions; Enhanced Mental Health Outcomes Framework will be reviewed January 2026. The HSCP Annual Delivery Plan will be reviewed in March 2026 and the HSCP Strategic Plan 2025-2030 will be reviewed April 2030.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2025-2030 Priorities;-

1. Empowering People
2. Empowering and Connecting Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families

6. Improving Mental Health and Recovery

- 4.2 Frontline Service to Customers – None.
- 4.3 Workforce (including any significant resource implications) – None.
- 4.4 Legal Implications – The Public Bodies (Joint Working) (Scotland) Act 2014 required the IJB to issue Directions in writing. Directions must set out how each integrated health and social care function is to be exercised and the budget associated with that function.
- 4.5 Financial Implications – The IJB have statutory responsibility for the delivery of transformational service delivery within budget allocations.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – The Strategic Plan acknowledges that some individuals, or groups of individuals may face difficulties in accessing services and the Plan identifies some additional supports to address this issue. Directions issued by the IJB are likely to be instrumental in improving access to services.
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 The Strategic Plan and the IJB Risk Register identify risk factors which have an impact on a range of financial, governance, capacity and partnership issues. Directions from the IJB form part of the ongoing risk mitigation and management processes.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – The HSCP have a statutory duty to record and issue Directions to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – The Council must comply with a Direction from the Integration Joint Board.
- 6.3 **NHS GREATER GLASGOW & CLYDE** - The Health Board must comply with a Direction from the Integration Joint Board.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction required.

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

- 8.1** **Appendix 1** – East Dunbartonshire HSCP Directions Log as at 02.06.25.

Update: 02.06.25
Complete or Superseded

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Current	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Most Recent Review (Date)
230125-04	Enhanced Mental Health Outcomes Framework	NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde are directed to deliver the enhanced mental health bundle programmes within the revised financial framework included within this report.	All functions outlined in this report – Psychological Therapies, Adult and Older People's Mental Health, Specialist Children's Services, School Nursing, Learning Disability.	Up to £27,546,692 for 2025/26 across NHS Greater Glasgow and Clyde IJBs.	23.01.25	23.01.25	Jan-26	Current	Yes	140923-08	https://eastdunbarton.moderngov.co.uk/ieListDocuments.aspx?Cld=148&Mid=114Z	https://eastdunbarton.moderngov.co.uk/ieListDocuments.aspx?Cld=148&Mid=1147	Derrick Pearce, Chief Officer	Adult Services, Health and Community Care, Specialist Children's Services	Direction updated as this does supercede previous direction - error on issued papers	23.01.25
230125-09	Financial Performance Budget 2024/25 – Month 8	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2024/25 – all functions set out within Appendix 1.	The budget delegated to NHS Greater Glasgow and Clyde is £201.575m and East Dunbartonshire Council is £77.532m as per this report.	23.01.25	23.01.25	20.03.25	Superseded	Yes	141124-10	https://eastdunbarton.moderngov.co.uk/ieListDocuments.aspx?Cld=148&Mid=114Z	https://eastdunbarton.moderngov.co.uk/ieListDocuments.aspx?Cld=148&Mid=1147	Derrick Pearce, Chief Officer	Finance and Resources	Direction superseded by 200325-11	23.01.25
200325-04	HSCP Strategic Plan 2025-30	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	<p>Integration Authorities require a mechanism to action their strategic plans and this is laid out in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act.</p> <p>This mechanism takes the form of binding directions from the Integration Authority to both of the Health Board and Local Authority.</p> <p>The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP.</p>	All delegated functions as set out in the current East Dunbartonshire Integration Scheme	The budget allocated to the HSCP Strategic Plan 2025-30 is notionally set out in the medium term financial plan and will be specified in more detail annually as the total HSCP budget for each of the years 2025 to 2030, to be detailed at the time of the budget setting process and as approved by the HSCP Board.	20.03.25	01.04.25	01.04.30 - but at least annually	Current	Yes	240322-05	Public reports pack 20032025 0930 Health and Social Care Partnership Integration Joint Board.pdf	Public reports pack 20032025 0930 Health and Social Care Partnership Integration Joint Board.pdf	Derrick Pearce, Chief Officer	East Dunbartonshire HSCP wide services		20.03.25
200325-05	HSCP Financial Planning & Annual Budget Setting 2025/26	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council is directed to spend the delegated net budget of £80.671m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £204.331m (incl. £42.474m related to set aside) in line with the Strategic Plan and the budget outlined within this report.	Budget 2025/26 – all functions set out within Appendix 8.	The budget delegated to NHS Greater Glasgow and Clyde is £204.331m and East Dunbartonshire Council is £80.671m as per this report.	20.03.25	01.04.25	01.06.25	Current	No	N/A	Public reports pack 20032025 0930 Health and Social Care Partnership Integration Joint Board.pdf	Public reports pack 20032025 0930 Health and Social Care Partnership Integration Joint Board.pdf	Derrick Pearce, Chief Officer	Finance and Resources		20.03.25
200325-06	HSCP Annual Delivery Plan 2025-26	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Annual Delivery Plan 2025-26. The Annual Delivery Plan draws together the 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. The Annual Delivery Plan is attached as appendix 1 to the cover.	HSCP Annual Delivery Plan 2025-26: The business planning intentions of the HSCP Board for the period 2025-26 in pursuance of the implementation of the current Strategic Plan which covers all delegated functions of the IJB.	The funding implications, both spend and disinvestment, are set out within the body of the Annual Delivery Plan which is attached as appendix 1 to the cover report.	20.03.25	01.04.25	31.03.26	Current	Yes	280324-07	Public reports pack 20032025 0930 Health and Social Care Partnership Integration Joint Board.pdf	Public reports pack 20032025 0930 Health and Social Care Partnership Integration Joint Board.pdf	Derrick Pearce, Chief Officer	East Dunbartonshire HSCP wide services		20.03.25
200325-08	Budget Savings Implementation Commissioned Services	East Dunbartonshire Council only	East Dunbartonshire Council is directed to progress the necessary commissioning and contracting arrangements pursuant with the delivery of the proposed commissioning strategies for services across the HSCP, and with regards to the approval of any savings arising that impact on commissioned services	Third & Voluntary Sector Review	The budget for Third and Voluntary Sector services is £4.6 million.	20.03.25	20.03.25	Jun-25	Current	No	N/A	Public reports pack 20032025 0930 Health and Social Care Partnership Integration Joint Board.pdf	Public reports pack 20032025 0930 Health and Social Care Partnership Integration Joint Board.pdf	Derrick Pearce, Chief Officer	Commissioned Services	Defer to September 2025 UB	20.03.25
200325-11	Financial Performance Budget 2024/25 – Month 10	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2024/25 – all functions set out within Appendix 1.	The budget delegated to NHS Greater Glasgow and Clyde is £201.666m and East Dunbartonshire Council is £72.772m as per this report.	20.03.25	20.03.25	26.06.25	Current	Yes	230125-09	Public reports pack 20032025 0930 Health and Social Care Partnership Integration Joint Board.pdf	Public reports pack 20032025 0930 Health and Social Care Partnership Integration Joint Board.pdf	Derrick Pearce, Chief Officer	Finance and Resources		20.03.25

02.06.25																		
Complete or Superseded																		
Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Current	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Most Recent Review (Date)	
180124-04	Supporting access to primary healthcare in Twechar	NHS Greater Glasgow and Clyde Health Board only	The IJB directs the NHS Greater Glasgow and Clyde Primary Care Support team to progress with any necessary business associated with the permanent closure of the Twechar Healthy Living and Enterprise Centre satellite GP clinic with immediate effect.	Primary Care Family Medical Services, Primary Care Improvement Plan services, Health Improvement, Community Pharmacy	Nil	18.01.2024	18.01.2024	N/A Single Action Direction	Complete	No	N/A	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	file:///C:/Users/MCLEAV~1/AppData/Local/Temp/MicrosoftDownloads/935d6702-7e3c-4dfe-af09-60d792cc5751/NHSP%20Board%20Meeting%20Paper%20180124-04.pdf	Caroline Sinclair, Chief Officer	Community Health and Care Services	N/A	18.01.2024	
180124-06	East Dunbartonshire HSCP Digital Strategy 2023 - 25	East Dunbartonshire Council and NHSGGC	Support from partner agencies in the delivery of the HSCP Digital Strategy as set out in Appendix 1 to the report.	HSCP Digital Infrastructure	The HSCP currently holds a small non-recurring reserve to support the delivery of HSCP priorities and beyond access to partner capital funding and wider digital funding as available.	18.01.2024	18.01.2024	Annually update on delivery of overall strategy – January 2025, regular updates to PAR Committee through ADP updates.	Current	No	N/A	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	file:///C:/Users/MCLEAV~1/AppData/Local/Temp/MicrosoftDownloads/935d6702-7e3c-4dfe-af09-60d792cc5751/NHSP%20Board%20Meeting%20Paper%20180124-06.pdf	Caroline Sinclair, Chief Officer	Finance and Resources	Strategy will be reviewed in line with Strategic Plan 2025-2030 and in line with medium term financial plan	18.01.24	
180124-08	Alcohol and Drugs Partnership Strategy 2023 - 2025	East Dunbartonshire Council and NHSGGC	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: • Approve the updated Alcohol and Drugs Partnership Strategy 2023-25	Alcohol and Drug Partnership / Alcohol and Drugs Recovery Service	Funding for the implementation of the East Dunbartonshire ADP Strategy is provided centrally by Scottish Government.	18.01.2024	18.01.2024		Dec-25	Current	Yes	240621-11 & 290623-08	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	file:///C:/Users/MCLEAV~1/AppData/Local/Temp/MicrosoftDownloads/935d6702-7e3c-4dfe-af09-60d792cc5751/NHSP%20Board%20Meeting%20Paper%20180124-08.pdf	Caroline Sinclair, Chief Officer	Adult Health and Social Care	IJB November 2025 or January 2026	27.05.25
180124-09	Financial Planning 2024/25 Update	East Dunbartonshire Council	East Dunbartonshire Council is directed to progress proposal for increasing the levels of charging across 3 key areas within the SW non-residential charging policy through the Council governance and decision making forums for implementation from 1st April 2024 in line with the business case attached as Appendix 2 to the report.	Budget 2024/25 – income generated through non-residential charging policy.	The proposal is expected to generate additional income of £0.390m to be delegated to East Dunbartonshire Council to support the delivery of social work services during 2024/25.	18.01.2024	18.01.2024		21.03.2024	Complete	No	N/A	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	file:///C:/Users/MCLEAV~1/AppData/Local/Temp/MicrosoftDownloads/935d6702-7e3c-4dfe-af09-60d792cc5751/NHSP%20Board%20Meeting%20Paper%20180124-09.pdf	Caroline Sinclair, Chief Officer	Finance and Resources	Updated as superseded by 280324-06 although not noted on direction	19.09.24
180124-12	Financial Performance Budget 2023/24 – Month 8	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2023/24 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £179.140m and East Dunbartonshire Council is £74.377m as per this report.	18.01.2024	18.01.2024		21.03.2024	Complete	Yes	Yes supersedes 161123-15	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	file:///C:/Users/MCLEAV~1/AppData/Local/Temp/MicrosoftDownloads/935d6702-7e3c-4dfe-af09-60d792cc5751/NHSP%20Board%20Meeting%20Paper%20180124-12.pdf	Caroline Sinclair, Chief Officer	Finance and Resources	N/A	28.03.2024
280324-04	Learning Disability Strategy 2024 - 2029	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow & Clyde NHS Board to: • Support implementation of the Learning Disability Strategy 2024-29.	Provision of Social Work and NHS services to adults with learning disabilities.	Core funding	28.03.2024	28.03.2024		Mar-29	Current	No	N/A	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	file:///C:/Users/MCLEAV~1/AppData/Local/Temp/MicrosoftDownloads/935d6702-7e3c-4dfe-af09-60d792cc5751/NHSP%20Board%20Meeting%20Paper%2028_03_2024.pdf	Caroline Sinclair, Chief Officer	Adult Health and Social Care	N/A	28.03.2024
280324-06	HSCP Financial Planning & Annual Budget Setting 2024/25	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council is directed to spend the delegated net budget of £76.812m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £174.908m (incl. £38.382m related to set aside) in line with the Strategic Plan and the budget outlined within this report.	Budget 2024/25 – all functions set out within Appendix 8.	The budget delegated to NHS Greater Glasgow and Clyde is £174.908m and East Dunbartonshire Council is £76.812m as per this report.	28.03.2024	01.04.2024		Jun-24	Complete	Yes	Yes superseded 180124-09	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	file:///C:/Users/MCLEAV~1/AppData/Local/Temp/MicrosoftDownloads/935d6702-7e3c-4dfe-af09-60d792cc5751/NHSP%20Board%20Meeting%20Paper%2028_03_2024.pdf	Caroline Sinclair, Chief Officer	Finance and Resources	Update provided at August 2024 IJB	19.09.24
280324-07	HSCP Annual Delivery Plan 2024-25 (Title amended)	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Annual Delivery Plan 2024-25. The Annual Delivery Plan draws together the 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. The Annual Delivery Plan is attached as appendix 1 to the cover report.	HSCP Annual Delivery Plan 2024-25: The business planning intentions of the HSCP Board for the period 2024-25 in pursuance of the implementation of the current Strategic Plan which covers all delegated functions of the IJB.	The funding implications, both spend and disinvestment, are set out within the body of the Annual Delivery Plan which is attached as appendix 1 to the cover report.	28.03.2024	01.04.2024		31.04.2025	Superseded	Yes	230323-07	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	file:///C:/Users/MCLEAV~1/AppData/Local/Temp/MicrosoftDownloads/935d6702-7e3c-4dfe-af09-60d792cc5751/NHSP%20Board%20Meeting%20Paper%2028_03_2024.pdf	Caroline Sinclair, Chief Officer	Finance and Resources	Superseded by 200325-06	20.03.25
280324-10	Financial Performance Budget 2023/24 – Month 10	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2023/24 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £186.544m and East Dunbartonshire Council is £75.091m as per this report.	28.03.2024	28.03.2024		27.06.2024	Superseded	Yes	180124-12	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	file:///C:/Users/MCLEAV~1/AppData/Local/Temp/MicrosoftDownloads/935d6702-7e3c-4dfe-af09-60d792cc5751/NHSP%20Board%20Meeting%20Paper%2028_03_2024.pdf	Caroline Sinclair, Chief Officer	Finance and Resources	Update to come to November IJB - will be superseded by year end finance report for 23/24	19.09.24
270624-08	Alcohol & Drugs Partnership (ADP) Annual Report and Mat Standards Update 2024	East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: • Approve the Alcohol and Drug Partnership annual report 2024.	Alcohol and Drug Partnership / Alcohol and Drugs Recovery Service	Funding for the implementation of the East Dunbartonshire ADP priorities is provided centrally by Scottish Government.	27.06.2024	28.03.24		Jun-25	Current	No	N/A	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	Caroline Sinclair, Chief Officer	Adult Health and Social Care	Update to come to IJB September 2025.	27.05.25
290824-02	Financial Sustainability & Budget Planning 2024 - 26	East Dunbartonshire Council	East Dunbartonshire Council is directed to implement the actions associated with budget savings proposals approved through the IJB in relation to 10% reduction across prescribed voluntary sector providers, cease funding for the OPAL service, cease prescribed housing support contracts, cease prescribed mental health service contract and cease the provision of the care of gardens service as set out in detail within the report and within the attached PIDS.	A range of budget saving proposals set out within the report to reduce or cease expenditure in relation to voluntary sector funding, housing support contracts, MH / ADRS provision and care of gardens.	The totality of the budget delegated to East Dunbartonshire Council for the delivery of Social Work services is £76.378m and the proposal within this report will deliver £0.860m in a full year with Qtr4 savings expected in 2024/25 for the areas related to contract cessation / reduction to ensure we deliver within the financial envelope available.	29.08.2024	29.08.2024		Mar-25	Complete	Yes	Supersedes 280324-06	N/A	N/A	Derrick Pearce, Interim Chief Officer	Finance and Resources	Update supersedes 280324-06 as not noted on the direction 290824-02.	29.08.2024
190924-07	East Dunbartonshire HSCP – Local Advocacy Plan 2024-2027	East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: • Approve the Local Advocacy Plan 2024-2027 which supports the delivery of the NHS GGC Advocacy Strategy.	Provision of advocacy services to adults and children in East Dunbartonshire.	Provision of advocacy services in East Dunbartonshire is funded through a mixture of Scottish Government funded national initiatives, NHS GGC and funding directly on behalf of the IJB for locally commissioned services.	19.09.24	19.09.24		Sep-27	Current	No	N/A	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	Derrick Pearce, Interim Chief Officer	Adult Health and Social Care	N/A	19.09.24
190924-08	Mental Health Alcohol and Drug Recovery Review and Redesign	East Dunbartonshire Council	East Dunbartonshire Council is directed to implement the recommendations of the review of mental health and drug recovery services delivered through the commissioned service providers within East Dunbartonshire and ensure the appropriate contractual underpinning is in place to secure and ensure quality of service provision across these services.	HSCP Mental Health and Drug Recovery Commissioned Services	The totality of the budget delegated to East Dunbartonshire Council for the delivery of commissioned mental health and drug recovery services is £654k.	19.09.24	19.09.24		Mar-25	Current	Yes	Yes – in part 240621-11	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	Derrick Pearce, Interim Chief Officer	Adult Health and Social Care	Further update to come to IJB in September or November 2025	23.01.25
190924-20	Scotland Excel (SXL) Care and Support Framework Agreement	East Dunbartonshire Council	East Dunbartonshire Council is directed to implement the recommendations within the report and put in place the necessary contractual arrangements for call off from the SXL framework and implement the full range of options set out in the paper to mitigate the financial impact of moving onto the new framework agreement.	All care and home and supported living services falling under the SXL contractual framework.	The totality of the budget delegated to East Dunbartonshire Council for the delivery of care at home and supported living services under the SXL framework agreement is £22.9m.	19.09.24	19.09.24		Mar-25	Superseded	No	N/A	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	Derrick Pearce, Interim Chief Officer	Finance and Resources	Superseded by 200325-08 and will be updated at an IJB September/November 2025 in line with commissioning of new tenders	23.01.25
141124-10	Financial Performance Budget 2024/25 – Month 5	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1	Budget 2024/25 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £194.852m and East Dunbartonshire Council is £77.532m as per this report.	14.11.24	14.11.24		23.01.25	Superseded	Yes	280324-10	https://eastdunbarton.moderngov.co.uk/Content/Documents.aspx?DocId=1488Mid+1132	https://eastdunbarton.moderngov.co.uk/Content/Documents.aspx?DocId=1488Mid+1139	Derrick Pearce, Interim Chief Officer	Finance and Resources	Superseded by 230125-09	23.01.25

Update: 02.06.25
Complete or Superseded

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Current	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Most Recent Review (Date)	
190123-05	Older People's Social Support Strategy	East Dunbartonshire Council only	The IJB hereby directs East Dunbartonshire Council to: • Progress the activities associated with enacting the preferred delivery option for centre based day services and social support for older people. • Support the preferred option and its associated activities as determined by the Service Review carried out by the Older People's Day Care Delivery Group.	• Centre based day care for older people • Centre based day care for older people from BAME communities • Alternatives to day care social support • Older People Local Area Co-ordination • Human Resources • Strategic Commissioning	The total budget relating to older people's social support in 2022/23 is £1,568,423	19.01.2023	19.01.2023	01/01/2026 - * see comment	Current	Yes	300622-04	Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Chief Officer	Community Health and Care Services	To be extended to March 2026. Update on progress of OPSS being taken to IJB on 20.03.25	20.03.25	
190123-11	Financial Performance Budget	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2022/23 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £137.450m and East Dunbartonshire Council is £71.555m as per this report.	19.01.2023	19.01.2023	23.03.2023	Superseded	Yes	171122-12. Superseded by 230323-11	Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Chief Officer	Finance and Resources		19.01.2023	
230323-06	HSCP Financial Planning & Annual Budget Setting 2023/24	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council is directed to spend the delegated net budget of £73.226m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £156.997m (incl. £38.362m related to set aside) in line with the Strategic Plan and the budget outlined within this report.	Budget 2023/24 – all functions set out within Appendix 7.	The budget delegated to NHS Greater Glasgow and Clyde is £156.997m and East Dunbartonshire Council is £73.226m as per this report.	23.03.23	01.04.23	May-23	Superseded	No	N/A	Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Chief Officer	Finance and Resources		23.03.23	
230323-07	HSCP Annual Delivery Plan 2023-24	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Annual Delivery Plan 2023-24. The Annual Delivery Plan draws together the 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. The Annual Delivery Plan is attached as appendix 1 to the cover report.	HSCP Annual Delivery Plan 2023-24: The business planning intentions of the HSCP Board for the period 2023-24 in pursuance of the implementation of the current Strategic Plan which covers all delegated functions of the IJB.	The funding implications, both spend and disinvestment, are set out within the body of the Annual Delivery Plan which is attached as appendix 1 to the cover report.	23.03.23	01.04.23	31.03.24	Complete	Yes	240422-06	Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Chief Officer	Finance and Resources		28.03.2024	
230323-10	Carers Strategy	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: • Support the continuation of the existing Carers Strategy 2019-22 until completion of the new Carers Strategy 2023-26, which will be presented for IJB approval in June 2023.	Implementation of the Carers' (Scotland) Act 2016	The total budget relating to carer short break services and core funding of Carers Link in 2022/23 is £808,099	23.03.23	23.03.23		Jun-23	Superseded	No	N/A	Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Chief Officer	EDHSCP		29.06.23
230323-11	Financial Performance Budget 2022/23 – Month 10	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2022/23 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £138.414m and East Dunbartonshire Council is £71.907m as per this report.	23.03.23	23.03.23	Reviewed for IJB – budget 2022/23 monitoring report will supersede this direction planned for 15th June 2023.	Superseded	Yes	190123 - 11	Need link to published paper on the HSCP webpage	N/A	Caroline Sinclair, Chief Officer	Finance and Resources		23.03.23	
290623-07	Carers Strategy	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: • Support the new Carers Strategy 2023-26, which will be presented for IJB approval in June 2023.	Implementation of the Carers' (Scotland) Act 2016	The total budget to support the Carers' (Scotland) Act 2016 is £441,818 in 2022/23.	29.06.23	23.03.23		Mar-26	Current	Yes	230323-10	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	N/A	Caroline Sinclair, Chief Officer	Adult Services		29.06.23
290623-08	East Dunbartonshire Alcohol and Drugs Partnership Strategy 2023-25	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: • Support the proposal to extend the Alcohol and Drug Partnership Strategy 2023-25. The extended strategy will be presented to the HSCP Board.	Alcohol and Drug Partnership / Alcohol and Drugs Recovery Service	Funding for the implementation of the East Dunbartonshire ADP Strategy is provided centrally by Scottish Government.	29.06.23	23.03.23		Mar-25	Complete	Yes	250321-04	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	N/A	Caroline Sinclair, Chief Officer	Mental Health Services	Reviewed as complete 27.05.25. Updated as Superseded by 180124-08 although not noted on Direction	27.05.25
290623-09	Mental Health Recovery And Renewal Phase 2 – Regional Services Developments	NHS Greater Glasgow & Clyde only	The IJB hereby directs Greater Glasgow & Clyde NHS Board to: • Note retrospective approval to the submission to the NHS West of Scotland Planning Group of the requested skeleton proposal on how NHSGGCC would contribute to, or deliver, the regional aspects of the programme. This skeleton proposal was based on the high level summary outlined at section 3.6 of the report	Submission of outline proposals to deliver the regional components of the CAMHS Mental Health Recovery and Renewal Phase 2 Regional Services	The total budget relating to the MHRR P2 work is to be contained within the 6.2m allocated to for this purpose.	29.06.23	29.06.23		Jun-24	Superseded	No	N/A	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	N/A	Caroline Sinclair, Chief Officer	Specialist Childrens Services		29.06.23

290623-11	Financial Performance Budget 2022/23 – Month 12 (Year End Outturn- and Unaudited Annual Accounts 2022/23	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2022/23 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £137.042m and East Dunbartonshire Council is £71.437m as per this report.	29.06.23	29.06.23	14.09.23	Superseded	Yes	230323-11	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	N/A	14.09.23	Caroline Sinclair, Chief Officer	Finance and Resources		20.12.23	
140923-08	Mental Health Recovery And Renewal Phase 2 – Regional Services Development Submission to Scottish Government	Greater Glasgow & Clyde NHS Board	The IJB hereby directs Greater Glasgow & Clyde NHS Board to: • to progress delivery of the content of the CAMHS Mental Health Recovery and Renewal Phase 2 Regional Services submission, should confirmation of acceptance be received from Scottish Government.	CAMHS Mental Health Recovery and Renewal Phase 2 Regional Services	The total budget relating to the MHRR P2 work is to be contained within the Scottish Government funding allocated to for this purpose.	14.09.23	14.09.23	Sep-24	Complete	Yes	290623-09	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	N/A		Caroline Sinclair, Chief Officer	Specialist Childrens Services	Update - IJB 23.01.25. New Direction 230125-04	23.01.25	
140923-12	Financial Performance Budget 2023/24 – Month 4	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2023/24 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £179.604m and East Dunbartonshire Council is £74.149m as per this report.	14.09.23	14.09.23		Reviewed for IJB – budget 2023/24 monitoring reports will supersede this direction planned for 16th November 2023.	Superseded	Yes	290623-11 *amended	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	N/A	14.09.23	Caroline Sinclair, Chief Officer	Finance and Resources		14.09.23
161123-05	HSCP Winter Plan 2023/2024	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	The IJB Directs the partner organisations to deploy and/or recruit workforce employed by either organisation in line with the aims states in the HSCP Winter Plan 2023/24	Adult Community Nursing Services Community Rehabilitation Service Primary Care and Family Health Services Older People's Mental Health Service Care at Home Service Commissioned 3rd and Independent Sector Services Locality Social Work Services and Hospital Assessment Team Planning, Performance and Quality Service Business Support Service	The Winter Plan for 2023/24 is expected to cost £1,242m and this will be met from the remaining reserves balances for Adult Winter Planning (£1.983m) and other funding sources including continuing care, care home collaborative funding.	16.11.23	16.11.23	May-24	Complete	No	N/A	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	N/A		Caroline Sinclair, Chief Officer	Adult Health and Social Care	Update to come to IJB November 2024.	24.12.24	
161123-08	Recommended Scottish Allowance (Foster and Kinship Care)	East Dunbartonshire Council	East Dunbartonshire Council is directed to implement the Recommended Scottish Allowance (Foster and Kinship Care), backdated to 1 April 2023 utilising the budget made available by Scottish Government for this purpose at the levels outlined in Appendix 1.	Payments to Foster and Kinship carers utilising allocated budget	The budget delegated to East Dunbartonshire Council for this purpose is £233,198.31 as per appendix 1 of the report.	16.11.23	16.11.23		Reviewed for IJB – budget 2024/25 arrangements will move to baseline allocation to Local Authorities and so will form part of the overall IJB budget management and reporting requirements for the year. No further separate direction on this budget line is expected.	Complete	No	N/A	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	N/A	19.09.24	Caroline Sinclair, Chief Officer	Children and Families		19.09.24
161123-15	Financial Performance Budget 2023/24 – Month 6	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2023/24 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £171.924m and East Dunbartonshire Council is £74.144m as per this report.	16.11.23	16.11.23		Reviewed for IJB – budget 2023/24 monitoring reports will supersede this direction planned for 18th January 2024.	Superseded	Yes	140923-12	https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care	N/A		Caroline Sinclair, Chief Officer	Finance and Resources		16.01.2024

**East Dunbartonshire HSCP Performance, Audit & Risk (PAR) Committee Agenda
Planner
Meetings
January 2025 – October 2026**

Updated 11/06/2025

Standing items (every meeting)
Minutes of last meeting (CFO)
Internal Audit Update (GMcC)
HSCP Annual Delivery Plan Update (CFO)
HSCP Corporate Risk Register (CFO)
HSCP Performance Management Reports (AW / AC)
Committee Agenda Planner (CFO/CO/SMT)
Care Inspectorate Reports as available
Relevant Audit Scotland reports as available
HSCP PAR Committee Agenda Items – January 2025
Internal Audit Update (GMcC)
Internal Audit Follow Up Report (GMcC)
Performance Management Update Qtr2/3 24/25 (AC / AW)
Accounts Commission – Integration Joint Boards Finance and Performance 2024
Unaudited Accounts 2023/2024
Corporate Risk Register Update
HSCP PAR Committee Agenda Items – 13th March 2025 (tentative)
Internal Audit Plan 2025/26 and Audit Update (GMcC)
Final Audited Accounts 2023/2024 (CFO) - tbc

Performance Management Update Qtr3 22/23 (AC / AW)
HSCP Directions Log Progress Update
Corporate Risk Register Update
HSCP PAR Committee Agenda Items – 19th June 2025
Internal Audit Plan 2025/26 and Audit Update (PB)
Annual Audit Progress Report – External Audit (Mazars)
Criminal Justice Validation Report (CC)
Community Wellbeing Funding (CC)
Performance Management Update Qtr4 24/25 (AC / AW)
HSCP Directions Log Progress Update
Corporate Risk Register Update
Audit Scotland Report into GP practices and the Primary Care Strategy (FMcJ)
HSCP PAR Committee Agenda Items – 11-18th September 2025 (to be confirmed)
Audited Annual Accounts 2023/24 (CFO)
Mazars Annual Audit Report 31 st March 2024 (TR)
Mazars Audit Plan 2024/2025 (TR)
Unaudited Accounts 2024/025
HSCP PAR Committee Agenda Items – 6th November 2025 (tentative)
Final Audited Annual Accounts 2024/25 (CFO)
Mazars Annual Audit Report (TR)
Whistleblowing Policy
Performance Management Update Qtr 2 25/26 (AC / AW)
HSCP PAR Committee Agenda Items – 15th January 2026 (tentative)
HSCP PAR Committee Agenda Items – 12th March 2026 (tentative)
Internal Audit Plan 2026/27 (GMcC)

Annual Audit Plan – External Audit (Mazars)
Whistleblowing Policy Update
Performance Management Update Qtr3 25/26 (AC / AW)
HSCP PAR Committee Agenda Items – June 2026
Annual Internal Audit Report (GMcC)
Final Internal Audit Follow Up Report (GMcC)
Unaudited Annual Accounts 2025/26 (CFO)
Performance Management Update Qtr4 25/26 (AC / AW)
HSCP Directions Log Progress Update
HSCP Board Agenda Items – October 2026
Internal Audit Report
HSCP Delivery Plan 2026-2027 Qtr 2
HSCP Corporate Risk Register Update