

**East Dunbartonshire HSCP  
Performance Audit & Risk Committee Meeting**

**Thursday 20<sup>th</sup> June 2024 at 2pm  
Meeting will be held virtually via MS Teams**

**AGENDA**

<b>Item.</b>	<b>Lead</b>	<b>Description</b>	<b>Update</b>	<b>For Noting/Approval</b>
1.	J Forbes	Welcome and Introductions	Verbal	Noting
2.	J Forbes	Minutes of Last Meeting – 14 <sup>th</sup> March 2024	Paper	Approval
3.	T Reid	Forvis Mazars – Annual Audit Plan for Year Ending 31 <sup>st</sup> March 2024	Paper	Approval
4.	J Campbell	Forvis Mazars – Audit of East Dunbartonshire IJB's Financial Statements for the year ending 31 <sup>st</sup> March 2024	Paper	Approval
5.	G McConnachie	HSCP Annual Internal Audit Update and Report 2023/24	Paper	Approval
6.	J Campbell	Unaudited Annual Accounts 2023/24	Paper	To Follow
7.	J Campbell	HSCP Annual Delivery Plan Update – Qtr 4 2023/24	Paper	Noting
8.	J Campbell	HSCP Corporate Risk Register Update	Paper	Approval
9.	A Craig/ A Willacy	Annual Performance Report 2023/24	Paper	Approval
10.	J Campbell	HSCP Directions Log Update	Paper	Approval
11.	C Carthy	East Dunbartonshire Council Adoption Service Inspection Report	Paper	Approval
12.	C Carthy	East Dunbartonshire Council Continuing Care Service – Adult Placement Service Inspection Report	Paper	Approval

13.	C Carthy	East Dunbartonshire Council Fostering Service Inspection Report	Paper	Approval
14.	C Carthy	Care Inspectorate Prison Based Social Work Thematic Inspection	Paper	Noting
15.	J Campbell	East Dunbartonshire HSCP Performance, Audit & Risk (PAR) Committee Agenda Planner Meetings January 2024 – December 2024  Updated 24/05/2024	Paper	Noting
16.	J Forbes	A.O.C.B	Verbal	Noting
17.	J Forbes	Date of next meeting – 26 <sup>th</sup> September 2024  IJB – 19 <sup>th</sup> September 2024	Verbal	Noting

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

**Date: Thursday 14<sup>th</sup> March 2024 at 2pm**

**Location: Via MS Teams**

<b>Present:</b>		
	Jacqueline Forbes (Chair) NHS Non - Executive Member	<b>JF</b>
	Calum Smith EDC Cllr, Depute Leader	<b>CSm</b>
	Ian Ritchie NHS Non - Executive Member	<b>IR</b>
	Ketki Miles NHS Non - Executive Member	<b>KM</b>
	Susan Murray EDC Cllr, Elected Member	<b>SM</b>
	Alan Moir EDC Cllr, Elected Member	<b>AM</b>
	Caroline Sinclair Chief Officer & Chief Social Work Officer	<b>CS</b>
	David Aitken Head of Adult Services	<b>DA</b>
	Derrick Pearce Head of Community Health and Care	<b>DP</b>
	Claire Carthy Head of Children's Services and Criminal Justice	<b>CC</b>
	Jean Campbell Chief Finance & Resource Officer	<b>JC</b>
	Tom Quinn Head of People and Change	<b>TQ</b>
	Gillian McConnachie Chief Internal Audit and Risk Manager	<b>GMcC</b>
	Ishana Singh Manager at Mazars, External Auditors	<b>IS</b>
	Vandrew McLean Corporate Business Manager	<b>VMcL</b>
<b>Minutes:</b>	Sarah Hogg PA to SMT	<b>SH</b>
	Jacqueline Hughes PA to SMT (in attendance)	<b>JH</b>

<b>Item No.</b>	<b>Topic</b>	<b>Action by</b>
<b>1.</b>	<b>Welcome and Apologies</b>	<b>JF</b>
	The Chair welcomed the committee members present. Apologies received from Tom Reid, Mazars	
<b>2.</b>	<b>Minutes of previous meeting.</b>	<b>JF</b>
	Minutes from the previous meeting were agreed and accepted with amendments noted:  It was requested apologies to be noted for A Moir at the January 2024 meeting. Clarification on initials of Caroline Sinclair (CSI) and Calum Smith (CSm). JC highlighted there had been some resource issues and deadlines note achieved, pushing some items back to June 2024.	<b>SH</b>
<b>3.</b>	<b>HSCP Internal Audit Plan Update to January 2024</b>	<b>GMcC</b>
	The HSCP Internal Audit Plan Update to January 2024 paper was presented to the group for approval, and GMcC highlighted a number of points to the committee:  <ul style="list-style-type: none"> <li>2 audits have taken place; Audit 7 Interim Care Home Funding and Audit 8 Internal Audit Planning 24/25 in the period December 2023 to January 2024.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Audits continue to be conducted as part of the audit plan.</li> <li>• Work in progress includes Social Work Payments, with primary objective to mitigate against overpayments to providers. A revised protocol has been developed and implemented in February 2023. The protocol has been reviewed by Auditors and is not working as intended, with Auditors in process of agreeing an action plan with management.</li> <li>• A full update and agreed action plan will be brought to next committee meeting.</li> <li>• Interim Care Home Funding Report has detailed five key actions to be progressed. Medium risks have been identified. Appendix 1 – Action Plan High Risk Extract was provided to members</li> <li>• Actions with target dates of January and February are completed providing assurance significant improvements are in progress.</li> <li>• Proposed internal audit plan 24/25 included in papers for review as at Appendix 2.</li> <li>• Table 1 one has planned areas of focus identified as high and risk discussed with HSCP SMT.</li> <li>• High level summary of work completed by NHSGG&amp;C auditors has been requested within some high level information provided, a comprehensive update can be brought to the next committee.</li> </ul> <p>IR asked It was raised the lack of modification to the ongoing work of service transformation in the internal audit. GMcC confirmed the decisions on changes are management decisions, this audit report focuses on risks and associated risks within services. Consultancy advice can be provided if requested by management or by the IJB committee for a specific focus.</p> <p>It was requested additional detail to be added providing an update on actions ongoing.</p> <p>The HSCP Internal Audit Plan Update to January 2024 was approved.</p>	
<p><b>4.</b></p>	<p><b>Mazars – Audit Progress Report 2023/2024</b></p>	<p><b>IS</b></p>
	<p>The Mazars Progress Report 2023/2024 was presented for noting the external audit of East Dunbartonshire Integration Joint Board and points highlighted were:</p> <ul style="list-style-type: none"> <li>• Planning work for the 2023/24 audit will start in March 2024.</li> <li>• The Annual Audit Plan will be brought to the next Committee meeting. A draft timeline and risk assessment for the 2023/2024 audit is included in papers. It is anticipated final fieldwork will be completed in August and September 2024.</li> <li>• The final review of accounts will be undertaken starting in August with completion in September 2024 and will be brought to the September committee.</li> <li>• Risks have been identified for 2023/2024 audit in line with last year audit with only one continuing from last year management override of controls.</li> </ul>	

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	IS clarified the management override control is on all audits as an inherited risk because of person specific override.  The Mazars Progress Report was noted by committee members.	
<b>5.</b>	<b>HSCP Corporate Risk Register</b>	<b>JC</b>
	<p>The HSCP Corporate Risk Register was presented for approval JC highlighted that from the last quarterly update in January 2024:</p> <ul style="list-style-type: none"> <li>• Service Risk Registers are reviewed monthly. Operational risk continue to be monitored and broken down in the report.</li> <li>• The Corporate Risk Register is reviewed Quarterly by the SMT.</li> <li>• The total risks included in the register in this period has reduced by 1 to 14 risks.</li> <li>• The 1 risk removed is associated with the absence of suitable coverage by infection control personnel to facilitate assessment of clinical space has been resolved and the item has been removed from the corporate risk register and returned to the service risk register for monitoring. 9 risks are considered high however following management actions this reduces to 4 high risk areas relating to finance and transformational change with the remaining risks falling to medium.</li> <li>• There have been minor changes to the risk scores this period.</li> <li>• The risk narrative of HSCP 02 has been reviewed and updated on the outcome recommendations from the Adult Support &amp; Protection inspection.</li> <li>• Additional management actions have been included for risks HSCP01, HSCP04, HSCP05, HSCP06, HSCP09 and HSCP13 which will seek to mitigate the risk score to achieve the target risk scores set for these organisational risks.</li> </ul> <p>JF asked is there can be additional description and dates on the risk register to clarify scores and target risk scores, similar to the NHSGG&amp;C CMT Risk Register which has improved the presentation of data. JC agreed to adapt the spreadsheet.</p> <p>The content of the HSCP Corporate Risk Register was approved.</p>	
<b>6.</b>	<b>HSCP Q3 Performance Report 2023-2024</b>	<b>JC</b>
	<p>The HSCP Q3 Performance Report was presented for noting and the points highlighted were:</p> <ul style="list-style-type: none"> <li>• The report is from October 2023 to December 2023, reporting on a preset suite of performance targets and measures.</li> <li>• Public Health Scotland and various board wide systems and displayed summary comparison of performance against targets and other HSCPs in NHS GG&amp;C.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• The Committee is invited to consider performance across each of the indicators and measures, which are aligned to the delivery of the national health and wellbeing outcomes and the HSCP strategic priorities.</li> <li>• Within the report are:             <ul style="list-style-type: none"> <li>- 18 positively performing indicators. 2 are currently above target.</li> <li>- 7 negatively performing indicators. 5 of which are improving but remain below target.</li> <li>- Section 5.6. CAMHS waiting times target exceeding 90% is being met within the 18 weeks between referral to treatment. 92.8% in ED HSCP are now attending for their first appointment within the timescale.</li> <li>- Section 7. Criminal Justice services achieved 100% compliance in 3 key performance indicators areas.</li> </ul> </li> </ul> <p><b>Questions:</b> IR asked as to the work undertaken between the HSCP and General Practitioner services to support the ongoing pressures of unscheduled care within the acute services. It was confirmed the HSCP continues to work with services and engage with General Practitioners to support the clinical decision making made in community settings developing self-management and planned care in a proactive approach. Tracking work is in place for repeat A&amp;E attenders. There is work ongoing with Practices for those with respiratory conditions, with access to rescue medications. It was also noted the locality is split East and West with East receiving acute care from the GRI and West receiving acute care from the QEUH. IR asked if Flow Navigation Centres help redirect to local resources, so that there can be treatment in patients own homes rather than presentation at emergency departments. DP confirmed that preferences is to look after people in their own homes or local. There is work underway to expand skills for those in local teams, including access to Senior Clinical Decision Makers. There has not been the anticipated level of referrals and there is investigation into the variation from hospital to local services.</p> <p>Members noted the HSCP Q3 Performance Report.</p>	
7.	<b>Review of Whistleblowing Activity 2023/24</b>	<b>TQ</b>
	<p>The review of the Whistleblowing Activity 2023/24 was presented for noting and the points highlighted were:</p> <ul style="list-style-type: none"> <li>• The report sets out the legislative parameters that relate to staff and services working for East Dunbartonshire HSCP and the supports available to staff.</li> <li>• The report should provide reassurance of the culture of openness and honesty in being able to raise concerns to either Whistleblowing Policy (NHSGG&amp;C and EDC). The documents are published on the HSCP webpage with links back to NHSGG&amp;C or EDC policies.</li> <li>• NHSGGC is covered by the 9 Whistleblowing Standards as set out by the Independent Whistleblowing Officer, including Standard 8 which is specific to the working of HSCPs.</li> <li>• To date there have been no Whistleblowing concerns raised through either East Dunbartonshire Council, NHSGGC or the HSCP directly.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• HSCP has several other initiatives in place which give staff the opportunity to raise complaints and or concerns, as noted in the report. This includes Turas and PDP review and having a conversation reflecting on how the year has went. Regular supervision and support sessions should be in place for staff. This will also be covered in the HSCP Induction sessions and HSCP Induction booklet.</li> <li>• The HSCP participates in the annual iMatter staff survey and has done since its inception, continually rating well in areas of staff communications:             <ul style="list-style-type: none"> <li>- Well Informed – 82%</li> <li>- Involved in Decisions – 76%</li> <li>- Treated Fairly with Dignity and respect in an environment where Diversity is values – 82%.</li> <li>- Provided with a safe working environment – 82%.</li> <li>- I feel appreciated for the work I do – 80%.</li> <li>- My work gives me a sense of achievement – 85%.</li> </ul> </li> </ul> <p><b>Questions:</b></p> <p>It was noted there was a lack of Grievance data in the report. It was highlighted the open culture embedded in the workplace supports the few grievances raised as resolved through early resolution. KM thanked TQ for assurance on this matter. TQ detailed the importance of iMatter Action Planning and the importance of maintaining a supportive culture.</p> <p>It was suggested this item to be brought back to the audit committee in 3/6 months as further data from the 2024 iMatters survey will have been received and can be presented alongside the ‘Speak Up’ campaign to provide a current picture of the HSCP culture.</p> <p>Members noted an update on Whistleblowing Activity 2023-2024 and that the group can expect;</p> <ul style="list-style-type: none"> <li>• Regular updates on number of Whistleblowing claims made to either EDC, NHSGGC or the HSCP about services delivered by the HSCP.</li> <li>• Copies of information provided as part of National Speak up week in Oct 2024, and confirmation of how this information has been delivered across the HSCP and its Hosted services.</li> </ul>	
<p><b>8.</b></p>	<p><b>Joint Adult Support &amp; Protection Inspection Report</b></p> <p>The Joint Inspection of Adult Support &amp; Protection Services – Inspection Report and Action Plan was presented for noting and DA highlighted to members:</p> <ul style="list-style-type: none"> <li>• The focus of the joint inspection was to provide:             <ul style="list-style-type: none"> <li>- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported.</li> <li>- Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007.</li> <li>- An opportunity to identify good practice and support improvement more broadly across Scotland.</li> </ul> </li> <li>• The Inspection Team conducted the investigation focussing upon two areas of our work and quality indicators:</li> </ul>	<p><b>DA</b></p>

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	<ul style="list-style-type: none"> <li>- Key adult support and protection processes</li> <li>- Leadership for adult support and protection.</li> </ul> <p>The Inspection was undertaken in phases between November 2023 and January 2024. The embargoed report was published 5<sup>th</sup> March 2024, and the report was finally published 12<sup>th</sup> March 2024.</p> <ul style="list-style-type: none"> <li>• The Joint Inspection team report against the two key quality indicators using an assessment grading of: <ul style="list-style-type: none"> <li>- Very Effective</li> <li>- Effective with recommendations</li> <li>- Important areas of weakness</li> </ul> </li> <li>• East Dunbartonshire’s Joint Inspection report highlights significant areas of good practice and areas for further development and concluded on an assessment grading for the two quality indicators: <ul style="list-style-type: none"> <li>- Key adult support and protection processes - <b>Effective with Recommendations</b></li> <li>- Leadership for adult support and protection - <b>Effective with Recommendations</b></li> </ul> </li> <li>• The following four areas within the report were highlighted as areas of strength and good practice: <ul style="list-style-type: none"> <li>- Adult support and protection inquiries were undertaken in line with the revised code of practice.</li> <li>- The quality of completed chronologies.</li> <li>- Adult support and protection investigations were competent and comprehensive.</li> <li>- Strategic leadership.</li> </ul> </li> </ul> <p>JF noted the comments were complimentary and evidenced good practice. There were some gaps identified on the action plan and asked that an update was brought back to the committee in 3/6 months to provide assurance. It was confirmed the action plan in place to address the areas for improvement will also be taken to the Clinical Care Governance and the Adult Support Protection Committee who will oversee the ongoing work. It was highlighted the HSCP has adopted the new code of practice in its entirety therefore in the inspection includes a number of additional cases where previously would not have been.</p> <p>Members noted the publication of the Joint Inspection of Adult Support and Protection Services in East Dunbartonshire; noted that the Action Plan in response to the inspection findings will be overseen by the Adult Protection Committee reporting to the Chief Officer’s Group.</p>	
9.	<b>Audit Scotland Report – NHS in Scotland</b>	<b>CS</b>
	The Audit Scotland report on the NHS in Scotland 2023 was presented to the group for noting.	



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	<p>The report reflects the significant challenges, complexities and need for short, medium and long-term investment and reform to ensure the future sustainability of the NHS in Scotland.</p> <ul style="list-style-type: none"> <li>• The key messages from the report were summarised to the group: <ul style="list-style-type: none"> <li>- Significant service transformation is required to ensure the financial sustainability of Scotland's health service.</li> <li>- The NHS, and its workforce, is unable to meet the growing demand for health services. Activity in secondary care has increased in the last year but it remains below pre-pandemic levels and is outpaced by growing demand.</li> <li>- There are a range of strategies, plans, and policies in place for the future delivery of healthcare, but no overall vision. To shift from recovery to reform, the Scottish Government needs to lead on the development of a clear national strategy for health and social care.</li> </ul> </li> </ul> <p>JF noted that the report was an interesting read, and questioned whether the direction for GGC aligns with Scottish Government. What is the direction and process needed to take us where we need to go? JF asked for reflections from other HSCP IJB's on the document.</p> <p>The Audit Scotland Report - NHS in Scotland Report was noted.</p>	
<b>10.</b>	<b>HSCP PAR Agenda Planner</b>	<b>JC</b>
	<p>The HSCP PAR Agenda Planner was presented for noting and JC has requested if there are any items to be included in future meetings that these could be included on the Agenda planner. There were no additional items tabled at the meeting.</p> <p>The HSCP PAR Agenda Planner was noted.</p>	Info
<b>11.</b>	<b>AOCB</b>	<b>ALL</b>
	None	
<b>12.</b>	<b>Date of Next Meeting: 20<sup>th</sup> June 2024.</b>	<b>ALL</b>

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

**DATE OF MEETING:** 20<sup>TH</sup> JUNE 2024

**REPORT REFERENCE:** PERF/200624/03

**CONTACT OFFICER:** JEAN CAMPBELL, CHIEF FINANCE &  
RESOURCES OFFICER (07583902000)

**SUBJECT TITLE:** FORVIS MAZARS – ANNUAL AUDIT PLAN FOR  
YEAR ENDING 31<sup>ST</sup> MARCH 2024

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**1.0 PURPOSE**

1.1 The purpose of this report is to update the committee on Forvis Mazars Annual Audit Plan 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 Plan for the IJB.

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

### **3.0 BACKGROUND/MAIN ISSUES**

**3.1** The Annual Audit Plan sets out the scope of engagement, planned scope and audit approach with timelines, significant risks and key judgements, the wider audit scope and best value, proposed audit fee for the year, a commitment to independence and materiality and mis-statements.

**3.2** A copy of the Annual Audit Plan for 2023/24 is included as **(Appendix 1)**.

### **4.0 IMPLICATIONS**

The implications for the Committee are as undernoted.

**4.1** Relevance to HSCP Board Strategic Plan 2022 – 2025 Priorities

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

The 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 plan will review the financial performance of the IJB 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). 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 Annual Audit Plan for the year ending 31 March 2024.



# Annual Audit Plan

**East Dunbartonshire Integration Joint Board - Year ending 31 March 2024**

**June 2024**

Performance, Audit and Risk Committee  
East Dunbartonshire Integration Joint Board  
10 Saramago Street  
Kirkintilloch  
G66 3BF

11 June 2024

Forvis Mazars

100 Queen Street  
Glasgow  
G1 3DN

Dear Performance, Audit and Risk Committee Members,

### **Annual Audit Plan – Year ending 31 March 2024**

We are pleased to present our Annual Audit Plan for the East Dunbartonshire Integration Joint Board for the year ending 31 March 2024. The purpose of this document is to summarise our audit approach, highlight significant audit risks and areas of key judgements and provide you with the details of our audit team. As it is a fundamental requirement that an auditor is, and is seen to be, independent of its clients, section 7 of this document also summarises our considerations and conclusions on our independence as auditors. We consider two-way communication with you to be key to a successful audit and important in:

- reaching a mutual understanding of the scope of the audit and the responsibilities of each of us;
- sharing information to assist each of us to fulfil our respective responsibilities;
- providing you with constructive observations arising from the audit process; and
- ensuring that we, as external auditors, gain an understanding of your attitude and views in respect of the internal and external operational, financial, compliance and other risks facing the East Dunbartonshire Integration Joint Board which may affect the audit, including the likelihood of those risks materialising and how they are monitored and managed.

Forvis Mazars LLP –100 Queen Street –Glasgow –G1 3DN


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With that in mind, we see this document, which has been prepared following our initial planning discussions with management, as being the basis for a discussion around our audit approach, any questions, concerns or input you may have on our approach or role as auditor. This document also contains an appendix that outlines our key communications with you during the course of the audit and forthcoming accounting issues and other issues that may be of interest to you.

Providing a high-quality service is extremely important to us and we strive to provide technical excellence with the highest level of service quality, together with continuous improvement to exceed your expectations. If you have any concerns or comments about this report or our audit approach, please contact me on +44 (0)7816 354 994.

Yours faithfully,  
Signed:



Tom Reid  
Forvis Mazars



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This document is to be regarded as confidential to the East Dunbartonshire Integration Joint Board. It has been prepared for the sole use of the Performance, Audit and Risk Committee as the appropriate sub-committee charged with governance. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

## Engagement and responsibilities summary

# Engagement and responsibilities summary



## Overview of engagement

We are appointed to perform the external audit of the East Dunbartonshire Integration Joint Board (the IJB) for the year to 31 March 2024. The scope of our 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). Our responsibilities are principally derived from the Local Government (Scotland) Act 1973 (the 1973 Act) and the Code of Audit Practice, as outlined below and overleaf.

Engagement area	Responsibilities
 <p>Audit opinion</p>	<p>We are responsible for forming and expressing an independent opinion on whether the financial statements are prepared, in all material respects, in accordance with all applicable statutory requirements. Our audit does not relieve management or the Performance, Audit and Risk Committee, as Those Charged With Governance, of their responsibilities.</p> <p>The Chief Finance and Resources Officer is responsible for the assessment of whether it is appropriate for the East Dunbartonshire Integration Joint Board to prepare its accounts on a going concern basis. As auditors, we are required to obtain sufficient appropriate audit evidence regarding, and conclude on:</p> <ul style="list-style-type: none"> <li>a) whether a material uncertainty related to going concern exists; and</li> <li>b) consider the appropriateness of the Chief Finance and Resources Officer’s use of the going concern basis of accounting in the preparation of the financial statements.</li> </ul>
 <p>Internal control</p>	<p>Management is responsible for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.</p> <p>We are responsible for obtaining an understanding of internal control relevant to our audit and the preparation of the financial statements to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the IJB’s internal control.</p>

# Engagement and responsibilities summary

## Overview of engagement (continued)

Engagement area	Responsibilities
 <p>Fraud</p>	<p>The responsibility for safeguarding assets and for the prevention and detection of fraud, error and non-compliance with law or regulations rests with both Those Charged With Governance and management. This includes establishing and maintaining internal controls over compliance with relevant laws and regulations, and the reliability of financial reporting.</p> <p>As part of our audit procedures in relation to fraud we are required to enquire of those charged with governance, including key management and internal audit as to their knowledge of instances of fraud, the risk of fraud and their views on internal controls that mitigate the fraud risks. In accordance with International Standards on Auditing (UK), we plan and perform our audit so as to obtain reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. However, our audit should not be relied upon to identify all such misstatements.</p>
 <p>Wider scope and Best Value</p>	<p>We are also responsible for reviewing and reporting on the wider scope arrangements that the IJB has in place and its arrangements to secure Best Value. We discuss our approach to wider scope and Best Value work further in section 5 of this report.</p>

# 02

Your audit engagement team

# Your audit team



**Tom Reid**  
**Engagement Director**

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# 03

Audit scope, approach, and timeline

# Audit scope, approach, and timeline

## Audit scope

Our audit approach is designed to provide an audit that complies with all professional requirements.

Our audit of the financial statements will be conducted in accordance with International Standards on Auditing (UK), relevant ethical and professional standards, our own audit approach and in accordance with the terms of our engagement. Our work is focused on those aspects of your activities which we consider to have a higher risk of material misstatement, such as those impacted by management judgement and estimation, application of new accounting standards, changes of accounting policy, changes to operations or areas which have been found to contain material errors in the past.

## Audit approach

Our audit approach is risk-based, and the nature, extent, and timing of our audit procedures are primarily driven by the areas of the financial statements we consider to be more susceptible to material misstatement. Following our risk assessment where we assess the inherent risk factors (subjectivity, complexity, uncertainty, change and susceptibility to misstatement due to management bias or fraud) to aid in our risk assessment, we develop our audit strategy and design audit procedures to respond to the risks we have identified.

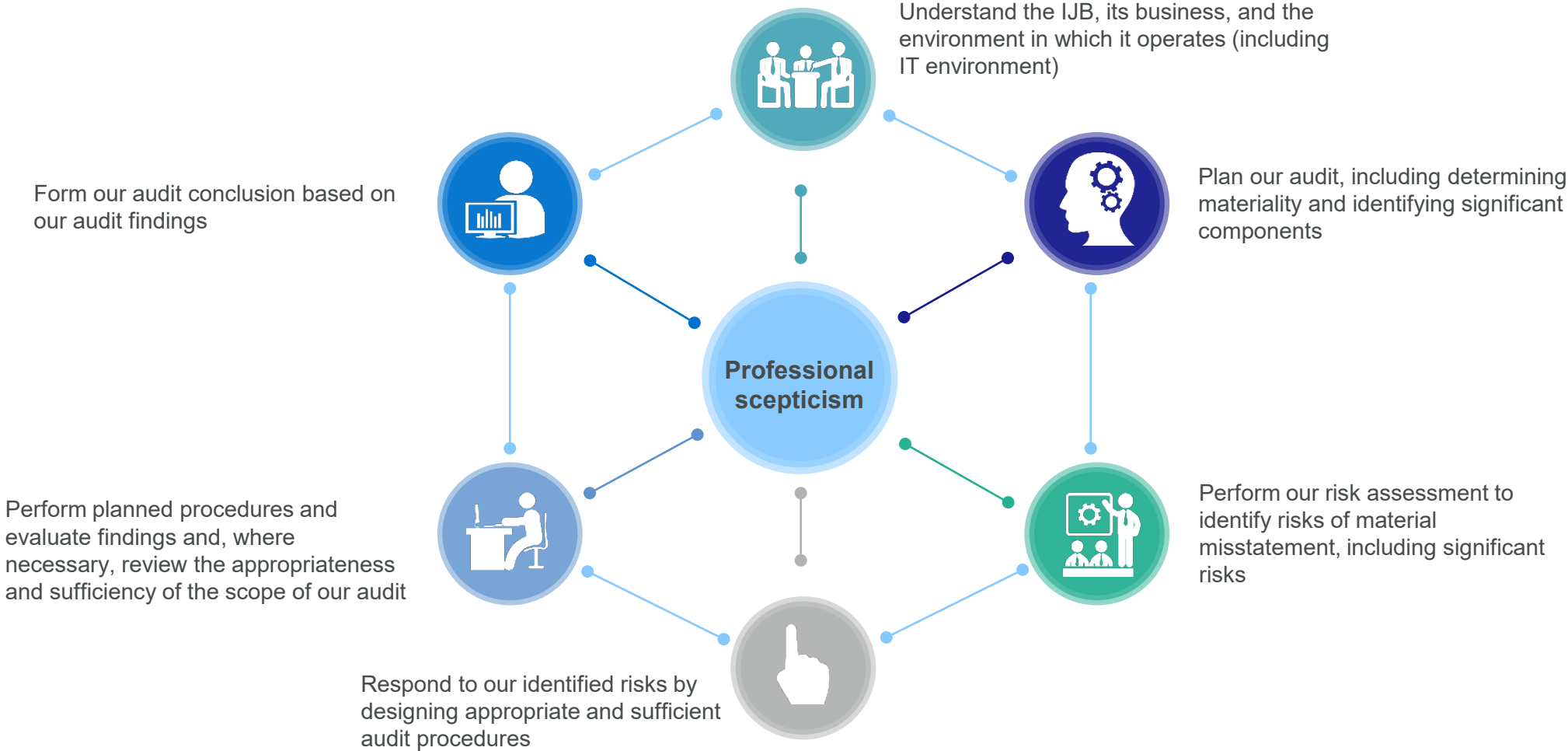
If we conclude that appropriately-designed controls are in place, we may plan to test and rely on those controls. If we decide controls are not appropriately designed, or we decide that it would be more efficient to do so, we may take a wholly substantive approach to our audit testing where, in our professional judgement, substantive procedures alone will provide sufficient appropriate audit evidence. Substantive procedures are audit procedures designed to detect material misstatements at the assertion level and comprise tests of detail (of classes of transaction, account balances, and disclosures), and substantive analytical procedures. Irrespective of our assessed risks of material misstatement, which takes account of our evaluation of the operating effectiveness of controls, we are required to design and perform substantive procedures for each material class of transaction, account balance, and disclosure.

Our audit will be planned and performed so as to provide reasonable assurance that the financial statements are free from material misstatement and give a true and fair view. The concept of materiality and how we define a misstatement is explained in more detail in section 8.

The diagram on the next page outlines the procedures we perform at the different stages of the audit.

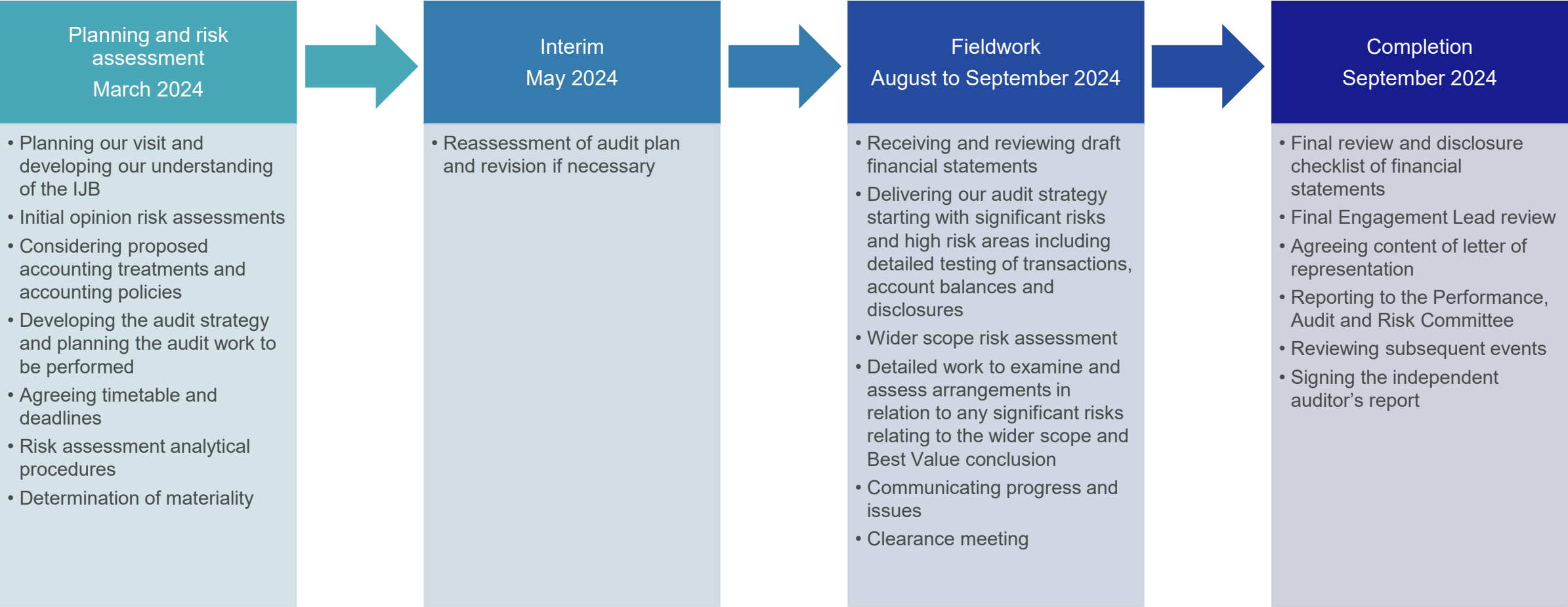
# Audit scope, approach, and timeline (continued)

## Risk-based approach



# Audit scope, approach, and timeline (continued)

## Audit timeline



## Audit scope, approach, and timeline (continued)

### Reliance on internal audit

Where possible we will seek to utilise the work performed by internal audit to modify the nature, extent and timing of our audit procedures. We will meet with internal audit to discuss the progress and findings of their work prior to the commencement of our controls evaluation procedures.

Where we intend to rely on the work on internal audit, we will evaluate the work performed by your internal audit team and perform our own audit procedures to determine its adequacy for our audit.

## Significant risks and other key judgement areas



# Significant risks and other key judgement areas

Following the risk assessment approach discussed in section 3 of this document, we have identified risks relevant to the audit of financial statements. The risks that we identify are categorised as significant, enhanced or standard. The definitions of the level of risk rating are given below:

## Significant risk

A risk that is assessed as being at or close to the upper end of the spectrum of inherent risk, based on a combination of the likelihood of a misstatement occurring and the magnitude of any potential misstatement. A fraud risk is always assessed as a significant risk (as required by auditing standards), including management override of controls and revenue recognition.

## Enhanced risk

An area with an elevated risk of material misstatement at the assertion level, other than a significant risk, based on factors/ information inherent to that area. Enhanced risks require additional consideration but do not rise to the level of a significant risk. These include but are not limited to:

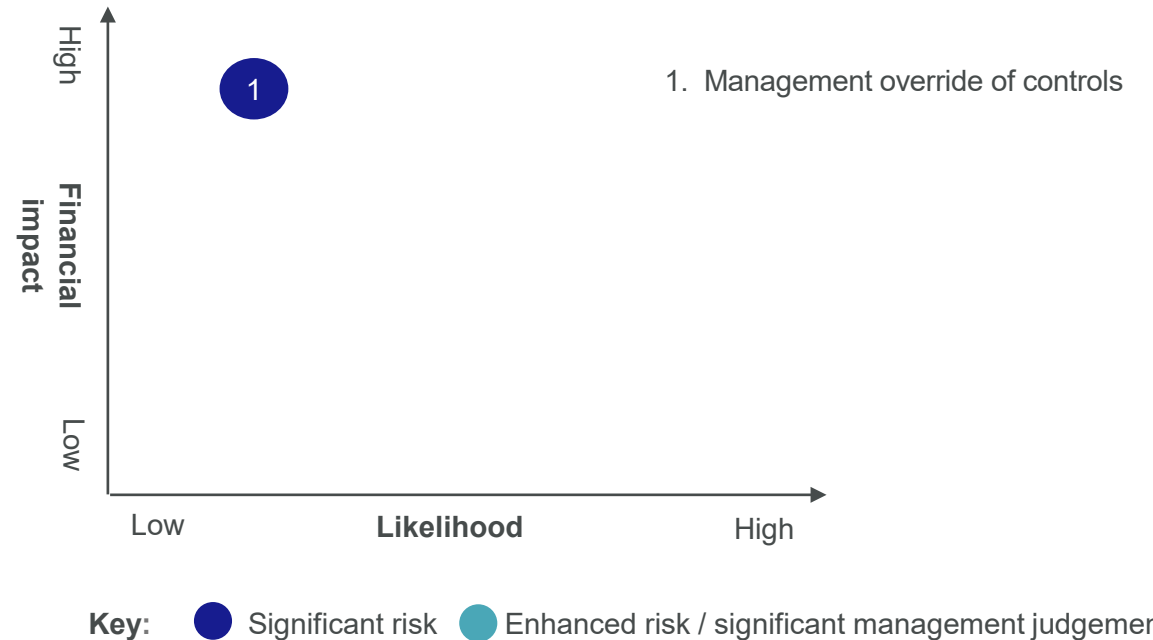
- Key areas of management judgement and estimation uncertainty, including accounting estimates related to material classes of transaction, account balances, and disclosures but which are not considered to give rise to a significant risk of material misstatement; and
- Risks relating to other assertions and arising from significant events or transactions that occurred during the period.

## Standard risk

A risk related to assertions over classes of transaction, account balances, and disclosures that are relatively routine, non-complex, tend to be subject to systematic processing, and require little or no management judgement/ estimation. Although it is considered that there is a risk of material misstatement, there are no elevated or special factors related to the nature of the financial statement area, the likely magnitude of potential misstatements, or the likelihood of a risk occurring.

## Summary risk assessment

The summary risk assessment, illustrated in the table below, highlights those risks which we deem to be significant and other enhanced risks in respect of the IJB. We have summarised our audit response to these risks on the next page.



## Significant risks and other key judgement areas (continued)

### Specific identified audit risks and planned testing strategy

We have presented below in more detail the reasons for the risk assessment highlighted above, and also our testing approach with respect to significant risks. An audit is a dynamic process, should we change our view of risk or approach to address the identified risks during the course of our audit, we will report this to the Performance, Audit and Risk Committee.

### Significant risks

	Description	Fraud	Error	Judgement	Planned response
1	<p><b>Management override of controls</b> This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur.</p> <p>Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.</p>	Yes	No	No	<p>We plan to address the management override of controls risk by:</p> <ul style="list-style-type: none"> <li>• reviewing the key areas within the financial statements where management has used judgement and estimation techniques and consider whether there is evidence of unfair bias;</li> <li>• examining any accounting policies that vary from The Code of practice on Local Authority in the United Kingdom (the Code);</li> <li>• testing the appropriateness of adjustments made in preparing the financial statements; and</li> <li>• considering and testing any significant transactions outside the normal course of business or otherwise unusual.</li> </ul>

## Significant risks and other key judgement areas (continued)

### Consideration of risks related to revenue and expenditure recognition

As set out in International Standard on Auditing (UK) 240: The auditor's responsibilities relating to fraud in an audit of financial statement, there is a presumed risk of fraud over the recognition of revenue. There is a risk that revenue may be misstated resulting in a material misstatement in the financial statements. We consider the risk of fraud to be low because the IJB is almost wholly funded by NHS Greater Glasgow and Clyde and East Dunbartonshire Council. Therefore, as in 2022/23, we have rebutted this risk.

Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom highlights that, as most public-sector bodies are net spending bodies, the risk of material misstatement due to fraud related to expenditure may in some cases be greater than the risk relating to revenue recognition. We have not recognised an increased risk in relation to expenditure on the basis that all the IJB's transactions are processed by the partner bodies, NHS Greater Glasgow and Clyde and East Dunbartonshire Council, rather than the IJB directly.

Therefore, at this stage, we are not proposing to include specific work in our audit plan in these areas over and above our standard audit procedures. An audit is a dynamic process, should we change our view of risk or approach to address the identified risks during the course of our audit, we will report this to the Performance, Audit and Risk Committee.

### Protocol for Auditor Assurance 2023/24

The IJB depends on information for its financial reporting which is provided by systems hosted by NHS Greater Glasgow and Clyde and East Dunbartonshire Council (constituent authorities).

We will therefore need to obtain sufficient appropriate audit evidence which may not be held by the IJB. In line with Audit Scotland's Protocol for Auditor Assurance 2023/24: Integration joint boards we will request assurances from the auditors of each constituent authority.

## Significant risks and other key judgement areas (continued)

### Other considerations

In consideration of ISA (UK) 260 *Communication with Those Charged with Governance*, as part of our audit we obtain the views of, and enquire whether Performance, Audit and Risk Committee has knowledge of, the following matters:

- Did you identify any other risks (business, laws & regulation, fraud, going concern etc.) that may result in material misstatements?
- Are you aware of any significant communications with the regulators?
- Are there any matters that you consider warrant particular attention during the course of our audit, and any areas where you would like additional procedures to be undertaken?

We plan to do this by formal letter to Performance, Audit and Risk Committee which we will obtain prior to completing our audit.

### Significant difficulties encountered during the course of audit

In accordance with ISA (UK) 260 *Communication with Those Charged with Governance*, we are required to communicate certain matters to Performance, Audit and Risk Committee which include, but are not limited to, significant difficulties, if any, that are encountered during our audit. Such difficulties may include matters such as:

- Significant delays in management providing information that we require to perform our audit.
- An unnecessarily brief time within which to complete our audit.
- Extensive and unexpected effort to obtain sufficient appropriate audit evidence.
- Unavailability of expected information.

- Restrictions imposed on us by management.
- Unwillingness by management to make or extend their assessment of an entity's ability to continue as a going concern when requested.

We will highlight to you on a timely basis should we encounter any such difficulties (if our audit process is unduly impeded, this could require us to issue a modified auditor's report).

# 05

Wider scope and Best Value

# Wider scope and Best Value

## The framework for wider scope work

The Code of Audit Practice sets out the four areas that frame the wider scope of public sector audit. We are required to form a view on the adequacy of the IJB's arrangements in four areas:

1. Financial management
2. Financial sustainability
3. Vision, leadership, and governance
4. Use of resources to improve outcomes

### Financial management

Financial management means having sound budgetary processes. Audited bodies require the ability to understand the financial environment and whether internal controls are operating effectively. Auditors consider whether the body has effective arrangements to secure sound financial management.

### Financial sustainability

Financial sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs. Auditors consider the extent to which audited bodies have shown regard to financial sustainability. They look ahead to the medium term (two to five years) and longer term (over five years) to consider whether the body is planning effectively so that it can continue to deliver services.

### Vision, leadership and governance

Audited bodies must have a clear vision and strategy, and set priorities for improvement within this vision and strategy. They work together with partners and communities to improve outcomes and foster a culture of innovation. Auditors consider the clarity of plans to implement the vision, strategy and priorities adopted by the leaders of the audited body. They also consider the effectiveness of governance arrangements for delivery.

### Use of resources to improve outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. Auditors consider the clarity of the arrangements in place to ensure that resources are deployed to improve strategic outcomes, meet the needs of service users taking account of equalities, and deliver continuous improvements in priority services.

## Wider scope and Best Value (continued)

### **Our approach**

Our planned audit work against the four wider scope areas is risk based and proportionate. We need to gather sufficient evidence to support our commentary on the IJB's arrangements and to identify and report on any significant weaknesses. We will carry out more detailed work where we identify significant risks. Where significant weaknesses are identified we will report these to the IJB and make recommendations for improvement. In addition to local risks, we consider challenges that are affecting the public sector as a whole.

### **Best Value**

Under the Code of Audit Practice, the audit of Best Value in IJBs is fully integrated within our wider scope annual audit work. We report on how the IJB demonstrates and reports that it has Best Value arrangements in place, to secure continuous improvement. We are not expected to carry out detailed or separate work on the Best Value themes. Instead, our audit findings on financial management, financial sustainability and aspects of the governance arrangements provide assurance on key aspects of the Best Value themes on Governance and Accountability and The Use of Resources.

# Wider scope and Best Value (continued)

## Wider scope risks

The Code of Audit Practice requires us to consider the significant audit risks in areas defined in the Code as the wider scope audit.

The table below outlines the wider scope recommendations we identified in 2022/23. We have not identified any significant risks during our planning.

We will report any further identified risks to the Performance, Audit and Risk Committee on completion of our planning and risk identification work

	Description	Financial management	Financial sustainability	Vision, leadership and governance	Use of resources to improve outcomes	Planned procedures
1	<p><b>Savings and transformation plans – Level 3</b></p> <p>The IJB should develop a clear plan for identifying the programme of savings, transformation and service redesign, needed to meet its financial challenges in upcoming years.</p>		Yes			Review the IJB’s progress in identifying transformation and service redesign programmes with a medium/longer term focus in support of delivering a balanced budget.



06

Audit fees and other services

# Audit fees and other services

## Fees for audit and other services

Our fees (exclusive of VAT and disbursements) for the audit of the East Dunbartonshire Integration Joint Board's financial statements for the year ended 31 March 2024 are outlined below.

## Fees for work as the IJB's appointed auditor

At this stage of the audit, we are not planning any divergence from the expected fees set by Audit Scotland, which is available on the Audit Scotland website: [Audit Scotland expected fees for 2023/24 audits](#).




Area of work	2023/24 Proposed Fee	2022/23 Actual Fee
Auditor remuneration	£35,890	£33,860
Pooled costs	£1,310	£0
Contribution to PABV costs	£7,660	£6,440
Audit support costs	£0	£1,280
Sectoral cap adjustment	(£11,500)	(£10,110)
<b>Total fee</b>	<b>£33,360</b>	<b>£31,470</b>

We have not provided any non-audit services to the IJB during the year.

07

Confirmation of our independence

# Confirmation of our independence

Area		Description
	<b>Requirements</b>	We comply with the International Code of Ethics for Professional Accountants, including International Independence Standards issued by the International Ethics Standards Board for Accountants together with the ethical requirements that are relevant to our audit of the financial statements in the UK reflected in the ICAEW Code of Ethics and the FRC Ethical Standard 2019.
	<b>Compliance</b>	We are not aware of any relationship between Mazars and the East Dunbartonshire Integration Joint Board that, in our professional judgement, may reasonably be thought to impair our independence. We are independent of the East Dunbartonshire Integration Joint Board and have fulfilled our independence and ethical responsibilities in accordance with the requirements applicable to our audit.
	<b>Non-audit and Audit fees</b>	We have set out a summary of any non-audit services provided by Mazars (with related fees) to the East Dunbartonshire Integration Joint Board in Section 6, together with our audit fees and independence assessment.

## Confirmation of our independence (continued)

We are committed to independence and confirm that we comply with the FRC's Ethical Standard. In addition, we have set out in this section any matters or relationships we believe may have a bearing on our independence or the objectivity of our audit team.

Based on the information provided by you and our own internal procedures to safeguard our independence as auditors, we confirm that in our professional judgement there are no relationships between us and any of our related or subsidiary entities, and you and your related entities, that create any unacceptable threats to our independence within the regulatory or professional requirements governing us as your auditors.

We have policies and procedures in place that are designed to ensure that we carry out our work with integrity, objectivity, and independence. These policies include:

- All partners and staff are required to complete an annual independence declaration.
- All new partners and staff are required to complete an independence confirmation and complete annual ethical training.
- Rotation policies covering audit engagement partners and other key members of the audit team.
- Use by managers and partners of our client and engagement acceptance system, which requires all non-audit services to be approved in advance by the audit engagement partner.

We confirm, as at the date of this report, that the engagement team and others in the firm as appropriate, Forvis Mazars LLP are independent and comply with relevant ethical requirements. However, if at any time you have concerns or questions about our integrity, objectivity or independence, please discuss these with Tom Reid in the first instance.

Our most recent routine conflict check has identified that the firm provides a personal tax return service for a member of the East Dunbartonshire Integration Joint Board's senior management team. We have provided the relevant details to our Ethics Partner who has advised that because the East Dunbartonshire Integration Joint Board is not a Public Interest Entity (PIE), not an Other Entity of Public Interest (OEPI), listed entity or a body covered by the Local Audit & Accountability Act (LAA) 2014, it is not subject to the non-audit services ban set out in the FRC's Ethical Standard 2019 paragraph 5.40.

The Ethical Standard (para 5.87) goes on to set out that the provision of personal tax services provided to management or directors of non-PIE/OEPI (or listed or LAA) audit clients are not prohibited because the services are contracted by and paid for by the individual (not the East Dunbartonshire Integration Joint Board). In this context, the personal tax service is not viewed as a non-audit service provided to the audit client.

Prior to the provision of any non-audit services, Tom Reid will undertake appropriate procedures to consider and fully assess the impact that providing the service may have on our independence as auditor.

Principal threats to our independence and the associated safeguards we have identified and/ or put in place are set out in Framework Agreement issued by Audit Scotland available from the Audit Scotland website: [Audit Scotland Framework Agreement \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk). Any emerging independence threats and associated identified safeguards will be communicated in our Annual Audit Report.

## Materiality and misstatements

# Materiality and misstatements

## Definitions

Materiality is an expression of the relative significance or importance of a particular matter in the context of the financial statements as a whole.

Misstatements in the financial statements are considered to be material if they could, individually or in aggregate, reasonably be expected to influence the economic decisions of users based on the financial statements.

## Materiality

We determine materiality for the financial statements as a whole (overall materiality) using a benchmark that, in our professional judgement, is most appropriate to entity. We also determine an amount less than materiality (performance materiality), which is applied when we carry out our audit procedures and is designed to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds overall materiality. Further, we set a threshold above which all misstatements we identify during our audit (adjusted and unadjusted) will be reported to the Performance, Audit and Risk Committee.

Judgements on materiality are made in light of surrounding circumstances and are affected by the size and nature of a misstatement, or a combination of both. Judgements about materiality are based on a consideration of the common financial information needs of users as a group and not on specific individual users.

An assessment of what is material is a matter of professional judgement and is affected by our perception of the financial information needs of the users of the financial statements. In making our assessment we assume that users:

- Have a reasonable knowledge of business, economic activities, and accounts;

- Have a willingness to study the information in the financial statements with reasonable diligence;
- Understand that financial statements are prepared, presented, and audited to levels of materiality;
- Recognise the uncertainties inherent in the measurement of amounts based on the use of estimates, judgement, and consideration of future events; and
- Will make reasonable economic decisions based on the information in the financial statements.

We consider overall materiality and performance materiality while planning and performing our audit based on quantitative and qualitative factors

When planning our audit, we make judgements about the size of misstatements we consider to be material. This provides a basis for our risk assessment procedures, including identifying and assessing the risks of material misstatement, and determining the nature, timing and extent of our responses to those risks.

The overall materiality and performance materiality that we determine does not necessarily mean that uncorrected misstatements that are below materiality, individually or in aggregate, will be considered immaterial.

We revise materiality as our audit progresses should we become aware of information that would have caused us to determine a different amount had we been aware of that information at the planning stage.

## Materiality and misstatements (continued)

### Materiality (continued)

We consider that total expenditure is the key focus of users of the financial statements and, as such, we base our materiality levels around this benchmark.

We expect to set a materiality threshold of 2% of total expenditure.

As set out in the table below, based on the audited 22/23 financial statements we anticipate overall materiality for the year ended 31 March 2024 to be in the region of £4.7m (£4.7m in the prior year), and performance materiality to be in the region of £3.2m (£3.2m in the prior year).

We will continue to monitor materiality throughout our audit to ensure it is set at an appropriate level.

### East Dunbartonshire IJB financial statements

	2023/24 £'000s	2022/23 £'000s
Overall materiality	4,700	4,700
Performance materiality	3,200	3,200
Clearly trivial	138	138
Specific materiality		
We assess the Remuneration Report as sensitive given users' interest in this specific area. We are proposing to set materiality in this area at £1,000.	1	1



# Materiality and misstatements (continued)

## Misstatements

We will accumulate misstatements identified during our audit that are above our determined clearly trivial threshold.

We have set a clearly trivial threshold for individual misstatements we identify (a reporting threshold) for reporting to the Performance, Audit and Risk Committee and management that is consistent with a threshold where misstatements below that amount would not need to be accumulated because we expect that the accumulation of such amounts would not have a material effect on the financial statements.

Based on our preliminary assessment of overall materiality, our proposed clearly trivial threshold is £138k, based on 3% of overall materiality. If you have any queries about this, please raise these with Tom Reid.

Each misstatement above the reporting threshold that we identify will be classified as:

- **Adjusted:** Those misstatements that we identify and are corrected by management.
- **Unadjusted:** Those misstatements that we identify that are not corrected by management.

We will report all misstatements above the reporting threshold to management and request that they are corrected. If they are not corrected, we will report each misstatement to the Performance, Audit and Risk Committee as unadjusted misstatements and, if they remain uncorrected, we will communicate the effect that they may have individually, or in aggregate, on our audit opinion.

Misstatements also cover quantitative misstatements, including those relating to the notes of the financial statements.

## Reporting

In summary, we will categorise and report misstatements above the reporting threshold to the Performance, Audit and Risk Committee as follows:

- Adjusted misstatements;
- Unadjusted misstatements; and
- Disclosure misstatements (adjusted and unadjusted).

# Appendices

A: Key communication points

B: Current year updates, forthcoming accounting and other issues

## Appendix A: Key communication points

We value communication with the Performance, Audit and Risk Committee as a two way feedback process at the heart of our client service commitment. ISA (UK) 260 *Communication with Those Charged with Governance* and ISA (UK) 265 *Communicating Deficiencies In Internal Control To Those Charged With Governance And Management* specifically require us to communicate a number of points with you.

Relevant points that need to be communicated with you at each stage of the audit are outlined below.

### Form, timing and content of our communications

We will present the following reports:

- Our Annual Audit Plan; and
- Our Annual Audit Report.

These documents will be discussed with management prior to being presented to yourselves and their comments will be incorporated as appropriate.

### Key communication points at the planning stage as included in this Annual Audit Plan

Our responsibilities in relation to the audit of the financial statements;

- The planned scope and timing of the audit;
- Significant audit risks and areas of management judgement;
- Our commitment to independence;
- Responsibilities for preventing and detecting errors;

- Materiality and misstatements; and
- Fees for audit and other services.

### Key communication points at the completion stage to be included in our Annual Audit Report

- Significant deficiencies in internal control;
- Significant findings from the audit;
- Significant matters discussed with management;
- Significant difficulties, if any, encountered during the audit;
- Qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures;
- Our conclusions on the significant audit risks and areas of management judgement;
- Summary of misstatements;
- Management representation letter;
- Our proposed draft audit report; and
- Independence.

## Appendix A: Key communication points

ISA (UK) 260 *Communication with Those Charged with Governance*, ISA (UK) 265 *Communicating Deficiencies In Internal Control To Those Charged With Governance And Management* and other ISAs specifically require us to communicate the following:

Required communication	Where addressed
Our responsibilities in relation to the financial statement audit and those of management and Those Charged with Governance.	Annual Audit Plan
The planned scope and timing of the audit including any limitations, specifically including with respect to significant risks.	Annual Audit Plan
With respect to misstatements: <ul style="list-style-type: none"> <li>• Uncorrected misstatements and their effect on our audit opinion;</li> <li>• The effect of uncorrected misstatements related to prior periods;</li> <li>• A request that any uncorrected misstatement is corrected; and</li> <li>• In writing, corrected misstatements that are significant.</li> </ul>	Annual Audit Report
With respect to fraud communications: <ul style="list-style-type: none"> <li>• Enquiries of the Performance, Audit and Risk Committee to determine whether they have a knowledge of any actual, suspected or alleged fraud affecting the entity;</li> <li>• Any fraud that we have identified or information we have obtained that indicates that fraud may exist; and</li> <li>• A discussion of any other matters related to fraud.</li> </ul>	Annual Audit Report and discussion at the the Performance, Audit and Risk Committee  Audit planning and clearance meetings
Where relevant, any issues identified with respect to authority to obtain external confirmations or inability to obtain relevant and reliable audit evidence from other procedures.	Annual Audit Report

## Appendix A: Key communication points (continued)

Required communication	Where addressed
<p>Significant matters arising during the audit in connection with the entity’s related parties including, when applicable:</p> <ul style="list-style-type: none"> <li>• Non-disclosure by management;</li> <li>• Inappropriate authorisation and approval of transactions;</li> <li>• Disagreement over disclosures;</li> <li>• Non-compliance with laws and regulations; and</li> <li>• Difficulty in identifying the party that ultimately controls the entity.</li> </ul>	Annual Audit Report
<p>Significant findings from the audit including:</p> <ul style="list-style-type: none"> <li>• Our view about the significant qualitative aspects of accounting practices including accounting policies, accounting estimates and financial statement disclosures;</li> <li>• Significant difficulties, if any, encountered during the audit;</li> <li>• Significant matters, if any, arising from the audit that were discussed with management or were the subject of correspondence with management;</li> <li>• Written representations that we are seeking;</li> <li>• Expected modifications to the audit report; and</li> <li>• Other matters, if any, significant to the oversight of the financial reporting process or otherwise identified in the course of the audit that we believe will be relevant to the East Dunbartonshire Integrated Joint Board or the Performance, Audit and Risk Committee in the context of fulfilling their responsibilities.</li> </ul>	Annual Audit Report
Significant deficiencies in internal controls identified during the audit.	Annual Audit Report and Performance, Audit and Risk Committee meetings

## Appendix A: Key communication points (continued)

Required communication	Where addressed
<p>Audit findings regarding non-compliance with laws and regulations where the non-compliance is material and believed to be intentional (subject to compliance with legislation on tipping off)} and enquiry of the Performance, Audit and Risk Committee into possible instances of non-compliance with laws and regulations that may have a material effect on the financial statements and that the Performance, Audit and Risk Committee may be aware of.</p>	<p>Annual Audit Report and Performance, Audit and Risk Committee meetings</p>
<p>With respect to going concern, events or conditions identified that may cast significant doubt on the entity's ability to continue as a going concern, including:</p> <ul style="list-style-type: none"> <li>• Whether the events or conditions constitute a material uncertainty;</li> <li>• Whether the use of the going concern assumption is appropriate in the preparation and presentation of the financial statements; and</li> <li>• The adequacy of related disclosures in the financial statements.</li> </ul>	<p>Annual Audit Report</p>
<p>Communication regarding our system of quality management, compliant with ISQM 1, developed to support the consistent performance of quality audit engagements. To address the requirements of ISQM (UK) 1, the firm's ISQM 1 team completes, as part of an ongoing and iterative process, a number of key steps to assess and conclude on the firm's System of Quality Management:</p> <ul style="list-style-type: none"> <li>• Ensure there is an appropriate assignment of responsibilities under ISQM1 and across Leadership</li> <li>• Establish and review quality objectives each year, ensuring ISQM (UK) 1 objectives align with the firm's strategies and priorities</li> <li>• Identify, review and update quality risks each quarter, taking into consideration of number of input sources (such as FRC / ICAEW review findings, AQT findings, RCA findings, etc.)</li> <li>• Identify, design and implement responses as part of the process to strengthen the firm's internal control environment and overall quality</li> <li>• Evaluate responses to identify and remediation process / control gaps</li> </ul> <p>We perform an evaluation of our system of quality management on an annual basis. Our first evaluation was performed as of 31 August 2023. Details of that assessment and our conclusion are set out in our 2022/2023 Transparency Report, which is available on our website <a href="#">here</a>.</p>	<p>Annual Audit Plan</p>

# Appendix A: Key communication points (continued)

Required communication	Where addressed
Reporting on the valuation methods applied to the various items in the annual financial statements including any impact of changes of such methods	Annual Audit Report
Indication of whether all requested explanations and documents were provided by the entity	Annual Audit Report

## Appendix B: Current year updates, forthcoming accounting & other issues

### Current and forthcoming accounting issue New standards and amendments

Effective for accounting periods beginning on or after 1 January 2023

#### Amendments to IAS 1 Presentation of Financial Statements and IFRS Practice Statement 2 Making Materiality Judgements: Disclosure of Accounting Policies (Issued February 2021)

The amendments set out new requirements for material accounting policy information to be disclosed, rather than significant accounting policies. Immaterial accounting policy information should not be disclosed as accounting policy information taken in isolation is unlikely to be material, but it is when the information is considered together with other information in the financial statements that may make it material.

#### Amendments to IAS 8 Accounting Policies, Changes in Accounting Estimates and Errors: Definition of Accounting Estimates (Issued February 2021)

The amendment introduces a new definition for accounting estimates and clarifies how entities should distinguish changes in accounting policies from changes in accounting estimates. The distinction is important because changes in accounting estimates are applied prospectively only to future transactions and other future events, but changes in accounting policies are generally applied retrospectively to past transactions and other past events.

#### IFRS 17 Insurance Contracts (issued May 2017) and Amendments to IFRS 17 Insurance Contracts (Issued June 2020)

IFRS 17 is a new standard that will replace IFRS 4 Insurance Contracts (IFRS 4). The standard sets out the principles for the recognition, measurement, presentation and disclosure about insurance contracts issued, and reinsurance contracts held, by entities.

#### Amendments to IFRS 17 Insurance Contracts: Initial Application of IFRS 17 and IFRS 9 Financial Instruments (Issued December 2021)

The amendments address potential mismatches between the measurement of financial assets and insurance liabilities in the comparative period because of different transitional requirements in IFRS 9 and IFRS 17. The amendments introduce a classification overlay under which a financial asset is permitted to be presented in the comparative period as if the classification and measurement requirements of IFRS 9 had been applied to that financial asset in the comparative period. The classification overlay can be applied on an instrument-by-instrument basis.

IFRS 17 Insurance Contracts has not yet been adopted by the FReM. Adoption in the FReM is expected to be from April 2025; early adoption is not permitted.



## Appendix B: Current year updates, forthcoming accounting & other issues (continued)

### Current and forthcoming accounting issue (continued) New standards and amendments (continued)

#### Effective for accounting periods beginning on or after 1 January 2024

The information detailed on this slide is for wider IFRS information only.

#### Amendments to IAS 1 Presentation of Financial Statements: Classification of Liabilities as Current or Non-current (Issued January 2020), Deferral of Effective Date (Issued July 2020) and Non-current Liabilities with Covenants (Issued October 2022)

The January 2020 amendments clarify the requirements for classifying liabilities as current or non-current in IAS 1 by providing clarification surrounding: when to assess classification; understanding what is an 'unconditional right'; whether to determine classification based on an entity's right versus discretion and expectation; and dealing with settlements after the reporting date.

The October 2022 amendments specify how covenants should be taken into account in the classification of a liability as current or non-current. Only covenants with which an entity is required to comply with by the reporting date affect the classification as current or non-current. Classification is not therefore affected if the right to defer settlement of a liability for at least 12 months is subject to compliance with covenants at a date after the reporting date. These amendments also clarify the disclosures about the nature of covenants, so that users of financial statements can assess the risk that non-current debts accompanied by covenants may become repayable within 12 months.

#### Amendments to IAS 16 Leases: Lease Liability in Sale and Leaseback (Issued September 2022)

The amendments include additional requirements to explain how to subsequently measure the lease liability in a sale and leaseback transaction, specifically how to include variable lease payments.

For further information, please refer to our blog article: [Amendments to IFRS 16 Leases – Lease Liability in a Sale and Leaseback](#)

#### Amendments to IAS 7 Statement of Cash Flows and IFRS 7 Financial Instruments: Disclosures: Supplier Finance Arrangements (Issued May 2023)

The amendments introduce changes to the disclosure requirements around supplier finance arrangements with the intention of providing more detailed information to help users analyse and understand the effects of such arrangements.

The amendments provide an overarching disclosure objective to ensure that users of financial statements are able to assess the effects of such arrangements on an entity's liabilities and cash flows, as well as some additional disclosure requirements relating to the specific terms and conditions of the arrangement, quantitative information about changes in financial liabilities that are part of the supplier financing arrangement, and about an entity's exposure to liquidity risk.

For further information, please refer to our blog article: [IASB publishes final amendments on supplier finance arrangements](#)

# Contact

## Forvis Mazars

### Tom Reid

Audit Director

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

**DATE OF MEETING:** 20<sup>TH</sup> JUNE 2024

**REPORT REFERENCE:** HSCP/200624/04

**CONTACT OFFICERS:** JEAN CAMPBELL, CHIEF FINANCE &  
RESOURCES OFFICER, (TELEPHONE 07583  
902000)

GILLIAN MCCONNACHIE, HSCP CHIEF  
INTERNAL AUDITOR, TELEPHONE 0141 574  
5642

**SUBJECT TITLE:** MAZARS – AUDIT OF EAST  
DUNBARTONSHIRE IJB'S FINANCIAL  
STATEMENTS FOR THE YEAR ENDING 31  
MARCH 2024

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**1.0 PURPOSE**

**1.1** The purpose of this report is to seek committee approval on the proposed response to the letter attached at **Appendix 1**, on behalf of the PAR Committee, to Mazars request for information to support the discharge of their responsibilities under International Standards for Auditing.

**2.0 RECOMMENDATIONS**

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

**2.0** Approve the response to Mazars questionnaire, attached as **Appendix 2**, to support and further the discharge of their responsibilities under International Standards for Auditing (ISA) relating to fraud, laws and regulations, litigation and claims and going concern.

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

### **3.0 BACKGROUND/MAIN ISSUES**

- 3.1** Auditing standards require our external auditors, Mazars, to obtain an understanding of how the Performance, Audit and Risk Committee exercises oversight over East Dunbartonshire IJB's management processes and arrangements. This requires to be updated annually and requires a response to a series of questions focussed on preventing fraud in the annual accounts, compliance with law and regulations, litigation and claims and issues related to the IJB as a going concern.
- 3.2** In order to properly discharge the External Auditors responsibilities under International Standards for Auditing, evidence is required of how management and 'those charged with governance' are discharging their responsibilities in these specific areas.
- 3.3** The draft responses to the questions posed by Mazars are set out in **Appendix 2** for committee member's consideration and comment ahead of a final submission by the 31<sup>st</sup> July 2024.

### **4.0 IMPLICATIONS**

The implications for the Committee are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2022-2025 Priorities;-
1. Empowering People
  2. Empowering Communities
  3. Prevention and Early Intervention
  4. Public Protection
  5. Supporting Carers and Families
  6. Improving Mental Health and Recovery
  7. Post-pandemic Renewal
  8. Maximising Operational Integration
- 4.2** Frontline Service to Customers – None
- 4.3** Workforce (including any significant resource implications) – None
- 4.4** Legal Implications – Completion of the questionnaire aids the IJB in meeting its statutory obligation with regards to external audit of the accounts.
- 4.5** Financial Implications – None
- 4.6** Procurement – None
- 4.7** ICT - None
- 4.8** Economic Impact – None
- 4.9** Sustainability – None
- 4.10** Equalities Implications – None
- 4.11** Other – None

## **5.0 MANAGEMENT OF RISK**

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

- 5.1** The risks related to the potential for fraud, non-compliance with laws and regulations, litigation and claims and the ability of the IJB to remain a going concern are set out in the draft responses to the External Auditors.

## **6.0 IMPACT**

- 6.1 STATUTORY DUTY** – Completion of the questionnaire aids the IJB in meeting its statutory obligation with regards to external audit of the accounts.
- 6.2 EAST DUNBARTONSHIRE COUNCIL** – The IJB relies on the internal controls in place within the Council for the detection of fraud and mitigation of risks related to compliance with relevant laws, litigation and claims.
- 6.3 NHS GREATER GLASGOW & CLYDE** - The IJB relies on the internal controls in place within NHSGGC for the detection of fraud and mitigation of risks related to compliance with relevant laws, litigation and claims.
- 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** – Letter from Mazars to the Performance, Audit and Risk Committee Members
- 8.2 Appendix 2** – Response to External Auditors, Mazars, questionnaire regarding International Auditing Standards.

Performance, Audit and Risk Committee  
East Dunbartonshire Integration Joint Board  
10 Saramago Street  
Kirkintilloch  
G66 3BF

Date: 16 April 2024

Direct line: 07816 354 994

Email: [tom.reid@mazars.co.uk](mailto:tom.reid@mazars.co.uk)

Dear Performance, Audit and Risk Committee Members,

**East Dunbartonshire Integration Joint Board (the IJB) – 2023/24: Performance, Audit and Risk Committee briefing note – ISA 240 (Fraud), ISA 250 (laws and regulations), ISA 501 (litigation and claims) & ISA 570 (going concern)**

## **Introduction**

This letter aims to summarise for the Performance, Audit and Risk Committee (the Committee) the requirements under International Auditing Standards, in respect of preventing fraud in the annual accounts, compliance with laws and regulations, litigation and claims, and going concern. This letter requests an update from the Committee in order to inform our continuous audit planning as we move into the final stage of our audit of the IJB's 2023/24 accounts.

## **International Standard for Auditing 240 - The auditor's responsibility to consider fraud in an audit of financial statements**

### Background

Under the ISA, the primary responsibility for preventing and detecting fraud rests with both management and 'those charged with governance', which for the IJB is the Performance, Audit and Risk Committee.

This includes fraud that could impact on the accuracy of the annual accounts.

The ISA requires us, as external auditors, to obtain an understanding of how the Committee exercises oversight of management's processes for identifying and responding to the risks of fraud and the internal controls established to mitigate them.

### What is 'fraud' in the context of the ISA?

The ISA views fraud as either:

- the intentional misappropriation of the IJB's assets (cash, property, etc); or
- the intentional manipulation or misstatement of the financial statements.

### What are auditors required to do?

We have to obtain evidence of how management and those charged with governance are discharging their responsibilities, if we are to properly discharge our responsibilities under ISA 240. We are therefore making requests from the Committee and management on the following, or similar, issues:

1) How does the Committee, in its role as those charged with governance, exercise oversight of management's processes in relation to:

- undertaking an assessment of the risk that the financial statements may be materially misstated due to fraud or error (including the nature, extent and frequency of these assessments);
- identifying and responding to risks of fraud in the organisation, including any specific risks of fraud which management have identified or that have been brought to its attention, or classes of transactions, account balances, or disclosure for which a risk of fraud is likely to exist;
- communicating to employees of views on business practice and ethical behaviour (for example by updating, communicating and monitoring against the organisation's code of conduct); and
- communicating to those charged with governance the processes for identifying and responding to fraud or error?

2) How does the Committee oversee management processes to identify and respond to the risk of fraud and possible breaches of internal control? Is the Committee aware of any breaches of internal control during 2023/24? Please provide details.

3) Has the Committee knowledge of any actual, suspected or alleged fraud during the period 1 April 2023 – 31 March 2024? Where appropriate please provide details.

4) Has the Committee any suspicion that fraud may be occurring within the organisation? Please provide details.

- Has the Committee identified any specific fraud risks within the organisation? Please provide details.
- Does the Committee have any concerns that there are areas within the organisation that are at risk of fraud? Please provide details.
- Are there particular locations within the organisation where fraud is more likely to occur? Please provide details.

5) Is the Committee satisfied that internal controls, including segregation of duties, exist and work effectively? Please provide details.

- If not, where are the risk areas?
- What other controls are in place to help prevent, deter or detect fraud?

6) Is the Committee satisfied that staff are encouraged to report their concerns about fraud, and the types of concerns they are expected to report? Please provide details.

7) From a fraud and corruption perspective, what are considered by the Committee to be high risk posts within the organisation? Please provide details.

- How are the risks relating to these posts identified, assessed and managed?

8) Is the Committee aware of any related party relationships or transactions that could give rise to instances of fraud? Please provide details.

- How are the risks associated with fraud related to such relationships and transactions mitigated?

9) Is the Committee aware of any entries made in the accounting records of the organisation that it believes or suspects are false or intentionally misleading? Please provide details.

- Are there particular balances where fraud is more likely to occur? Please provide details.
- Is the Committee aware of any assets, liabilities or transactions that it believes were improperly included or omitted from the accounts of the organisation? Please provide details.
- Could a false accounting entry escape detection? If so, how?
- Are there any external fraud risk factors which are high risk of fraud? Please provide details.

10) Is the Committee aware of any organisational, or management pressure to meet financial or operating targets? Please provide details.

- Is the Committee aware of any inappropriate organisational or management pressure being applied, or incentives offered, to you or colleagues to meet financial or operating targets? Please provide details.

### **International Standard for Auditing 250 – Consideration of laws and regulations in an audit of financial statements**

#### Background

Under the ISA, in the UK and Ireland, the primary responsibility for ensuring that the entity's operations are conducted in accordance with laws and regulations and the responsibility for the prevention and detection of non-compliance rests with management and 'those charged with governance', which for the IJB is the Performance, Audit and Risk Committee. The ISA requires us, as external auditors, to obtain an understanding of how the IJB gains assurance that all relevant laws and regulations have been complied with.

#### What are auditors required to do?



We have to obtain evidence of how management and those charged with governance are discharging their responsibilities, if we are to properly discharge our responsibilities under ISA 250. We are therefore making requests from the Committee, and will be making similar enquiries of management:

11) How does the Committee gain assurance that all relevant laws and regulations have been complied with. For example:

- Is the Committee aware of the process management has in place for identifying and responding to changes in laws and regulations? Please provide details.
- What arrangements are in place for the Committee to oversee this process?
- Is the Committee aware of the arrangements management have in place, for communicating with employees, non-executive directors, partners and stakeholders regarding the relevant laws and regulations that need to be followed? Please provide details.
- Does the Committee have knowledge of actual or suspected instances where appropriate laws and regulations have not been complied with, and if so is it aware of what actions management is taking to address it? Please provide details.

### **International Standard for Auditing 501 – Specific consideration of the potential for, and actual, litigation and claims affecting the financial statements**

#### Background

This ISA deals with specific considerations by the auditor in obtaining sufficient appropriate audit evidence, in this instance with respect to the completeness of litigation and claims involving the entity. The ISA requires us, as external auditors, to design and perform audit procedures in order to identify litigation and claims involving the entity which may give rise to a risk of material misstatement.

#### What are auditors required to do?

We have to obtain evidence of how management and those charged with governance are discharging their responsibilities, if we are to properly discharge our responsibilities under ISA 501. We are therefore making requests from the Committee, and will be making similar enquiries of management:

12) Is the Committee aware of any actual or potential litigation or claims that would affect the financial statements? Please provide details.

### **International Standard for Auditing 570 – Consideration of the going concern assumption in an audit of financial statements**

#### Background

Financial statements are generally prepared on the basis of the going concern assumption. Under the going concern assumption, an audited body is ordinarily viewed as continuing in operation for the foreseeable future. Accordingly, assets and liabilities are recorded in financial

statements on the basis that the audited body will be able to realise its assets and discharge its liabilities in the normal course of its operations.

What are auditors required to do?

If used, we are required to consider the appropriateness of management's use of the going concern assumption in the preparation of the financial statements if we are to properly discharge our responsibilities under ISA 570. We are therefore making the following request from the Committee:

13) How has the Committee assessed and satisfied itself that it is appropriate to adopt the going concern basis in preparing the financial statements?

14) Has the Committee identified any events or conditions since the assessment was undertaken which may cast significant doubt on the organisation's ability to continue as a going concern? Please provide details.

**The way forward**

The information you provide will help inform our understanding of the IJB and its business processes, prior to the start of the final stage of the audit of the 2023/24 financial statements.

I would be grateful for your responses, which should be formally considered and communicated to us on the Committee's behalf to cover the year to 31 March 2024, by 31 July 2024. In the meantime, if you have any queries, please do not hesitate to contact me.

Yours sincerely,



Tom Reid  
**Audit Director**  
Mazars LLP

**Appendix 2 - Response to External Auditors, Mazars, questionnaire under International Auditing Standards.**

Questions	HSCP PAR Response
<p>1) How does the Committee, in its role as those charged with governance, exercise oversight of management's processes in relation to:</p> <ul style="list-style-type: none"> <li>• undertaking an assessment of the risk that the financial statements may be materially misstated due to fraud or error (including the nature, extent and frequency of these assessments);</li> <li>• identifying and responding to risks of fraud in the organisation, including any specific risks of fraud which management have identified or that have been brought to its attention, or classes of transactions, account balances, or disclosure for which a risk of fraud is likely to exist;</li> <li>• communicating to employees of views on business practice and ethical behaviour (for example by updating, communicating and monitoring against the organisation's code of conduct); and</li> <li>• communicating to those charged with governance the processes for identifying and responding to fraud or error?</li> </ul>	<p>The HSCP relies on the processes and controls implemented by the partner organisations with regards to fraud. The HSCP does not have a bank account - all transactions are operated through either the Council or the NHSGGC's systems. Nonetheless, management considers the fraud risk with specific reference to the HSCP's accounts. In support of this, the Performance, Audit and Risk (PAR) Committee receives update reports on internal audit work carried out in both partner organisations. The risk of material error is considered in the production of the accounts, through controls in place and through reasonableness reviews.</p> <p>The Committee relies on the work of management and assurances provided by them, and by the work of the external auditors on the financial statements and their integrity. The work of internal auditors and other scrutiny bodies provides further assurances insofar as this work relates to the risk of fraud in the financial statements.</p> <p>Risks are identified and responded to by Senior HSCP management. Internal audit perform a risk based audit plan - this includes fraud risk - and make recommendations for improving controls to reduce risks. These recommendations are then implemented by management and reported on to the Performance, Audit &amp; Risk Committee.</p> <p>Guidance available on partner respective intranet platforms setting out process for reporting suspected fraud. Ad hoc fraud presentations available to HOS and managers. Engagement with relevant fraud teams within partner organisation to provide advice and guidance on process to follow if suspecting fraud. Through the Code of Conduct for Staff, all staff are obliged to comply with the Board's Corporate Governance documentation, which includes the responsibilities of managers and other staff arising from the Board's Fraud Policy. Staff are aware of their responsibilities as set out in GGC and EDC policies. The Council and the NHS have a range of policies and procedures to support ethical behaviour.</p> <p>There is online training via NHSGG&amp;C in Counter Fraud and escalations.</p> <p>Monitoring is carried out via completion of conflict of interest forms for IJB members.</p> <p>Areas of high risk are reviewed by Internal Audit. These risks are highlighted to the Performance, Audit &amp; Risk Committee for oversight.</p>
<p>2) How does the Committee oversee management processes to identify and respond to the risk of fraud and possible breaches of internal control? Is the Committee aware of any breaches of internal control during 2023/24? Please provide details.</p>	<p>Internal control processes in place to mitigate fraud across a range of critical processes and subject to regular audit review. Fraud events recorded within respective partner agency fraud teams. The PAR Committee receives a range of assurances and reports during the year which touch upon aspects of internal control: Annual Audit Plans, Annual Internal Audit report and assurance statement, internal audit progress reports, annual governance statement, risk management update on Corporate Risk Register. An annual internal control checklist is prepared by Senior management and informs Chief Officer sign off on the effectiveness of internal controls during each financial year.</p>

Questions	HSCP PAR Response
<p>3) Has the Committee knowledge of any actual, suspected or alleged fraud during the period 1 April 2023 – 31 March 2024? Where appropriate please provide details.</p>	<p>Oral health is provided with regular Counter Fraud Service updates from the Board’s Fraud Liaison Officer in relation to areas of concerns relating to independent dental contractors and potential fraud issues.</p> <p>Any formal investigations are co-ordinated with the service and counter fraud, this is then reported through the Greater Glasgow and Clyde’s Reference Committee.</p> <p>Ad-hoc concerns or information received from a third party is shared with counter fraud services and investigated as appropriate.</p> <p>From the mainstream NHS or Council service, any concerns raised are referred to the appropriate Counter-fraud service. There is currently one investigation ongoing in the area of primary care dental servies (GDS) and none ongoing in relation to secondary care.</p> <p>Regular audits are undertaken to support Self Directed Support Payments (SDS) and any irregularities are progressed through the Council’s Fraud Team – there was one case which is currently live/ongoing 23/24. Self-Directed Support Payments were subject to an internal audit review and processes and procedures have been tightened in this area with further improvements now implemented to strengthen assurance arrangements in relation to Self-Directed Support further.</p>
<p>4) Has the Committee any suspicion that fraud may be occurring within the organisation? Please provide details.</p> <ul style="list-style-type: none"> <li>• Has the Committee identified any specific fraud risks within the organisation? Please provide details.</li> <li>• Does the Committee have any concerns that there are areas within the organisation that are at risk of fraud? Please provide details.</li> <li>• Are there particular locations within the organisation where fraud is more likely to occur? Please provide details.</li> </ul>	<p>Regular audits are undertaken to support Self Directed Support Payments (SDS) and any irregularities are progressed through the Council’s Fraud Team – there was one case which is currently live/ongoing 23/24.</p> <p>As above, dental fraud and self directed support identified as areas of risk.</p> <p>As above.</p> <p>Dental surgeries have been identified as an area of risk.</p>
<p>5) Is the Committee satisfied that internal controls, including segregation of duties, exist and work effectively? Please provide details.</p> <ul style="list-style-type: none"> <li>• If not, where are the risk areas?</li> <li>• What other controls are in place to help prevent, deter or detect fraud?</li> </ul>	<p>Yes, Services comply with each partner agency Standing Financial Instructions (SFIs) and is monitored by Heads of Service and HSCP Chief Officer. This includes clarity on tendering and payment processes.</p> <p>Staff are aware of the financial processes pertaining to their sphere of responsibility and ensure compliance with SFI’s.</p> <p>Staff teams participate in learning and training opportunities with regard SFI’s and in regular discussion and meetings with finance leads.</p> <p>Internal audit functions provide opinions on internal controls in operation and have concluded that reasonable assurance can be provided on the system of internal control for 2023/24.</p> <p>The work of internal audit validates internal controls and where appropriate makes recommendations for improvement.</p> <p>Reconciliations, committee reporting of financial results, controls embedded in systems (e.g. procurement systems), Corporate Procurement team, Internal Audit activity, work of the Corporate fraud team (Council) and Counter Fraud Services (NHS), fraud and whistleblowing email addresses and online reporting facilities including the facility to report allegations anonymously.</p>

Questions	HSCP PAR Response
<p>6) Is the Committee satisfied that staff are encouraged to report their concerns about fraud, and the types of concerns they are expected to report? Please provide details.</p>	<p>Staff have several potential routes for reporting fraud and are periodically reminded of these.</p> <p><u>The Council route is via the following:</u>  <a href="https://www.eastdunbarton.gov.uk/fraud">https://www.eastdunbarton.gov.uk/fraud</a></p> <p>Fraud by filling in the Report Fraud form on the above link or by:</p> <p>Emailing <a href="mailto:fraud@eastdunbarton.gov.uk">fraud@eastdunbarton.gov.uk</a>(link sends e-mail)  Calling customer services on 0300 123 4510  Writing to the Corporate Fraud Team, 2-4 West High Street, Kirkintilloch, G66 1AD</p> <p><u>The NHS fraud reporting routes are as follows:</u>  If you suspect fraud in NHS Scotland, you can report it in confidence by calling 08000 15 16 28 or using the online form.</p> <p>Suspected fraud in NHSScotland can also be reported by writing to:</p> <p>Counter Fraud Services  3 Bain Square  Livingston  West Lothian  EH54 7DQ</p>
<p>7) From a fraud and corruption perspective, what are considered by the Committee to be high risk posts within the organisation? Please provide details.</p> <ul style="list-style-type: none"> <li>• How are the risks relating to these posts identified, assessed and managed?</li> </ul>	<p>Segregation, oversight and controls mitigate this risk as far as possible. Nonetheless the senior management team involved in the procurement/commissioning of higher value social work contracts would be considered to be higher risk positions due to the level of oversight, approval and being responsible for committee reporting.</p> <p>Due to segregation of duties within the payments process fraud would be difficult to perpetrate. Residual risks remain relating to the risk of collusion with a supplier is addressed via <u>Anti Bribery Policies</u>.</p>
<p>8) Is the Committee aware of any related party relationships or transactions that could give rise to instances of fraud? Please provide details.</p> <ul style="list-style-type: none"> <li>• How are the risks associated with fraud related to such relationships and transactions mitigated?</li> </ul>	<p>No. Conflict of interest forms are held by the Chief Solicitor &amp; Monitoring Officer of the Council and by the Corporate Business Manager within the HSCP for IJB voting members and senior management who are regularly part of Board and PAR Committee meetings.</p> <p>There is a register of gifts which can be accessed via staffnet / Intranet. Staff are required to register any gifts that are received and they must be approved by their line manager. Disclosure of significant related party relationships is required for both voting members and senior officers in positions of influence through the Conflict of Interest and Code of Conduct forms which are published on the HSCP website.</p>
<p>9) Is the Committee aware of any entries made in the accounting records of the organisation that it believes or suspects are false or intentionally misleading? Please provide details.</p> <ul style="list-style-type: none"> <li>• Are there particular balances where fraud is more likely to occur? Please provide details.</li> </ul>	<p>No. We are not aware of any accounting entries which are suspected to be false or intentionally misleading. Should management become aware of any suspect accounting entries, these would be subject to immediate investigation through Internal Audit. The extent of internal controls in place, the review by both internal and external audits provide additional assurance for transactions which are in excess of the materiality value, make the presence of false and misleading statements unlikely. Conflict of interest forms are held by the Chief Solicitor &amp; Monitoring Officer of the Council and by the Corporate Business Manager within the HSCP for IJB voting members and senior management who are regularly part of Board and PAR Committee meetings.</p> <p>Direct Payments carry a higher fraud risk. Regular audits are carried out on these accounts and DPs have also been a focus of Internal Audit with a view to continually improving the control environment.</p>

Questions	HSCP PAR Response
<ul style="list-style-type: none"> <li>• Is the Committee aware of any assets, liabilities or transactions that it believes were improperly included or omitted from the accounts of the organisation? Please provide details.</li> <li>• Could a false accounting entry escape detection? If so, how?</li> <li>• Are there any external fraud risk factors which are high risk of fraud? Please provide details.</li> </ul>	<p>No - the extent of assets held by the IJB and disclosed in the accounts relates to reserves balances only, contingent assets and liabilities are not recognised in the balance sheet but disclosed in a note to the Accounts where they are deemed material and the Board is not aware of any material contingent asset or liability as at the 31 March 2024.</p> <p>Controls are in place to minimise the risk, such as secondary review of journals, preparation and review of reconciliations, review against budgets and analytical review of actual expenditure.</p> <p>Higher risks may relate to the awarding of larger value contracts. More likely but lower value frauds relate to dental fraud and self directed support fraud.</p>
<p>10) Is the Committee aware of any organisational, or management pressure to meet financial or operating targets? Please provide details.</p>	<p>No incentives are offered for meeting financial or operating targets. There is, nonetheless a pressure on HSCP staff to achieve financial savings for continued financial sustainability. This is unlikely to lead to individuals falsifying accounting records as the remuneration of employees is not structured in this way.</p>
<p>11) How does the Committee gain assurance that all relevant laws and regulations have been complied with. For example:</p> <ul style="list-style-type: none"> <li>• Is the Committee aware of the process management has in place for identifying and responding to changes in laws and regulations? Please provide details.</li> <li>• What arrangements are in place for the Committee to oversee this process?</li> <li>• Is the Committee aware of the arrangements management have in place, for communicating with employees, non-executive directors, partners and stakeholders regarding the relevant laws and regulations that need to be followed? Please provide details.</li> <li>• Does the Committee have knowledge of actual or suspected instances where appropriate laws and regulations have not been complied with, and if so is it aware of what actions management is taking to address it? Please provide details.</li> </ul>	<p>See below</p> <p>Senior Management horizon scan for new and changing laws and regulations. The legal implications of HSCP Board papers are considered, alongside any statutory duties. The Council's Chief Monitoring Officer is also the IJB Standards Officers and routinely provides advice to HSCP Management on any legal matters and receives copies of all IJB reports prior to finalisation.</p> <p>The Board and the PAR are informed of any significant new legislation and the implications for the HSCP.</p> <p>As above, the Board and the PAR are kept informed of any changes and these papers are made publicly available. In addition, HSCP policies reflect relevant legislation and are publicly available.</p> <p>Where non compliance with laws or regulations represents a material risk, action is taken to address. In some instances other risks may outweigh legal risks and so decisions may be taken for non compliance. Where this is the case, this should be documented and appropriately signed off. An example of this is when a procurement waiver form is signed by Head of Service to not comply with the Council's standing orders and potentially procurement legislation. There may be other risks that outweigh procurement risks such as risks to service users.</p>
<p>12) Is the Committee aware of any actual or potential litigation or claims that would affect the financial statements? Please provide details.</p>	<p>We are not aware of any actual or potential litigation or claims which would impact the financial statements which relate to the delegated functions to the IJB. The Internal Control checklists requires the disclosure of any such claims and is completed by HSCP Senior management and signed off by the Chief Officer which provides assurance to the PAR Committee on these matters.</p>
<p>13) How has the Committee assessed and satisfied itself that it is appropriate to adopt the going concern basis in preparing the financial statements?</p>	<p>The HSCP had £xxm of Usable reserves as at March 2024. The net pressures facing the HSCP for 2024/25 is £11.693m, however savings totalling £6.409m have been identified to mitigate this gap with reserve balances available of £5.284m to deliver a balanced budget position with work to progress during 24/25 to identify further recurring savings. There are a number of areas where savings have been identified that are considered to be of a higher risk related to prescribing efficiencies, non residential charging increases and managing new demand within current budgets and areas which may be subject to a service review which will take time to progress and implement in full.</p> <p>This provides a balanced budget position for the HSCP for 2024/25 with work continuing to ensure there will be a balanced budget for 2025/26 in support of ongoing sustainability. The level of reserves, compliance with the IJB Reserves policy and continued focus on the need for service redesign and transformation provides financial sustainability in the medium term and this along with the anticipated pressures for the HSCP over the next 5 years are reflected within the HSCP Medium Term Financial Strategy 2023-2028.</p>

Questions	HSCP PAR Response
14) Has the Committee identified any events or conditions since the assessment was undertaken which may cast significant doubt on the organisation's ability to continue as a going concern? Please provide details.	No - the IJB was able to set a balanced budget for 2024/25 with a programme of savings to implement and use of reserve balances for which recurring savings would be identified. The Medium Term Financial Strategy sets out the challenges over the next 5 years with a plan in place through service redesign and transformation to deliver recurring financial sustainability into future years.

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

**DATE OF MEETING:** 20<sup>th</sup> JUNE 2024

**REPORT REFERENCE:** PERF/200624/05

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

**SUBJECT TITLE:** ANNUAL INTERNAL AUDIT UPDATE AND  
REPORT 2023/24

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**1.0 PURPOSE**

- 1.1 The purpose of this Report is to present the Committee with the Annual Internal Audit Report for 2023/2024. In addition, an update on internal audit work completed in the period since the last Committee and outstanding audit actions is also provided.
- 1.2 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 (PAR) Committee and to allow consideration from the perspective of the H&SCP.

**2.0 RECOMMENDATIONS**

- 2.1 The Performance, Audit & Risk Committee is asked to:
- Consider the HSCP Annual Audit Report for 2023/24, including the Internal Audit Opinion for 2023/24.
  - Agree that the opinion on the adequacy and effectiveness of the HSCP's framework of governance, risk management and control be applied in the completion of the HSCP's 2023/24 Financial Statements.
  - Consider the contents of the Internal Audit Performance and Outputs Report and the Internal Audit Follow Up Report 2023/24.
  - Request the Chief Finance & Resources Officer to submit performance monitoring reports detailing progress against Plan and audit results to future meetings of the Committee.

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



## **BACKGROUND / MAIN ISSUES**

- 3.1** East Dunbartonshire Council's (the Council) Internal Audit Team provides an independent and objective assurance service to the HSCP that is guided by an overriding objective of adding value to improve systems, controls and operations. The team provides a systematic and disciplined approach to the evaluation of the internal controls and governance processes in accordance with the Public Sector Internal Audit Standards.
- 3.2** One of the primary objectives of the Internal Audit team is to provide a high quality and effective internal audit service, which complies with professional best practice, meets the needs of stakeholders and assists the HSCP's Performance, Audit & Risk Committee to effectively discharge its roles and responsibilities. The team's purpose, authority and responsibilities are set out in more detail in the Internal Audit Charter.
- 3.3** The presence of an effective internal audit team contributes towards, but is not a substitute for, effective control and it is primarily the responsibility of management to establish internal control so that the activities are conducted in an efficient and well-ordered manner, to ensure that management policies and directives are adhered to and that assets and records are safeguarded.
- 3.4** Internal Audit activity is planned to enable an independent annual opinion to be provided by the Council's Audit & Risk Manager as the Chief Internal Auditor on the adequacy and effectiveness of internal controls, governance and risk management within the HSCP. For 2023/24, this opinion is included in the Annual Audit Report at *Appendix 1*, which also includes the 'Statement on the Adequacy and Effectiveness of the Internal Control Environment of the HSCP' for the year.
- 3.5** The annual statement and opinion includes:
- Summary of work supporting the opinion,
  - Comparison of work carried out against work planned,
  - Performance of the Internal Audit Team,
  - Impairments or restriction of scope,
  - Conformance with Public Sector Internal Audit Standards, and
  - Consideration of any other relevant issues.
- 3.6** The conclusion is that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP's internal control systems in the year to 31 March 2024. In reaching the opinion of reasonable assurance, risks raised by Internal Audit are noted in relation to controls over the Carefirst payments process and Interim Care Home Funding. These issues do not, however, significantly impair the HSCP's systems of internal control as a whole.
- 3.7** Two additional documents are attached in support of the annual audit opinion:
- The Internal Audit Follow Up Report at *Appendix 2*. This report covers risks relevant to the HSCP, albeit some risks require input from Council services to address.

- The Internal Audit Performance and Output Monitoring Report is attached at *Appendix 3*.

#### **4 IMPLICATIONS**

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Board Strategic Plan;- None.
- 4.2** Frontline Service to Customers – None.
- 4.3** Workforce (including any significant resource implications) – None.
- 4.4** Legal Implications – Legal risks are presented in the body of internal audit reports with reference to relevant legislation where appropriate.
- 4.5** Financial Implications – Internal Audit reports are presented to improve financial controls and aid the safeguarding of physical and intangible assets.
- 4.6** Procurement – Where applicable these are referenced in the body of internal audit reports with associated management actions for improvement.
- 4.7** ICT – None.
- 4.8** Corporate Assets – None.
- 4.9** Equalities Implications – None
- 4.10** Sustainability – None
- 4.11** Other – None.

#### **5 MANAGEMENT OF RISK**

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

- 5.1** The Risks are highlighted to management in audit reports. The risks are addressed through agreed action plans, appended to internal audit reports.

#### **6 IMPACT**

- 6.1** **STATUTORY DUTY** – None
- 6.2** **EAST DUNBARTONSHIRE COUNCIL** – The risks identified in the internal audit reports relevant to East Dunbartonshire Council have been highlighted to the Council's Audit & Risk Management Committee.
- 6.3** **NHS GREATER GLASGOW & CLYDE** – The risks relevant to the NHS Greater Glasgow & Clyde identified in the internal audit reports have been highlighted to the NHSGGC's Audit & Risk Committee.

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

**7 POLICY CHECKLIST**

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

**8 APPENDICES**

**8.1** Appendix 1 – HSCP Annual Internal Audit Report 2023/24

**8.2** Appendix 2 – HSCP Follow Up Report 2023/24

**8.3** Appendix 3 – HSCP Performance and Outputs Report

Appendix 1

**East Dunbartonshire Council**  
**Internal Audit Services**

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**HSCP Internal Audit**  
**Annual Report**  
**2023/24**

**Gillian McConnachie**  
**Audit & Risk Manager**  
**East Dunbartonshire Council**

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# HSCP Internal Audit Annual Report 2023/24

This HSCP Internal Audit Annual Report is a summary of the internal audit work completed by East Dunbartonshire Council's Internal Audit team for the financial year 2023/24 for East Dunbartonshire Integration Joint Board (IJB). In East Dunbartonshire, the IJB is known as the East Dunbartonshire Health and Social Care Partnership Board (HSCP). The internal audit opinion, following an assessment of the internal audit work and other sources of assurance, is provided at *Appendix 1.1*. The opinion provided concludes on the adequacy and effectiveness of the HSCP's framework of governance, risk management and control. It supports the annual governance statement, which is included in the annual financial accounts. It takes into account the expectations of senior management, the Performance, Audit & Risk (PAR) Committee and other stakeholders. It is supported by sufficient, reliable, relevant and useful information, as referenced in the body of this report. Through utilising such information, Internal Audit demonstrates compliance with relevant Public Sector Internal Audit Standards.

## Internal Audit Opinion

The full statement and opinion provided at *Appendix 1.1*, confirms my opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP's internal control systems, governance and risk management systems in the year to 31 March 2024.

This means that members can be assured that proper processes are in place to enable the achievement of the HSCP's objectives.

## Key Areas for Improvement

In reaching this conclusion, I note risks raised by Internal Audit in relation to controls over the Social Work Payment Arrangements and Interim Care Home Funding. These issues, however, do not significantly impair the HSCP's systems of internal control as a whole.

The opinion represents a consolidated view, informed by a number of sources and, in bringing these together, considers whether there is evidence that key controls are absent, inadequate or ineffective. The work includes an assessment of any weaknesses identified and whether these, taken independently or with other findings, significantly impair the HSCP's system of internal control that is in place to allow the HSCP to achieve its objectives. Action taken by management since the issuing of internal audit reports and wider issues relating to the HSCP's corporate governance framework and risk management arrangements have also been considered in providing the opinion.

The outstanding risks will continue to be kept under review, with auditors monitoring compliance with the agreed actions as part of an established follow up cycle and updates being reported to the Performance, Audit & Risk Committee.

The risk of fraud is also considered in each assignment, together with any governance or risk management implications; this allows the HSCP's Chief Internal Auditor to draw sustainable conclusions.

## Summary of Work Supporting the Opinion

A total of 11 outputs were completed by 31 March 2024 compared to 10 outputs planned – a completion rate of over 100%. A detailed comparison of the work carried out against the Plan and the reasons for the variance are provided in subsequent sections.

The opinion is also informed by Internal Audit's programme of follow up activities, which reviews the extent to which those risks previously identified have been subsequently managed or mitigated. Internal Audit have prepared a follow up report covering risks across the HSCP, as attached at *Appendix 2*. Our consolidated follow up work has identified that a high risk finding from the Interim Care Home Funding report of direct relevant to the HSCP remains outstanding, relating to the process following award of guardianship. This action is in progress and expected to be fully addressed by August 2024.

Risks have recently been identified relating to Social Work Payment Arrangements as outlined in *Appendix 3*. Two of the high risks identified have been reported as being complete and two in progress, with a target date of 30 June 2024.

Other considerations for the annual opinion are detailed at *Appendix 1.1* and include the assessment of the Annual Governance Statements Internal Checklist relating to 2023/24 as completed by the Chief Officer.

Auditors take due consideration of risks including fraud risks in preparing the annual audit plan and in approaching individual assignments in order to maximise the assurance that can be provided. However, the level of assurance provided by the Internal Audit Team can never be absolute. This reflects the sample nature of the work carried out, the relative scope and objectives of audit assignments and those explanations offered, and evidence provided by officers. In addition, factors external to the audit process including human error, collusion or management overriding controls create the potential for systems, historically highlighted as being satisfactory, to become exposed to risk or loss.

## Reliance on Other Assurance Providers

The internal audit opinion also includes consideration of the work of other assurance providers, including those reports issued by the HSCP's external auditors, Forvis Mazars. The Forvis Mazars Annual Audit Report for 2022/23 included control recommendations relating to the register of interests and action was agreed to address this risk.

Furthermore, the work undertaken by the Council's and the NHSGGC's Internal Audit teams are considered, where it may be relevant to the HSCP. The NHSGGC's external auditors have indicated that they are expecting to provide an opinion of reasonable assurance at the NHSGGC's Audit and Risk Committee on 18<sup>th</sup> June.

There has been a delay in the provision of the Council’s annual audit opinion due to the cancellation of the June meeting of the Audit & Risk Management Committee because of the timing of the UK General Election and the impact on Council Officer availability. However, on reviewing the Council’s audit work completed for 2023/24 there are no further material issues that would impact on the HSCP’s governance statement, other than those already mentioned in the ‘Key areas for improvement’ section above.

### Comparison of work carried out against work planned

There were 10 planned HSCP internal audit outputs for the year 2023/24 and 11 outputs were completed by the year-end, with one additional unplanned consultancy note being completed. Some changes from the original plan were made in the course of the year, in the form of a consultancy note and a reprofiling of audits that had originally been planned. The team has been able to provide assurance over a number of areas, as detailed in *Appendix 1.2*.

A further three audits were in progress at the year end. The team has been able to provide assurance over a wide range of areas, as detailed in the section below. This, together with other sources of assurance, provides adequate assurance across the activities of the HSCP for the provision of the annual audit opinion.




Full details on these audits have been provided in the internal audit updates to Committee. Where internal audit has identified risks in the areas reviewed, action plans have been agreed. The agreed actions are logged on the Performance and Risk System, Pentana, and will be followed up on and progress reported back to the Performance, Audit and Risk Management Committee.

Internal Audit Performance Key Performance Indicators (KPIs) for the year are provided in Table 1 and Table 2 below.

**Table 1 - Analysis of HSCP Internal Outputs by Audit Type 2023/24**

<b>Audit Type</b>	<b>Completion Number</b>	<b>Completion %</b>
Systems	5 Completed out of 5 Audits Planned	100% Complete
Regularity	5 Completed out of 5 Audits Planned	100% Complete
Consultancy	1 Completed out of 0 Audits Planned	>100% Complete
<b>Total</b>	<b>11 Completed versus 10 Planned</b>	<b>&gt;100% Complete</b>

**Table 2 - HSCP Internal Audit Key Performance Indicators 2023/24**

Audit Type	Planned	Actual	Status
Percentage of finalised audit outputs against the number anticipated in the Plan	100%	>100%	
Percentage of productive days worked against the target productive days in the Plan.	100%	>100%	
Percentage of audit reports issued within 20 days of completion of fieldwork.	95%	100%	

In reviewing the performance of the team, it was noted that all HSCP reports were issued within the target of 20 days of fieldwork, giving a compliance rate with this Performance Indicator of 100%, against a target of 95%. The target is set at 95% rather than 100% as, at times, a management decision will be taken to prioritise time critical pieces of work, meaning that a finite number of audits may not be issued in accordance with our internal timescales.

*Annual Assurance* - A number of documents that collate the work of the Internal Audit team have been produced by the team as part of their responsibility for annual assurance. These are the follow up report, the Annual Internal Audit Report (this document), the drafting of the Annual Governance Statement for inclusion in the accounts and signature by the IJB Chair and Chief Officer. Internal Audit have also reviewed the HSCP's Risk Management arrangements and have concluded that the HSCP has a reasonably well-developed risk management maturity. The Risk Management Policy sets out the process and responsibilities for managing risk in the HSCP. The Corporate Risk Register is revised and approved at each meeting of the Performance, Audit & Risk Committee. The HSCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.

### Progress against improvement plans

The Internal Audit service takes a 'continuous improvement' approach to our internal audit work. This is reflected in our reports and recommendations made to services and also in the approach to the internal audit work itself, with a focus in making incremental improvements to our work through efficiencies, and/or improved quality. This helps us to improve our quality and adherence to Public Sector Internal Audit Standards, and to focus on the areas of greatest risk and where we are able to add the most value. Improvements over the past year have included planning for data analytics work for the first time for 2024/25.

### Impairments or Restriction of Scope

There have been no impairments or restrictions of scope during the course of the year.



## Progress & Results of the Quality Assurance Improvement Programme

The Internal Audit Team is required to work to a set of rules - PSIAS. These rules apply to all public sector internal auditor teams. It is a requirement of these standards that periodic self-assessments are conducted to evaluate conformance with the Code of Ethics and the PSIAS. Under Section 7 (1) of the Local Authority Accounts (Scotland) Regulations 2014, the Council must operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing. The Council defines such standards as those set out within the PSIAS.

An external assessment was completed of the Internal Audit function's compliance with PSIAS in 2023, in order to meet the PSIAS requirement for an external assessment at least once every five years, with the previous report having been published in 2018. It was found that, in the opinion of the qualified independent assessor, the Internal Audit team fully conforms to all thirteen standards. Nonetheless, three minor areas for improvement were identified by the assessor. An update on progress against these actions is provided below.

<b>Recommendation</b>	<b>Update</b>
East Dunbartonshire Internal Audit should consider what actions could be taken to improve the response rate for client surveys. A summary of the results of these surveys should be considered for inclusion in the Internal Audit Annual Report which is reported to the Audit & Risk Management Committee.	<b>Outstanding</b>  To be taken forward in 2024/25.
The Audit and Risk Manager should consider if a specific annual Internal Audit Plan should be developed for the East Dunbartonshire Leisure & Culture Trust.	<b>Complete</b>  This was a consideration for the 2024/25 audit plan and specific work on Trust controls is planned.
The Audit & Risk Manager should consider if it would be helpful to revise the standard template for audit reports to include details of any recognised areas of good practice that are identified during the audit.	<b>Complete</b>  Template has been amended and will be used for 2024/25 audits onwards.

A self-assessment against PSIAS was completed by the Chief Internal Auditor in 2023/24 and formed part of EDC's Quality Assurance and Improvement Programme for Internal Audit for the year.

Internal Audit have also issued questionnaires on completion of each audit assignment, providing an opportunity for the auditee to provide feedback on the planning process, communication and the quality of the internal audit report. All audit files are reviewed by the Chief Internal Auditor to ensure high standards are maintained and to encourage a continuous improvement approach by the team.

## Statement of Conformance with Public Sector Internal Audit Standards

Internal Audit is required to comply with PSIAS. This is assessed herewith by the Audit & Risk Manager.

The Audit & Risk Manager deems the Internal Audit service to fully conform with PSIAS.

## Other Issues

I am aware of no other material issues that require to be reported at this time.

## **STATEMENT ON THE ADEQUACY AND EFFECTIVENESS OF THE INTERNAL CONTROL ENVIRONMENT OF THE HSCP FOR 2023/24.**

**To the Members of the Health and Social Care Partnership Board's Performance, Audit & Risk Committee, the Chief Officer and the Chief Finance & Resources Officer of the HSCP**

As the appointed Chief Internal Auditor of the HSCP, I am pleased to present my annual statement on the adequacy and effectiveness of the internal control system of the HSCP for the year ended 31 March 2024 to the PAR Committee.

### **Respective Responsibilities of Management and the Internal Audit Team in Relation to Governance, Risk Management and Internal Control**

It is the responsibility of the HSCP's senior management to establish appropriate and sound systems of governance, risk management and internal control to monitor the continuing effectiveness of those systems. It is the responsibility of the Chief Internal Auditor to provide an annual overall assessment of the robustness of governance, risk management and internal control.

### **The HSCP's Framework of Governance, Risk Management and Internal Controls**

The main objectives of the HSCP's framework of governance, risk management and internal controls are to ensure that resources are directed in accordance with agreed plans, policies and priorities and to ensure that there is sound decision-making and clear accountability for the use of those resources in order to achieve the desired outcomes for service users and communities.

This includes ensuring that appropriate internal controls and risk management arrangements are in place in order to effectively manage issues which might impact on the delivery of HSCP services, the achievement of corporate and service objectives and public confidence in the HSCP. The HSCP also requires effective internal controls and risk management arrangements to protect its assets, to maintain effective stewardship of public funds, to ensure good corporate governance, to ensure compliance with statutory requirements and to ensure it continues to deliver best value.

Any system of control can only ever provide reasonable and not absolute assurance that control weaknesses or irregularities do not exist or that there is no risk of material errors, losses, fraud, or breaches of laws or regulations. Accordingly, the HSCP is continually seeking to improve the effectiveness of its systems of governance, risk management and internal controls.

## **The Work of the Internal Audit Team**

Internal audit services were provided by East Dunbartonshire Council Internal Audit Team. The EDC Internal Audit Team objectively examines, evaluates and reports on the adequacy of internal controls as a contribution to the proper, economic, efficient and effective use of the HSCP's resources.

The Internal Audit Team has undertaken a programme of work in the year. All Internal Audit reports identifying system weaknesses, risks and/or non-compliance with expected controls are brought to the attention of senior management and significant findings presented to the Performance, Audit and Risk Committee. Notable risks identified in the year related to Interim Care Home Funding and to Social Work Payment Arrangements. Audit reports and action plans provide insight into the risks identified and include an agreed narrative highlighting the intended course of action, including the timescales involved to mitigate and manage the risk. It is management's responsibility to ensure that proper consideration is given to internal audit reports and that appropriate action is taken on those risks identified.

The Internal Audit team are required to ensure that appropriate arrangements are made to determine whether action has been taken on agreed reports or, where appropriate, that management has understood and assumed the risk of not taking action. Significant matters (including non-compliance with audit recommendations) arising from internal audit work are reported to the Performance, Audit & Risk Committee and the Senior Management Team.

Follow up work has identified one high risk relating to the 2023/24 Interim Care Home Funding report which is in progress. In addition, two high risk actions recently identified relating to Social Work Payment Arrangements are in progress. The outstanding risks will continue to be kept under review, with auditors monitoring compliance with the agreed action as part of an established follow up cycle and updates being reported to the Performance, Audit & Risk Committee. Management have reported progress towards mitigation of these issues and advised target dates. Auditors will monitor compliance with the agreed action as part of a six monthly cycle. Updates will be reported to the Performance, Audit & Risk Committee.

## **Impairments or Restriction of Scope**

There have been no impairments or restrictions of scope during the course of the year.

## **Basis of Opinion**

My evaluation of the control environment is informed by a number of sources:

- The HSCP internal audit work completed by the EDC Internal Audit Team during the year to 31 March 2024, an assessment of the materiality of the findings during and since the year end;
- The audit work undertaken by the Internal Audit Team in previous years;

- The assessment of the Annual Governance Statements Internal Checklist relating to 2023/24 as completed by the Chief Officer;
- The assessment of audit risk to internal and financial controls determined during the preparation of the annual Internal Audit Plan;
- Reports issued by the HSCP's external auditors and other review agencies,
- Work undertaken by the partners' internal auditors; and
- My own knowledge of the HSCP's governance, risk management and performance management arrangements.

### **Opinion**

It is my opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP's internal control system in the year to 31 March 2024.

**Gillian McConnachie CA**

**Chief Internal Auditor,  
HSCP**

Audit & Risk Manager

East Dunbartonshire Council

**20 June 2023**

## Appendix 1.2 – Summary of Internal Audit Reports Finalised 2023/24

Area	H	M	L	Total	Audit Opinion
<b>Health &amp; Social Care Partnership</b>					
Social Work Payments Arrangements	4	4		8	Limited assurance
Interim Care Home Funding	3	2		5	Limited assurance
HSCP Governance - Workforce Planning		2		2	Sound
HSCP Bad Debt Provision		1	3	4	Sound
Self Directed Support - Transitions		1	1	2	Generally Reasonable
Standardised Care Package Advice Note				-	n/a - consultancy
<b>Total Risks Identified</b>	<b>7</b>	<b>10</b>	<b>4</b>	<b>21</b>	

Appendix 2

**East Dunbartonshire Council  
Internal Audit Services**

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**HSCP Internal Audit  
Follow Up Report  
2023/24**

**Gillian McConnachie  
Chief Internal Auditor  
June 2024**

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## 1 INTRODUCTION

- 1.1 The 2023/24 Internal Audit Plan included provision for the follow up and evaluation of risks identified in all previously issued Internal Audit reports.
- 1.2 This final follow up report demonstrates the HSCP's ongoing commitment to maintaining compliance with the Public Sector Internal Audit Standards. These require that the Audit & Risk Manager, as the Chief Internal Auditor, '*establish a process to monitor and follow up management actions to ensure that they have been effectively implemented or that senior management have accepted the risk of not taking action*'. As part of this process, the following areas have also been considered:
- Where issues have been noted as part of the follow up process the Audit & Risk Manager may consider revising the initial overall audit opinion,
  - The results of monitoring management actions may be used to inform the risk based planning of future audit work; and,
  - The review extends to all aspects of audit work including consulting engagements.

## 2 SCOPE and OBJECTIVES

- 2.1 The scope of the audit is to review those risks identified in prior audit work and establish, through a combination of testing, corroboration and interview, whether the agreed control measures have been adequately implemented, and the associated risks addressed.
- 2.2 The objective of the review is to provide assurance to key stakeholders that management actions have been effectively implemented. Where this is not the case, auditors will establish the reasons for non-compliance, including consideration of the extent to which senior management have accepted the risk of inaction.
- 2.3 The purpose of this follow up report is as follows:-
- Provide a summary of outstanding audit reports at *Table 2* at the end of this report.
  - Detail areas where significant progress has been made since the last follow up report; and
  - Inform the Annual Internal Audit Report and opinion.

## 3 METHODOLOGY

- 3.1 Auditors have evaluated the extent to which management have mitigated individual risks allocated to them. Where risks have been fully managed and closed off by management, auditors have sought to validate a sample of these actions and ensure that they mitigate the risk, with a focus on risks that were classified as 'High'. Where there has been substantial progress in closing off a report that had identified a number of issues, Auditors may schedule a separate follow up review to allow time to consider these issues in detail. This may be



beneficial when the original report was issued some time ago and when there have been significant changes in the system controls.

#### 4 FINDINGS - ALL RISKS DUE FOR COMPLETION

4.1 *Table 1* provides a summary of the 7 individual risks and improvement actions of relevance to the HSCP that were outstanding for implementation as of June 2024, by risk rating. The risk rating (High/Medium/Low) answers the question, ‘*in internal audit’s professional opinion, what is the risk that the issue identified could impair the achievement of the system’s objectives?*’

**Table 1 - Individual Audit Report Action Points by Risk Rating**

Risk rating	Total Per Original Reports <sup>1</sup>	Completed Actions	Outstanding
High	3	2	1
Medium	12	8	4
Low	3	1	2
<b>Total</b>	18	11	7

1 There were 18 issues raised in the original reports and 11 issues have since been closed.

4.2 The above total of 7 outstanding risks is a small increase on the figure of 6 that was previously reported in the 2023/24 Interim Follow Up Report. The number of high-risk outstanding issues has remained constant at 1, despite 3 high risks being raised in the year, due to the majority of these being closed off on a timely basis. Auditors can conclude that there has been a sustained focus in closing off high risks as they arise but would ask for continued focus on closing off the remaining high-risk areas.

4.3 Since the last report the following high risks have been addressed:

- Interim Care Home Funding – a risk relating to delays in obtaining rates from Care Homes has been addressed by establishing a process to ensure escalation to the Strategic Commissioning Manager after two attempts by Shared Services Finance to get confirmation of rates from Care Homes, and to escalate to Care Home providers’ head office where necessary.
- Interim Care Home Funding – to address risks associated with individuals not completing financial forms the process has been refreshed to instruct the issuing of two letters from Shared Services finance to the individual, with recourse to issue final full cost invoice if financial information is not presented on a timely basis.

4.4 Management have confirmed their intention to progress and close the outstanding items. Pressures on services, vacancies in certain teams and the optimism bias has made it difficult in some instances for services to provide a realistic timeline to auditors for completion. Auditors acknowledge the complex

and uncertain environment that the HSCP is operating in, with multiple significant challenges and risks relating to rising demand, budget pressures and the need for radical change in service delivery.

## **5 CONCLUSION**

- 5.1 Our consolidated follow up work has identified that 7 risks identified by audit remain outstanding across the HSCP. There has been a small increase in the total number of outstanding risks from 6 to 7 whilst the outstanding high risks, has remained constant at 1.
- 5.2 Responding to the requirement of the Public Sector Internal Audit Standards, the Audit & Risk Manager has not revised any opinions previously reported to members. All residual issues will be considered in the 2024/25 follow up work and will inform future audit focus.

**Table 2 – List of Outstanding Audit Reports**

The table below details the number of issues raised in the original Internal Audit reports, the number now closed and the total number of issues remaining open.

Code	Audit	Area	Original report	Closed	Open Actions			Total Open	Revised target date	Comments
					High	Medium	Low			
CFO-IA-2223-HSCP	<b>Interim Care Home Funding</b>	HSCP	5	4	1	-	-	1	31/08/2024	Four out of the five actions have been completed including two high risks. The remaining action relates to improving communication between Social Work and Shared Services when guardianship is awarded. To address this a refresh of the guidance for practitioners regarding interim funding is planned. This will include refreshing procedures where interim funding relates to pending applications for guardianship. Refresher awareness sessions are scheduled for July and August.
CFO-IA-2223-WFP	<b>Workforce Planning</b>	HSCP	2	-	-	2	-	2	30/09/2024	Review of Workforce Plan complete - updated Workforce Plan to be presented to IJB in September 2024.
CFO-IA-2324-HSCP BDP	<b>HSCP Bad Debt Provision</b>	HSCP	4	1	-	1	2	3	30/09/2024	Actions to be completed relate to Governance Arrangements, Reporting & Oversight and Benchmarking.

Code	Audit	Area	Original report	Closed	Open Actions			Total Open	Revised target date	Comments
					High	Medium	Low			
CFO-IA-1920-HSCPFOKC	<b>HSCP Financial Outturn and Key Controls</b>	HSCP	7	6	-	1	-	1	31/12/2024	<p>The outstanding risk relates to data cleansing of the service register. From the Carefirst Steering Group a short life working group has been established to take this forward with the HSCP's Chief Finance and Resources Officer being the lead. The Strategic Commissioning Team are reviewing the service register in sections, with Supported Accommodation and Supported Accommodation being first. The various elements that require amendments have been passed to the Carefirst Team. Following this Residential data will be reviewed and updated.</p> <p>Any changes that can be facilitated through the Council will be progressed but any more fundamental changes to the Carefirst set up which requires input from the software providers OLM will not be progressed at this time given the move to implement a change in the system as the top priority regarding Carefirst.</p>
Grand Total			18	11	1	4	2	7		

Appendix 3

East Dunbartonshire Council  
Internal Audit Services

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**HSCP Internal Audit Performance and  
Output Monitoring  
February to May 2024**

**Gillian McConnachie  
Audit & Risk Manager**

## Internal Audit Outputs February to March 2024

In the period of February to March 2024, the Internal Audit Team finalised and reported on the areas as shown in *Table 1* below. The table represents a continuation and completion of the reporting on the Internal Audit work for 2023/24, with Outputs 1 to 8 having previously been completed and reported to Committee.

**Table 1 – Analysis of Internal Audit Outputs February to March 2024**

Audit Area and Title	Areas Noted	High Risk	Medium Risk	Low Risk
<b>Systems</b>				
9 Social Work Payment Arrangements	8	4	4	-
10 Self Directed Support - Transitions	2	-	1	1
<b>Consultancy</b>				
11 Standardised Care Package Advice Note	-	-	-	-

Three outputs were completed in the period, representing a final year end cumulative achievement of 11 outputs or 110% completion of the 10 outputs planned for the year 2023/24, at 100% through the year.

The work completed in the year supports the provision of the year end audit opinion which informs the Annual Governance Statement in the accounts.

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

### System Audits

#### *Social Work Payment Arrangements*

In July 2022 the HSCP agreed to temporarily amend the process for monitoring of actual services delivered through Care at Home and Supported Living Providers. This involved making changes to the authorisation requirements in situations where actual care hours delivered by the providers were less than the planned hours these were to be immediately adjusted. An authorisation process is still in operation for those where the actual hours are greater than the planned hours but this has been refined to a global authorisation of all increases.

The primary objective for changing the process was to mitigate against overpayments to providers on a monthly basis.

To support this change a revised protocol, documenting the new arrangements, was developed. Auditors were informed that the revised protocol was implemented in February 2023.

Auditors reviewed procedures in place and concluded that limited assurance could be provided over the effectiveness of the protocol as the process was not operating as intended. Several improvements will be made as to the current process to provide management with greater assurances over its operational effectiveness.

There were issues surrounding the implementation of the protocol. The protocol stated that downward adjustments to actual care hours as advised by providers were to be immediately made in Carefirst but this process was not in place, with further communication between the relevant services being required to agree a revised protocol.

Four high and four medium risks were identified relating to the implementation of the protocol. The high risks relate to the following, with full detail being provided on risks and action being taken to mitigate these risks in *Appendix 3.1*:

- Downward adjustments were not being made on a timely basis with auditors noting that a substantial number of queries were still outstanding.
- For several periods, Transactional Finance had not yet received authorisation for certain upward adjustments. The original protocol stated that HSCP management would authorise before passing to Transactional Finance for payment. This was not consistently occurring in practice.
- Not all providers were submitting their variation reports to the Council. Auditors observed one provider not submitting a report for five periods and another for four periods. In addition, providers were not consistently recording the reasons for the variations between actual and planned delivery hours as part of the returns.
- There was an absence of key data or metrics around this process to enable the process owners and stakeholders to conclude on the process's effectiveness.

Medium risks were identified relating to the timeliness of query resolution, sample checking of actual hours, data quality and the content of reports being used.

Four of the actions have been completed (two high and two medium risk) and the other four are in progress, with management working to complete the remaining high risks as soon as is practical.

### *Self Directed Support - Transitions*

The Internal Audit Plan included provision for a systems based audit in support of our annual audit opinion to examine SDS Transitions, with a particular focus on the procedures around the control and ownership of individuals transitioning from children's to adult services.

Where individuals have been assessed as having eligible social care needs, SDS provides these individuals with a choice of options on how their care arrangements can be delivered. Where a care plan is in place for a child/young person and when they subsequently transition from Children's to Adult Services a new care assessment is required and a new plan created. The criteria used to assess children differs to that used for adults, therefore, this is likely to result in changes to the plan and the SDS currently in place.

In the two-year period leading up to transition, as part of the transition planning process, the young person's school hosts review meetings. Representatives from both Children & Families and Adult Services are invited to attend, along with other relevant professionals, the young person, and their carer.

Additionally, in the lead up to the transition, a Social Worker from the Children with Disabilities team carries out an assessment, which is reviewed by the Transitions Panel,

comprising managers from Children's and Adult Services and the Commissioning Team. The Panel's main purpose is to determine if a young person meets the eligibility criteria for Adult Services and if so, to decide the most appropriate pathway for them within Adult Services. After this an action plan and timeframe is agreed to progress their case which is taken forward by their allocated worker.

Internal Audit concluded that the key controls in the administration of SDS Transitions from Children's to Adult Services are generally reasonable but should be subject to further improvement actions to further enhance assurances within the area.

A review of transitions procedures was due to be performed by the Service, however, this was paused due to the Covid-19 pandemic. A rescheduling of this review should be considered as soon as is practicable.

## **Consultancy Review**

### *Standardised Care Package Advice Note*

In February 2024, a report was issued to the HSCP Senior Management Team seeking approval to implement a Standardised Support Package (SSP) for older people with unpaid carers. One of the recommendations in the SMT paper was to consult with the Internal Audit Team over the changes to the authorisation process. Auditors met with the Joint Services Manager and the SDS Lead Officer on the 28 February 2024 to discuss the proposed arrangements on a consultancy basis.

This SSP pulls together three care components that would have been put in place on an individual basis:

- One day at a Day Care Centre, or 3 hours 1-2-1 social support
- Four hours Carer Support, and,
- 14 nights per annum rolling respite.

Care packages are reviewed by the HSCP's Resource Screening Group (RSG) on a weekly basis. If approval is given, then the package can be put in place for the service user. Under current arrangements this will have meant, potentially, individual referrals to the RSG for each of the above.

The main proposed change is to the current authorisation process. Team Managers will be given the authority to approve up to the above bulleted levels of care without the need for RSG approval. However, any subsequent increases above that will require to be approved by the RSG.

The HSCP have outlined some anticipated financial and non-financial benefits to this revision; this includes a potential cost saving as well as benefits to the service users such as a reduction in uncertainty when waiting for RSG approval.

Auditors have no material concerns regarding the creation of a Standardised Support Package. Whilst a layer of strategic authorisation has been removed for certain packages, there exists a suitable authorisation level below that. The HSCP have articulated expected financial benefits associated with the proposal. However, auditors advised that it is important that the rollout of this is closely monitored to identify any issues and to ensure that benefits are on course to be achieved.



## Internal Audit Outputs April to May 2024

In the months of April to May 2024, the Internal Audit Team finalised and reported on the year end governance requirements as shown in *Table 2* below. These are summarised as follows:

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

**Table 2 – Analysis of Internal Audit Outputs April to May 2024**

Audit Area and Title	Areas Noted	High Risk	Medium Risk	Low Risk
<b>Regularity</b>				
1 Annual Governance Statements	-	-	-	-
2 Annual Audit Report	-	-	-	-
3 Internal Audit Follow Up Report	-	-	-	-

### Regularity

*Annual Governance Statements* – these were drafted for review and inclusion in the HSCP’s financial statements.

*Annual Audit Report* – This report is presented to the first Performance, Audit & Risk Management Committee following the financial year end. The Council’s Audit & Risk Manager, as the Chief Internal Auditor of the HSCP, has concluded that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP’s governance, risk management and control systems in place for the financial year ended 31 March 2024. This opinion is based on the Internal Audit Team’s work for the year and other sources of assurance as is detailed at *Appendix 1*.

*Internal Audit Follow Up Report* – This report is presented at *Appendix 2* and supports the Annual Audit Report and opinion referred to above. The number of high risks in this report has remained constant at 1. This is despite 3 high risks being raised in the year, due to the majority of these being closed off on a timely basis. Auditors can conclude that there has been a sustained focus in closing off high risks as they arise but would ask for continued focus on closing off the remaining high-risk area.

Three outputs were completed in April and May 2024, representing 30% completion of the 10 outputs planned for the year, at 17% through the year.

Work also continues on specific audit areas, as audits underway at the year end are progressed to completion. Furthermore, work has commenced on the audits on the 2024/25 audit plan.

## **EAST DUNBARTONSHIRE COUNCIL INTERNAL AUDIT PROGRESS**

Work on the Council's internal audit plan has continued, with assurance being provided over a number of areas. No additional high risks of relevance to the HSCP have been identified.

There has been a delay in the provision of the Council's annual audit opinion due to the cancellation of the June meeting of the Audit & Risk Management Committee because of the timing of the UK General Election and the impact on Council Officer availability.

Work has commenced on the Council's 2024/25 internal audit plan of work.

## **NHSGGC INTERNAL AUDIT PROGRESS**

The June 2024 report by Azets provided assurance over a number of areas:

- Performance Monitoring
- Financial management and Reporting
- Waiting List Management
- Digital Health and Care Strategy

These areas were all assessed as Minor improvement required, except Digital Health and Care Strategy which was assessed as effective.

### Appendix 3.1 – Extract of High Risks from Social Care Payments Report

Observation	Risk and Recommendation	Management Response & Allocated Officer	Target Date
<p><b>Downward Adjustments</b></p> <p>Downward adjustments to Carefirst actual hours are not being made on a timely basis with auditors noting that a substantial number of queries are still outstanding.</p>	<p><b>HIGH</b></p> <p>Social care providers are being overpaid for the delivery of services.</p> <p>Non-timely resolution of overpayments may make recovery of monies more difficult and less likely.</p> <p><b>Recommendations</b></p> <p>A meeting between the involved services should be urgently convened with a view to ensuring that all downward adjustments are performed timeously, considering any common issues that are currently preventing this from being implemented.</p> <p>A revised protocol should be discussed and agreed, with procedures for any queries being clarified.</p> <p>Timeframes for the turnaround of queries should be established and monitored.</p>	<p><b>Accepted – recommendations completed.</b></p> <p>There were issues with the complexity of the spreadsheet which was prepared and distributed to transactional finance &amp; the HSCP as part of original procedure.</p> <p>Urgent joint meetings were convened in April 2024 &amp; a revised/ simplified spreadsheet prepared, which is now collectively agreed as fit for purpose. The revised spreadsheet clearly identifies those where there is no change between planned &amp; actual (Green) and where actual is less than planned (Amber) - on both counts payments will be made against actual. The much smaller numbers where the amount being presented exceeds the planned payments (Red) are now separately sent to the relevant HSCP Service Managers for review/resolution.</p> <p>A revised protocol has now been prepared and the new process applied from Period 13.</p>	<p><b>In place</b></p>

Observation	Risk and Recommendation	Management Response & Allocated Officer	Target Date
<p><b>Authorisation of Upward Adjustments</b></p> <p>For several periods, Transactional Finance have not yet received authorisation for certain upward adjustments to Carefirst actual hours. The original protocol stated that HSCP management would authorise before passing to Transactional Finance for payment. This is not consistently occurring in practice.</p>	<p><b>HIGH</b></p> <p>Social care providers are being underpaid for the delivery of certain services to individuals, resulting in inaccurate financial reporting information being produced as part of the budget monitoring process.</p> <p>The HSCP's protocol is not being adhered to with respect to authorisation timescales.</p> <p><b>Recommendations</b></p> <p>Upward adjustment reports should be forwarded to Transactional Finance on a timely basis and in line with the agreed protocol.</p> <p>Where reports are not received on a timely basis, a process should be established that will ensure that such issues are escalated to senior management for corrective actions to be undertaken.</p>	<p><b>Accepted</b></p> <p>A revised procedure has been prepared with a consolidated spreadsheet/return agreed which will enable much more timely payments to be made to ensure payment against actual services provided is made with prompt payment of those services which are as or below planned service provision.</p> <p>Two meetings have been convened in April and a review meeting now established the next of which is due to be held on the 28th May 2024.</p> <p><b>Responsible Officer – Head of Community Health and Care Services/ Head of Adult Services / Team Leader, Finance – Shared Services/ Strategic Commissioning Manager</b></p>	<p><b>30 June 24</b></p>

Observation	Risk and Recommendation	Management Response & Allocated Officer	Target Date
<p><b>Provider Compliance</b></p> <p>Not all providers are submitting their variation reports to the Council.</p> <p>One provider has not submitted a report for five periods and another for four periods.</p> <p>In addition, providers are not consistently recording the reasons for the variations between actual and planned delivery hours as part of the returns.</p>	<p><b>HIGH</b></p> <p>In the absence of providers submitting variation reports there is no assurance that planned and actual hours are the same, resulting in overpayments going uncorrected.</p> <p><b>Recommendation</b></p> <p>The non-receipt of variation reports should be raised with providers with a view of seeking resolution to this.</p> <p>Where reports are still not received, management should seek to escalate this in line with any contractual relationships. Further actions should involve the Council's Legal Services Team.</p>	<p><b>Accepted</b></p> <p>Social Work Commissioning will ensure that noncompliance by providers in terms of submitting variance reports will be addressed and raised directly with providers, and where further action in line with contractual agreements is required escalation to Council's Legal Services will be completed.</p> <p>Non submission or incomplete will be established as 'Red' as per procedure and payment will not proceed as per 'Green' &amp; 'Amber' in order to further minimise risk of overpayment.</p> <p><b>Responsible Officer – Strategic Commissioning Manager</b></p>	<p><b>In place</b></p>

Observation	Risk and Recommendation	Management Response & Allocated Officer	Target Date
<p><b>Management Oversight</b></p> <p>There is an absence of key data or metrics around this process to enable the process owners and stakeholders to conclude on the process's effectiveness.</p>	<p><b>HIGH</b></p> <p>In the absence of key data being reported upon, there is a lack of assurances over the process's effectiveness.</p> <p>Without robust escalation arrangements, issues will go untreated.</p> <p><b>Recommendation</b></p> <p>HSCP Management should, in assessing the improvements being made by way of a revised process and ensuring that any issues are addressed, ensure that key data in relation to this process is being captured, reported on, and escalated, where appropriate.</p>	<p><b>Accepted</b></p> <p>Updated procedure and establishment of regular review meetings will establish a forum and mechanism to gain assurance and oversight of the process's effectiveness. Joint review process will ensure period by period that there will be clear data captured and reported on and escalated where required.</p> <p><b>Responsible Officers – Head of Community Health and Care Services/ Head of Adult Services / Team Leader, Finance – Shared Services/ Strategic Commissioning Manager</b></p>	<p><b>30 June 24</b></p>

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

**DATE OF MEETING:** 20<sup>th</sup> JUNE 2024

**REPORT REFERENCE:** PERF/200624/07

**CONTACT OFFICER:** JEAN CAMPBELL, CHIEF FINANCE &  
RESOURCES OFFICER, TELEPHONE  
NUMBER, 07583902000

**SUBJECT TITLE:** HSCP ANNUAL DELIVERY PLAN UPDATE –  
QTR 4 2023/24

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**1.0 PURPOSE**

- 1.1 The purpose of this report is to update the Committee on the performance of the HSCP Delivery Plan for 2023/24 as at Quarter 4 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 2023/24.

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

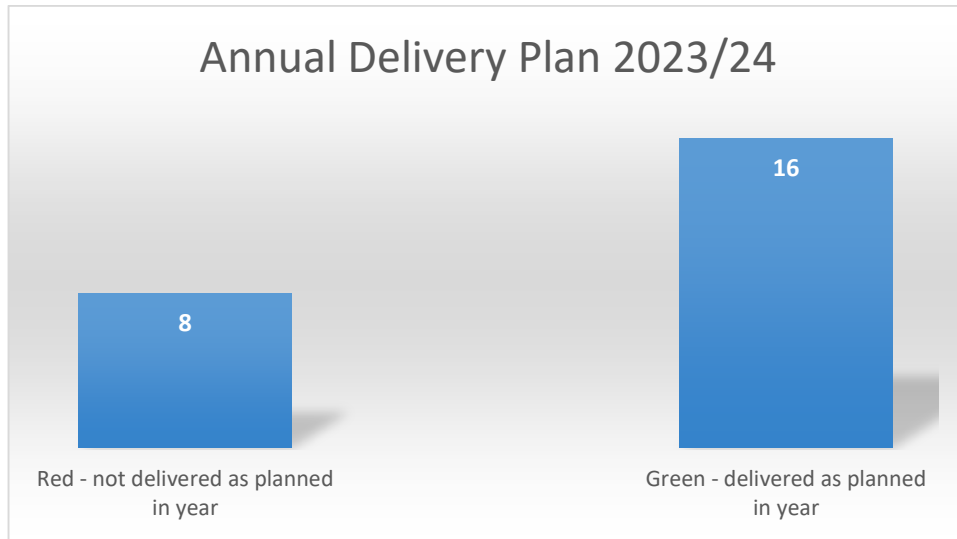
### **3.0 BACKGROUND/MAIN ISSUES**

- 3.1** The HSCP Board agreed the HSCP Delivery Plan 2023/24 at the IJB meeting on the 23<sup>rd</sup> March 2023. 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 is monitored through the HSCP Annual Delivery Plan Board comprising the Chief Officer, Chief Finance & Resources Officer, HSCP Heads of Services and organisational development and HR support from both the Council and NHS.
- 3.3** The projects within the Annual Delivery Plan have been classified to more clearly identify where these relate to efficiencies, improvements to service delivery, statutory / legal responsibilities, corporate priorities, sustainability and enhancement to assets. Each of the HSCP Delivery planning priorities has been classified according to these criteria and this is reflected within the highlight report for each priority. Some priorities will have more than one classification as a project may deliver efficiencies as well as improving services and outcomes for patients and service users.

#### **HSCP Delivery Plan 2023/24**

- 3.4** The dashboard setting out progress on delivery of the projects to be delivered during 2023/24 is attached as **Appendix 1** with a more detailed update on the final position for each project attached as **Appendix 2**.
- 3.5** The delivery of the service redesign aspects of the Delivery plan for 2023/24 included as part of the Budget 23/24 is indicating a shortfall of £0.917m at the year end, as reported through the IJB On the 28<sup>th</sup> March 2024. This means the HSCP expects to achieve £32.977m of savings against a target of £3.894m during 2023/24. A smoothing reserve of £0.594m was created at the time of setting the budget for 23/24 in expectation that some savings will take time to implement and bed in – the unachieved savings are beyond the reserve available at this stage in the financial year. A copy of the financial implications of projects approved as part of the Budget 2023/24 are included as **Appendix 3**.
- 3.6** There are a total of 24 projects to be delivered within the Delivery Plan for 2023/24:-
- 16 (18) are considered at Green status and were delivered as planned in year. Of the 16, 11 were fully completed and 5 were programmed to continue beyond 2023/24 and are considered to be on track and reflected in the 2024/25 Annual Delivery Plan.
  - 8 (6) were not achieved as planned in year and have been carried forward for delivery in 2024/25.





**3.7** The eight projects which were not fully delivered in year as planned were:

- Social Support for Older People
- Public Health Strategy
- No One Dies Alone (Compassionate East Dunbartonshire)
- Mental Health / Alcohol and Drug Recovery Commissioned Service Review
- Special Children Services work force Review
- Review of the Public Dental Service
- Primary Care Improvement
- Modern Facilities Development

#### **4.0 IMPLICATIONS**

The implications for the Committee are as undernoted.

**4.1** Relevance to HSCP Board Strategic Plan 2022-2025 Priorities – All. The Strategic Plan sets out the priorities and ambitions to be delivered over the next three years to further improve the opportunities for people to live a long and healthy life. The HSCP Delivery Plan sets out the priorities which will be delivered during 2023/24 in furtherance of the strategic priorities set out in the Strategic Plan.

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

**4.2** Frontline Service to Customers – None

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

**4.4** Legal Implications – None

- 4.5 Financial Implications – The HSCP Delivery Plan includes the transformation and service redesign priorities for the year including the areas requiring investment and dis-investment.
- 4.6 Procurement – None
- 4.7 ICT - None
- 4.8 Economic Impact – None
- 4.9 Sustainability – None
- 4.10 Equalities Implications – None
- 4.11 Other – None

## **5.0 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. The overall risks associated with the delivery of the plan comprise financial risk in the event that savings are not delivered as planned or areas highlighted for service improvement do not progress as planned.

## **6.0 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.



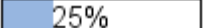


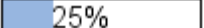























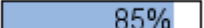
## **7.0 POLICY CHECKLIST**

- 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 2023/24 March 2024
- 8.2 Appendix 2 – HSCP Delivery Plan Highlight Report 2023/24 March 2024
- 8.3 Appendix 3 – HSCP Savings Update 2023/24 March 2024

HSCP TRANSFORMATION PROGRAMME 2023/2024								
Programme overview			Summary of RAG Status					
Projects <b>24</b>			On Track <b>16</b>		At Risk <b>0</b>		In Exception <b>8</b>	
Priority	Project Name	Previous Status	Current status	Progress	Reason for RAG Status	Original Project End Date	Forecast Project End Date	Decision Required
	Digital Solutions Development				Complete	29-Mar-2024	31-Mar-2024	None
	Trauma Informed				Complete	29-Mar-2024	31-Mar-2024	None
	Learning Disability Day Services				Complete	29-Mar-2024	31-Mar-2024	None
	Social Support for Older People				Carried forward	29-Mar-2024	31-Mar-2024	None
	Child Protection Procedures				Complete	29-Mar-2024	31-Mar-2024	None
	Children at Risk of Harm: Inspection Response				Complete	29-Mar-2024	31-Mar-2024	None
	Learning/Intellectual Disability Strategy				Complete	29-Mar-2024	31-Mar-2024	None
	Children's House Project				Complete	29-Mar-2024	31-Mar-2024	None
	MAT Standards				Complete	29-Mar-2024	31-Mar-2024	None
	Tier 1 and 2 Services for Children				Complete	29-Mar-2024	31-Mar-2024	None
	Review of Accommodation Service for Adults with Learning Disabilities				Complete	29-Mar-2024	31-Mar-2024	None
	Workforce and Organisational Development				Complete	29-Mar-2024	31-Mar-2024	None
	Public Health Strategy				Carried forward	29-Mar-2024	31-Mar-2024	None
	Community-Led Support				Complete	29-Mar-2024	31-Mar-2024	None









No-One Dies Alone				Carried forward	29-Mar-2024	31-Mar-2024	None
Mental Health/Alcohol and Drugs Recovery Commissioned Service Review				Carried forward	29-Mar-2024	31-Mar-2024	None
Specialist Children's Services				Complete	29-Mar-2024	31-Mar-2024	None
Workforce Review				Carried forward	29-Mar-2024	31-Mar-2024	None
Joint Unscheduled Care Plan				Complete	29-Mar-2024	31-Mar-2024	None
Quality Management Framework				Complete	29-Mar-2024	31-Mar-2024	None
Public Dental Service				Carried forward	29-Mar-2024	31-Mar-2024	None
Medium Terms Financial and Strategic Planning				Complete	29-Mar-2024	31-Mar-2024	None
Primary Care Improvement				Carried forward	29-Mar-2024	31-Mar-2024	None
Modern Facilities Development				Carried forward	29-Mar-2024	31-Mar-2024	None

# HSCP TRANSFORMATION 23

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-23-01-TRA Digital Solutions Development				<div style="border: 1px solid black; padding: 2px; display: inline-block;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024	29-Apr-2024			
Project Description					
Development of digital solutions to support digitally enabled workforce, digitally enabled service users – Home monitoring, analogue to digital implementation.					
Project Sponsor			Project Manager		
Jean Campbell			Jean Campbell; Elaine Marsh		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>The HSCP Digital Strategy 2023–25 was approved by IJB in January 2024.</li> <li>A digital action plan for the period of the strategy is being developed and managed by the Digital Health and Care Strategy Board.</li> </ul>			<ul style="list-style-type: none"> <li>Actions are programmed to continue in the next financial year and are reflected in the HSCP Annual Delivery Plan 2024/25.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	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-23-02-TRA Trauma Informed				<div style="border: 1px solid black; background-color: #add8e6; padding: 2px; display: inline-block;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024	22-Jun-2023			
Project Description					
Continue to develop as a Trauma Informed organisation.					
Project Sponsor			Project Manager		
Claire Carthy			Alex O'Donnell		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Trauma Co-ordinator implementing regular level 1 &amp; 2 training to partners across directorates e.g. Health, SW, Housing, Education from August/September onwards.</li> </ul>			<ul style="list-style-type: none"> <li>Actions are programmed to continue in the next financial year and are reflected in the HSCP Annual Delivery Plan 2024/25.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	Trauma informed workforce			
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-23-03-TRA Learning Disability Day Services				<div style="border: 1px solid black; background-color: #add8e6; padding: 2px; display: inline-block;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Development of community-based services, employability, volunteering and community-based model of support.					
Project Sponsor			Project Manager		
David Aitken			Richard Murphy; Gayle Paterson; David Radford		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Project met objectives 2023/24			<ul style="list-style-type: none"> <li>• Development of community based support options continues overseen by Day Service Working Group which reports in to the Learning Disability Review Steering Group</li> <li>• Development of new social enterprise initiative is being taken forward to further support capacity building within the Allander Day Service to ensure that further people with more complex care needs can be offered a place locally and do not need to travel to external day services.</li> <li>• Financial framework objectives of the project for 2023/24 have been realised.</li> <li>• Project achieved objectives 2023/24</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>• Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	<ul style="list-style-type: none"> <li>• Enhanced community-based support for adults with learning/intellectual disabilities.</li> <li>• Establishment of capacity within ED to meet complex/ challenging needs which have been met outside ED in the past.</li> <li>• Enhanced choice and personalisation.</li> </ul>			
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-23-04-TRA Social Support for Older People				<div style="border: 1px solid black; background-color: #add8e6; padding: 2px; display: inline-block;">95%</div>	Red – Project in exception
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024	04-May-2023			
Project Description					
Implement the 23/24 actions of the Social Support for Older People Strategy.					
Project Sponsor			Project Manager		
Derrick Pearce			Kelly Gainty; Richard Murphy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>It has been agreed and authorised that the closure of the Milan Day Centre has been extended to the beginning of May 2024. This will afford the Milan Day Centre customers opportunities to spend time at Birdston Day Centre for trial periods during the month of April 2024.</li> </ul>			<ul style="list-style-type: none"> <li>Negotiations with providers for the delivery of two centre based services from April 2024</li> <li>Progress future option choices for Milan service users</li> <li>It is envisaged that arrangements will be in place for all individuals to transfer to their preferred support from April 2024</li> <li>Progress transition planning</li> <li>Agreement and authorisation to extend the closure date for Milan Day Centre to beginning of May 2024. This will afford the customers opportunities to spend trial periods in Birdston Day Centre throughout April 2024.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Continued work to develop funding options to support the development of community assets.</li> <li>Clarification of communication and consultation processes undertaken, particularly with Milan customers and service users during the strategic review.</li> <li>This action is carried forward for completion in 2024/25.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	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-23-05-TRA Child Protection Procedures				<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 2px; display: inline-block;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024	22-Jun-2023			
Project Description					
Update and implement new Child Protection Procedures.					
Project Sponsor			Project Manager		
Claire Carthy					
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>• Ensure the Child Protection website is kept up to date with refreshed guidance.</li> <li>• CPC ratified procedures.</li> <li>• Staff briefing underway.</li> </ul>			<ul style="list-style-type: none"> <li>• Continue staff briefings.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>• Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	<ul style="list-style-type: none"> <li>• Increase skills and knowledge in relation to child protection.</li> </ul>			
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-23-06-TRA Children at Risk of Harm: Inspection Response				<div style="border: 1px solid black; background-color: #add8e6; padding: 2px; display: inline-block;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024	22-Jun-2023			
Project Description					
Respond to the outcome of the Children at Risk of Harm Inspection.					
Project Sponsor			Project Manager		
Claire Carthy			Suzanne Greig		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Designed and delivered multi-agency chronology training.</li> </ul>			<ul style="list-style-type: none"> <li>Produce advocacy pathway on website.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	<ul style="list-style-type: none"> <li>Children at risk of harm are receiving improved services.</li> </ul>			
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-23-07-TRA Learning/Intellectual Disability Strategy				<div style="background-color: #4f81bd; color: white; padding: 2px;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Refresh HSCP Learning/Intellectual Disability Strategy.					
Project Sponsor			Project Manager		
David Aitken			Alan Cairns; Gayle Paterson		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Learning Disability Locality Strategy to be updated by Project Lead for 2023-26.</li> </ul>			Project Complete.		
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	<ul style="list-style-type: none"> <li>The strategy focuses on service development, cost effectiveness, equitable provision and sustainability.</li> </ul>			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets

<b>PROJECT RAG STATUS UPDATE</b>					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-23-08-TRA Children's House Project				<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 2px; display: inline-block;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024	22-Jun-2023			
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"> <li>Report on impact and savings to IJB.</li> </ul>			<ul style="list-style-type: none"> <li>Actions are programmed to continue in the next financial year and are reflected in the HSCP Annual Delivery Plan 2024/25.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
£200,000	£400,000	<ul style="list-style-type: none"> <li>Evidence commitment to Corporate Parenting.</li> </ul>			
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-23-09-TRA MAT Standards				<div style="width: 100%;"><div style="width: 100%; background-color: #4f81bd; color: white; text-align: center;">100%</div></div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Delivery of Medically Assisted Treatment Standards 6-10.					
Project Sponsor			Project Manager		
David Aitken			Lynsay Haglington		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>MIST / Public Health Scotland RAG Grade – East Dunbartonshire now graded 'Green' for MAT 1-5 &amp; 'Provisional Green' for 6-10 which is the highest available at this point.</li> <li>Project objectives met for 2023/24.</li> </ul>			<ul style="list-style-type: none"> <li>Implementation Group established to review progress against MAT 1-6.</li> <li>Support from NHS GGC board wide implementation group (consistent for all partnerships) now in place to ensure consistency of reporting and recording.</li> <li>ADP Strategy updated to reflect new national priorities including MAT Standards.</li> <li>MAT 1-5 now awarded 'Green' &amp; MAT 6-10 'Provisional Green' which is the highest which could be allocated at this point.</li> <li>All NHS GGC HSCPs successfully achieved the same grading.</li> <li>Ongoing work to develop shared care to embed provision of treatment from GP/Primary Care will be a continuing feature of our work in this area.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	<ul style="list-style-type: none"> <li>Enhanced care and treatment options for those affected by problematic alcohol/drug use.</li> <li>Reduced deaths due to problematic drug use.</li> </ul>			
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-23-10-TRA Tier 1 and 2 Services for Children				<div style="background-color: #4f81bd; color: white; padding: 2px;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024	22-Jun-2023			
Project Description					
Continue to develop tier 1 and tier 2 service for children.					
Project Sponsor			Project Manager		
Claire Carthy					
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Report on Year 2 impact to SG, IJB and CPP.</li> <li>Reporting underway.</li> </ul>			<ul style="list-style-type: none"> <li>Actions are programmed to continue in the next financial year and are reflected in the HSCP Annual Delivery Plan 2024/25.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	<ul style="list-style-type: none"> <li>Improved access to Tier 1 and 2 services for CYP to improve mental health and wellbeing.</li> </ul>			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets

<b>PROJECT RAG STATUS UPDATE</b>						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status	
HSCP-23-11-TRA Review of Accommodation Service for Adults with Learning Disabilities				100%	Project Complete	
Original Project End Date	Forecast Project End Date	Date of last project board				
29-Mar-2024	31-Mar-2024					
Project Description						
Review and redesign of accommodation-based support services for adults with learning/intellectual disabilities to ensure that services continue to meet the needs of our community and the expectations set out within the Scottish Government Strategy 'Coming Home'. Note that this is a two-year plan.						
Project Sponsor			Project Manager			
David Aitken			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"> <li>• Actions are programmed to continue in the next financial year and are reflected in the HSCP Annual Delivery Plan 2024/25.</li> <li>• Briefing paper prepared to facilitate engagement with Council SMT &amp; agree scope / remit of review, and identify where there are common approaches required and possible involvement directly within Strategic Group.</li> <li>• Work progressing on 'Coming Home' options utilising CLCF to potentially facilitate</li> <li>• Dynamic Support Register Implemented</li> </ul>			<ul style="list-style-type: none"> <li>• Actions are programmed to continue in the next financial year and are reflected in the HSCP Annual Delivery Plan 2024/25.</li> </ul>			
Reason for RAG Status						
<ul style="list-style-type: none"> <li>• Two year plan milestones for 2023/24 achieved with renewed focus upon achieving efficiencies in 2024/25.</li> <li>• Focus for 2024/25 will be on in-house services, Pine View, Respite provision and achieving efficiencies across commissioned supported accommodation provision.</li> </ul>						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits				
		Enhanced planning arrangements for transitions from children's to adult services.				
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-23-12-TRA Workforce and Organisational Development				<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 2px; display: inline-block;">100%</div>	Project Complete	
Original Project End Date	Forecast Project End Date	Date of last project board				
29-Mar-2024	31-Mar-2024					
Project Description						
Development of recruitment strategy and delivery of measures to support staff well-being.						
Project Sponsor			Project Manager			
Tom Quinn						
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> <li>Recruitment activity review completed and areas of good practice identified</li> <li>Encouragement to staff to identified areas of good practice in services has seen four posters accepted for national events</li> <li>Number of users on the Wellbeing Teams channel continues to increase</li> </ul>			<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>			
Reason for RAG Status						
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>						
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-23-13 Public Health Strategy				<input type="text" value="75%"/>	Red – Project in exception
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Implement the Public Health Strategy.					
Project Sponsor			Project Manager		
Derrick Pearce			David Radford		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>The Strategy has been delayed as a consequence of the ongoing HSCP HIT review of the function, role and remit for the Health Improvement Team. Further, there has been limited data following the global pandemic from which to identify population health and wellbeing.</li> <li>In early 2024, the Scottish Government will start to release the Scottish Census data and this, aligned with the publication of the East Dunbartonshire Adult Health &amp; Wellbeing data, will provide the required health data, and trends which a comprehensive Strategy will be framed. This programme will be priorities for completion in Q1 Of 2024.</li> </ul>			<ul style="list-style-type: none"> <li>Draft Strategy being refreshed to encompass new data being released by Scot Gov and NHS GGC.</li> <li>This action is carried forward for completion in 2024/25.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>This action is carried forward for completion in 2024/25.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	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-23-14 Community-Led Support				<div style="background-color: #4f81bd; color: white; padding: 2px; display: inline-block;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024	04-May-2023			
Project Description					
Pilot a community-led support approach within a locality, working through community planning partners.					
Project Sponsor			Project Manager		
Derrick Pearce			Kelly Gainty; James Johnstone; David Radford		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Community-led support vision / action plan ongoing in line with HI Review, will be carried forward.</li> <li>Training and review of impact of community-led support approaches, ongoing in line with HI Review, will be carried forward.</li> <li>Anchor strategy presented to SPF, local actions continuing to be developed.</li> </ul>			<ul style="list-style-type: none"> <li>Work is ongoing in relation to the action plan identified from the needs assessment carried out with the residents of Twechar.</li> <li>Publish outcome of evaluation of impact of community groups for older people.</li> <li>Create and launch online version of community groups/assets for older people impact evaluation form.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	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-23-15 No-One Dies Alone				<div style="width: 25%;"><div style="width: 25%; background-color: #4f81bd; height: 10px;"></div></div> 25%	Red – Project in exception	
Original Project End Date	Forecast Project End Date	Date of last project board				
29-Mar-2024	31-Mar-2024					
Project Description						
Implementation of Compassionate ED model - 'No One Dies Alone'.						
Project Sponsor			Project Manager			
Leanne Connell; Derrick Pearce			Kathleen Halpin; David Radford			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> <li>To progress this programme, agreement was reached to recruit a position which would drive the programme forward. The post was advertised and no applications were received. The role is being considered within the review of the function, role and remit of the HSCP Health Improvement Team, with the expectation that a Senior Officer will be appointed to progress this programme in Q1 of 2024.</li> </ul>			<ul style="list-style-type: none"> <li>Delayed as a consequence to not filling position.</li> <li>Capacity issues not enabling progress with programme at present.</li> <li>This action is carried forward for completion in 2024/25.</li> </ul>			
Reason for RAG Status						
<ul style="list-style-type: none"> <li>This action is carried forward for completion in 2024/25.</li> </ul>						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits				
N/A	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-23-16 Mental Health/Alcohol and Drugs Recovery Commissioned Service Review				<div style="border: 1px solid black; width: 100px; height: 15px; background-color: #4f81bd; display: flex; align-items: center; justify-content: center;">25%</div>	Red – Project in exception
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Redesign services for adult mental health and alcohol and drugs services to develop a recovery focused approach.					
Project Sponsor			Project Manager		
David Aitken			Sharon Gallacher; Lynsay Haglington; Gillian Healey		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Project carried forward into 2024/25 Delivery Plan.</li> </ul>			<ul style="list-style-type: none"> <li>Engagement plan being prepared to engage with Providers.</li> <li>Decision re future commissioning model to be developed and taken forward within review timescales.</li> <li>Actions will roll forward into 2024/25 as part of the two year timeline.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Primary risk to the project was capacity and availability of a dedicated Project Lead which has now been secured. Financial framework requires to be reviewed as a matter of priority.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
£30,000	£30,000	<ul style="list-style-type: none"> <li>Integrated commissioning pathway for MH/A&amp;D services</li> <li>Strengthen collaborative commissioning approach</li> </ul>			
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-23-17 Specialist Children's Services				<div style="background-color: #4f81bd; color: white; padding: 2px;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Realign Specialist Children's Services from the current dispersed management arrangements in to a single hosted management arrangement.					
Project Sponsor			Project Manager		
Caroline Sinclair			Alan Cairns		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Workforce plan has been significantly impacted through SG funding not yet confirmed in full for 23/24 with offset of reserves in year. Expectations that this will be reduced for future years. This has required a shift in the plan for this year with a contraction of staffing levels expected to live within the financial envelope available and will therefore be closed as a project this year with a refreshed project to be included in the 24/25 annual delivery plan.</li> </ul>			<ul style="list-style-type: none"> <li>Project closed in its current form with a refresh of the workforce plan for SCS to be included in the 24/25 annual delivery plan which delivers within the reduced financial envelope available.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	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-23-18 Workforce Review				<div style="border: 1px solid black; padding: 2px; display: inline-block;">90%</div>	Red – Project in exception
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Review and refresh workforce plans to ensure capacity to see and treat children and young people.					
Project Sponsor			Project Manager		
Caroline Sinclair					
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Continued to review and construct an overall SCS Workforce plan and identify any actions to be taken to comply with the Health and Care (staffing) (Scotland) legislation (April 2024).</li> <li>CAMHS Performance met the National 18-week Referral to Treatment (RTT) Target at the end of Q1 in June 2023, and has continued to meet the target each month since then, ensuring that minimum of 90% of children and young people referred for treatment started treatment within 18 weeks.</li> <li>Shared the learning of any new ways of working ‘Test of Change’ pilots within localities.</li> </ul>			<ul style="list-style-type: none"> <li>Finalise an overall SCS workforce which will include workforce data for all job families.</li> <li>We will continue to review and seek to consolidate our existing workforce to allow ongoing delivery of best patient care.</li> <li>This action is carried forward for completion in 2024/25.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Await confirmation of financial envelope for core and MHRR funding from the Scottish Government for 2023/24.</li> <li>Balancing demand and capacity is important and the recruitment and retention of the workforce is a significant challenge in achieving this action. Maintaining staff wellbeing to deliver best patient care is a priority action for the Workforce Planning group. The CAMHS Workforce Group continues to monitor this and plan for expansion in line with recommendations from the Scottish Government with the total whole time equivalent (wte) minimum to be 14wte aspiring to 20wte per 100k population.</li> </ul>					
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-23-19 Joint Unscheduled Care Plan				<div style="border: 1px solid black; padding: 2px; display: inline-block;">100%</div>	Project Complete	
Original Project End Date	Forecast Project End Date	Date of last project board				
29-Mar-2024	31-Mar-2024					
Project Description						
Implement actions set out within the GGC Joint Unscheduled Care Plan for EDC for 2023/24.						
Project Sponsor			Project Manager			
Derrick Pearce			Fiona Munro; Alison Willacy			
HIGHLIGHT REPORT						
Actions completed within the last reporting period			Actions planned in the Next Reporting Period			
<ul style="list-style-type: none"> <li>• Actions for 2023/24 completed.</li> </ul>			<ul style="list-style-type: none"> <li>• Workstream leads have been tasked with developing driver diagrams and metrics for each workstream.</li> </ul>			
Reason for RAG Status						
<ul style="list-style-type: none"> <li>• Actions complete for reporting year.</li> </ul>						
Benefits						
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits				
N/A	N/A	N/A				
Drivers for Change						
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets	



<b>PROJECT RAG STATUS UPDATE</b>					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	RAG Status
HSCP-23-20 Quality Management Framework				<div style="background-color: #4f81bd; color: white; padding: 2px;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Implementation of the Quality Management Framework.					
Project Sponsor			Project Manager		
Leanne Connell			Alan Cairns		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Planned actions for the implementation of the Quality Management Framework complete.</li> </ul>			<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	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-23-21 Public Dental Service				35%	Red – Project in exception
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Implementation of the recommendations from the Public Dental Service review Programme Board.					
Project Sponsor			Project Manager		
Caroline Sinclair					
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Implementation of the recommendations from the Public Dental Service Review Programme Board have progressed throughout 2023/24.</li> <li>The PDS Review Work Group Leads have updated the status of the recommendations and added new recommendations in light of changes post pandemic and taking account of any access issues due to de-registrations by GDS in order to be responsive to PDS needs and protect its core services.</li> </ul>			<ul style="list-style-type: none"> <li>Proceed with the appointment of a Project Manager within OHD who will have a specific role to progress the PDS Review recommendations which is an objective within the Annual Delivery Plan. This work will include the move to Parkhead Hub and the longer use of our estate.</li> <li>This action is carried forward for completion in 2024/25.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>The Project Manager post is required to manage the implementation of the recommendations of the Public Dental Service review.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	<ul style="list-style-type: none"> <li>Improved patient pathways and outcomes resulting in positive feedback or reduced complaints.</li> <li>Improved referral pathways for General Dental Practitioners.</li> <li>Improved staff morale – demonstrated through iMatter feedback.</li> </ul>			
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-23-22 Medium Terms Financial and Strategic Planning				<div style="background-color: #4f81bd; color: white; padding: 2px; display: inline-block;">100%</div>	Project Complete
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Engage with public in relation to financial position to inform future priorities.					
Project Sponsor			Project Manager		
Jean Campbell					
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Budget consultation report presented to IJB in January 2024 for consideration and used to inform budget savings proposals as part of the Budget 24/25 considerations.</li> <li>Consultation responses will inform the budget setting proposals to deliver a balanced budget for 24/25 to be considered for approval on the 28th March 2024.</li> </ul>			<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Actions complete for reporting year.</li> </ul>					
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-23-23 Primary Care Improvement				<div style="border: 1px solid black; background-color: #4a86e8; color: white; padding: 2px; display: inline-block;">80%</div>	Red – Project in exception
Original Project End Date	Forecast Project End Date	Date of last project board			
29-Mar-2024	31-Mar-2024				
Project Description					
Continue implementation within financial envelope, for Primary Care Implementation Plan.					
Project Sponsor			Project Manager		
Derrick Pearce			James Johnstone; Dianne Rice		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>Delay with capital decisions at NHS Board level mean we have been unable to progress shop front accommodation within Bishopbriggs.</li> </ul>			<ul style="list-style-type: none"> <li>Delay in capital decisions at NHS Board level have meant that the planning for the shop from accommodation in Bishopbriggs has been delayed and will be carried into the 2024/25 financial year.</li> </ul>		
Reason for RAG Status					
<ul style="list-style-type: none"> <li>Currently the main risk lies with Capital Planning at NHS Board as we are unable to progress locally until a decision is made. As a result of delayed decision, we have received notification from local practices regarding the challenge in continuing to host CTAC service within their premises.</li> </ul>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	Other Intended Benefits			
N/A	N/A	N/A			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

<b>PROJECT RAG STATUS UPDATE</b>					
<b>Project ID/ Project Name</b>		<b>Previous Status</b>	<b>Current Status</b>	<b>Project Progress to Date</b>	<b>RAG Status</b>
HSCP-23-24 Modern Facilities Development				<div style="border: 1px solid black; background-color: #4f81bd; color: white; padding: 2px; display: inline-block;">85%</div>	Red – Project in exception
<b>Original Project End Date</b>	<b>Forecast Project End Date</b>	<b>Date of last project board</b>			
29-Mar-2024	31-Mar-2024	04-Mar-2024			
<b>Project Description</b>					
Progression of Property Strategy – revisit Business Case for Integrated Health and Care Facility in the West Locality.					
<b>Project Sponsor</b>			<b>Project Manager</b>		
Jean Campbell			Vandrew McLean		
<b>HIGHLIGHT REPORT</b>					
<b>Actions completed within the last reporting period</b>			<b>Actions planned in the Next Reporting Period</b>		
<ul style="list-style-type: none"> <li>• Milngavie Retail Unit project deemed financially unviable – closed off. Other options in the area to be investigated 2024/2025.</li> <li>• Woodlands and Milngavie Feasibility projects have now been costed with a summary report provided by Capital Planning Project Officer. Each case will be written up into a business case for submission via Capital Planning approval groups mid-2024.</li> <li>• KHCC Feasibility – meeting held with Capital Planning, review of risk costing for design plans for cost and lead consultant requires £30k approval, which may be adjusted following tender. Approval required.</li> <li>• West Locality Business Case – await issue of Primary Care Premises Strategy/MFT which will inform next steps. There is no capital funding anticipated for large scale health and care centre facilities in the next few financial years with guidance noting repair, maintain or enhance existing facilities.</li> <li>• Relocation of HV teams to Southbank should conclude end May/early June – solutions being proposed for phone lines at KHCC.</li> <li>• Pharmacotherapy Hub – now established at KHCC, there may be some internal move of the service mid-2024.</li> <li>• NE Sector Office review to be pushed back to later in 2024/2025 due to competing priorities.</li> <li>• Small refurb of two rooms at KHCC scheduled to start 6th May 2024, completion of rooms expected mid-June 2024.</li> </ul>			<ul style="list-style-type: none"> <li>• Await Primary Care Strategy (MFT), however indications of no capital funding for large scale health and care centres in the next few financial years.</li> <li>• Review of capital project within Bishopbriggs to be taken through NHSGG&amp;C CMT early May 2024. If approved completion of lease and tender documents will be progressed. Design and Delivery Board Groups continue.</li> <li>• Woodlands and Milngavie Feasibility costings and summary paper have been completed by Capital Project Officer. Require to submit business case through NHSGG&amp;C Capital Governance Groups, as both projects require significant funding.</li> <li>• Completion of two Treatment Rooms at KHCC funded via HSCP Capital monies, completion mid-June 2024.</li> <li>• KHCC feasibility design costs will require approval for design plans circa £30k – to be reviewed and approved by SMT.</li> <li>• Pharmacotherapy Hub has now gone live.</li> <li>• NE Sector Office review to be pushed back to later in 2024/2025 due to competing priorities.</li> </ul>		

<ul style="list-style-type: none"> <li>Bishopbriggs Retail Unit – review of project, along with all NHS Capital funded projects will be undertaken at NHS CMT in early May 2024.</li> </ul>					
<b>Reason for RAG Status</b>					
<ul style="list-style-type: none"> <li>Securing appropriate alternative accommodation within Milngavie will be challenging, Clinic Feasibility has been completed and will be taken through NHSGG&amp;C Governance Groups given significant financial ask. Investigation of other sites in this locality is underway with Council colleagues, with site visit to one property to be arranged early May 2024.</li> <li>Bishopbriggs and viability of the project – there is a lack of capital or HSCP funding in the next few financial years and the project may not proceed. NHSGG&amp;C CMT will review project early May 2024.</li> </ul>					
<b>Benefits</b>					
<b>Target £ (Indicate Year)</b>	<b>Actual Predicted (Indicate Year)</b>	<b>Other Intended Benefits</b>			
N/A	N/A	N/A			
<b>Drivers for Change</b>					
<b>Improved efficiency</b>	<b>Corporate priorities</b>	<b>Statutory &amp; Legal</b>	<b>Service Delivery</b>	<b>Sustainability</b>	<b>Maintenance &amp; Enhancement of core assets</b>
					

<b>Workstream</b>	<b>Action</b>	<b>Lead</b>	<b>Full Year Savings Target 23/24</b>	<b>Actual Savings Anticipated 23/24</b>	<b>Savings Un Achieved 23/24</b>	<b>Smoothing Reserve 23/24</b>
	<b><u>Community Health &amp; Care</u></b>					
Policy	Development of a Charging Policy for Telecare	Derrick	30,000	-	30,000	30,000
Service Change	Review of Older People Day Supports	Derrick	-	-	-	
Service Change	Health Improvement Redesign	Derrick	50,000	50,000	-	
Efficiency	Demographic Growth	Derrick	1043,746	1043,746	-	
Service Change	Review of Continuing Care	Derrick	277,000	277,000	-	
Service Change	Review of PDS funding from Carers	Derrick	70,000	70,000	-	
			1470,746	1440,746	30,000	
	<b><u>Mental Health, Learning Disability &amp; Addictions</u></b>					
Efficiency	Impact of New Investment on Mainstream budgets	David	136,000	136,000	-	407,000
Efficiency	Increased turnover due to delays / difficulties in recruitment	David	250,000	250,000	-	
Service Change	Cessation of review Team function	David	101,415	101,415	-	
Service Change	Review of Pineview / move to 2 bedded unit	David	338,356	142,356	196,000	
	Review of Supported Accommodation / Support Living					
Efficiency	Budgets for Adult Services in line with Fair Access policy and access to resources	David	407,000		407,000	
Service Change	New Allander Daycare opportunities	David	190,900		190,900	
Service Change	Review of Voluntary Sector / MH / Addictions Commissioning	David	30,000		30,000	
			1453,671	629,771	823,900	
					-	
	<b><u>Childrens Services</u></b>					
Service Change	Continuance of House Project model	Claire	500,000		500,000	38,613
			500,000	-	500,000	
					-	
					-	
	<b><u>Strategic &amp; Resources</u></b>					
Efficiency	Review of Planning & Commissioning funding	Jean	157,000	118,387	38,613	38,613
Efficiency	Management Efficiencies	Jean	313,000	313,000	-	
			470,000	431,387	38,613	
	<b>Total Savings Programme 23/24</b>		3894,417	2501,904	1392,513	475,613

916,900

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

**DATE OF MEETING:** 20<sup>th</sup> JUNE 2024

**REPORT REFERENCE:** PERF/200624/08

**CONTACT OFFICER:** JEAN CAMPBELL, CHIEF FINANCE &  
RESOURCES OFFICER (07583902000)

**SUBJECT TITLE:** HSCP CORPORATE RISK REGISTER UPDATE

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**1.0 PURPOSE**

**1.1** The purpose of this report is to provide an update on the Corporate Risks and how they 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**.

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

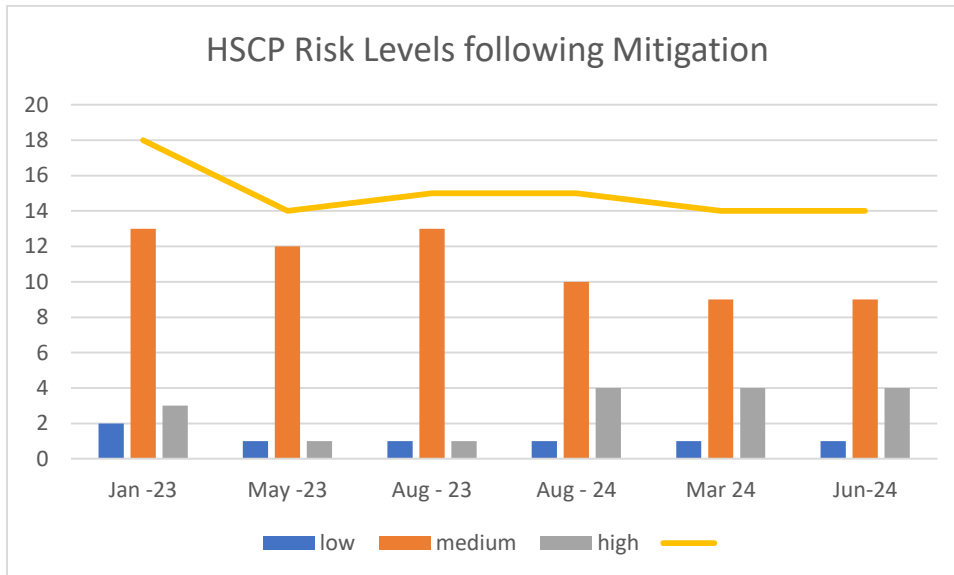
### **3.0 BACKGROUND/MAIN ISSUES**

- 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 quarterly by the Senior Management Team and updated. It captures the high level risks across the HSCP and the hosted services.
- 3.4** The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these.
- 3.5** There are a total of 14(14) risks included within the HSCP Corporate Risk register. This represents no change in the number of risks for the HSCP from that previously reported.
- 3.6** There had previously been a re-focus on the risk HSCP 02 in the context of the recent Adult Support & Protection (ASP) inspection, it was highlighted that the focus on this area has been at the expense of other quality aspects in relation to ASP and the risk narrative has been changed to reflect this. The control measures have been expanded and timelines for the delivery of the improvement action plan arising from the Joint Inspection of Adult Support and Protection Services and recruitment to ASP training post included.
- 3.7** There have a review of the risk scores and these have remained largely the same as those previously reported. There has been a change to the risk scores for HSCP14 with a change to the likelihood and impact scores with the overall score remaining the same. This relates to the carefirst system where current control measures have been re assessed with more assurance in relation to the arrangements for the current system maintenance reducing the overall impact of the risk but in the current environment with limited funding and resources to support the delivery of a project of this scale, the likelihood is now higher that a new system development may not be forthcoming in the short term.
- 3.8** Timelines have also been included across the risk management actions identified where these are expected to be delivered within the current financial year and some extend into future years.
- 3.9** Of the 14 risks identified within the Corporate Risk register, 9 are considered to be high risk albeit following the risk management actions set out, this reduces to 4 high risk area, the rest falling down to medium risks. The remaining high risk areas relate to: inability to achieve financial balance (HSCP01); risk of failure to achieving transformational change and service redesign plans within necessary timescales (HSCP09); failure to deliver on actions to support the implementation of the Un-

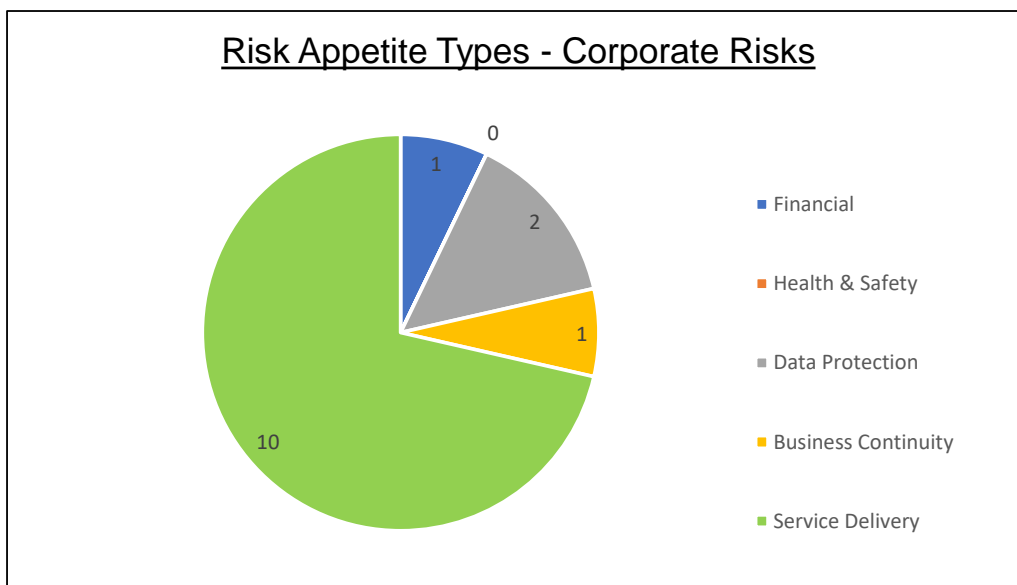


scheduled Care Commissioning Plan (HSCP10) and inability to support early, effective discharge from hospital; inability to secure appropriate accommodation in the West Locality to deliver effective integrated health and social work services in that area (HSCP13). There are a number of management actions identified which seek to mitigate the risks.

- 3.10** HSCP01 – the HSCP retains a general reserves balance and there remain a number of earmarked reserves to deliver on specific strategic priorities. The HSCP Board set a balanced budget in March 2024, albeit this relied on the use of reserve balances and work continues through the medium term financial strategy to identify saving options to deliver financial sustainability into future years.
- 3.11** HSCP09 – the HSCP SMT continue to meet weekly following the approval of the Budget 24/25 to scope further recurring budget savings options which will seek to deliver a balanced budget for 2025/26. In addition there have been 8 weekly meetings established with staff partnership colleagues to ensure an open, transparent approach to any proposals which may have a workforce implication. A robust project management structure has been put in place to oversee the development and progression of the savings programme and ensure that any further options are subject to scrutiny, have an EQIA in place and are reported and approved through the proper governance processes.
- 3.12** HSCP10 – the risk score remains high for area given the continued pressures on the system and in addition the impact of budget savings options approved in March 24 may adversely impact achievement of reductions in occupied bed days and delayed discharge performance. This is the subject of regular reporting through the IJB and attract significant scrutiny from both the NHS Board and nationally through the Scottish Government.
- 3.13** HSCP13 – options for securing accommodation in the west locality remain challenging in the context of a diminishing pot to support capital investment through our partner organisations or through HSCP reserves. Alternative options continue to be explored through maximising clinical space within existing HSCP accommodation and exploring through feasibility studies options which may arise within the local area.



**3.14** The majority of risks on the corporate risk register can be categorised as risk to service delivery.



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

**3.16** 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 Scottish Government Covid enquiry is ongoing
- 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
- Development of national care service

- 3.17** The HSCP also has a number of service risk registers in place provides a systematic and structured method to support the risk management process. Information forming the risk register will be captured using the Datix system. 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. There are a total of 21 service risk registers with 97(96) live/active risks associated with these registers. Of the 97 risks, 36%(33%) are Low risks, 41%(42%) are Medium level risks, 21%(23%) are High level risks and 2%(2%) are Very High risks.
- 3.18** The two very high level risks on the service level risk registers relate to staffing for the Community Mental Health Team (CMHT) and Learning Disability and inpatient posts within Specialist Children Services.
- 3.19** High level risks cover areas of staffing being managed within their service for Health visiting, school nursing and due to maternity leave in Community Nursing. Also, an increased demand in CAMHS tier 3 services, prescribing costs and the breakdown of NDIP (national dental inspection programme) Software.
- 3.20** 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 2022-2025 Priorities;-

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

##### **4.2** Frontline Service to Customers – None.

##### **4.3** Workforce (including any significant resource implications) – there are particular workforce issues highlighted throughout the risk register, particularly related to the

challenges in recruitment and retention of staff into key frontline services and managing ongoing absence across critical services. Workforce issues will be addressed through the HSCP Workforce Strategy.

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

## 5.0 **MANAGEMENT OF RISK**

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

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

## 6.0 **IMPACT**

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

## 7.0 **POLICY CHECKLIST**

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

**8.0 APPENDICES**

**8.1 Appendix 1 - HSCP Corporate Risk Register March 2024**

## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Completed by

Jean Campbell

Date created/  
updated

Updated December 2023

Risk is the chance of something happening which will cause harm or detriment to the organisation, staff or patients. It is assessed in terms of likelihood of an event occurring and the severity of its impact upon the organisation, staff or patients.

The Integration Joint Board has adopted the following scoring system which enables risks to be prioritised.

Likelihood (L)		Consequence (C)		Risk (LxC)	= Priority
Almost certain	5	Extreme	5	20 - 25	= Priority 1: VERY HIGH
Likely	4	Major	4	12 - 16	= Priority 2: HIGH
Possible	3	Moderate	3	6 - 10	= Priority 3: MEDIUM
Unlikely	2	Minor	2	1 - 5	= Priority 4: LOW
Rare	1	Negligible	1		

The Boards Shared Risk Register comprises those risks that have been assessed as being high or very high.

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





Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Current Risk Score (Equals H <sup>1</sup> )	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Target Risk Score (Equals N <sup>0</sup> )	Priority	Risk Lead	Risk Owner
HSCP1	Inability to achieve recurring financial balance	Rising demand for services due to demographics, new legislation, new national policy, changing societal profile due to economic downturn, post covid service demand impacts, increasing complexity of demand, increasing public expectations re service provision, public service financial challenges resulting in requirements to make financial efficiencies. Cost of living price increases across in house and commissioned services. SG funding settlements not as expected / non recurring nature of funding, challenging budget settlements from partner organisations.	Reduced ability to maintain service levels leading to service reductions / cessation; potential risk of poor service / harm to individuals; inability to offer competitive rates to service providers with potential loss of provider / risk to provider sustainability locally; cuts to staffing numbers in post; reputational risk to the HSCP, negative impact on performance and meeting set targets.	Financial	Annual budget setting process undertaken in discussion with finance leads for Council and Health Board. Specific investment from SG to support HSCP strategic and national objectives. Annual Delivery Plan incorporating dis-investment / savings options developed and delivering. Internal Budget controls/Management systems and regular financial meetings with Council and NHS finance leads. Programme of efficiency plans established for coming year. Reserves Strategy in place with reserves balances compliant with prudent levels set within strategy albeit these are reducing year on year.	4	4	16	2	Treat	Continued liaison with other Chief Finance Officers network / engagement with SG. (ongoing) Monitoring of delivery of efficiency plans for the coming year through the HSCP Annual Delivery Plan board. (March 2025) Review and update of a medium term financial plan to support longer term sustainability updated annually to reflect current financial landscape. (March 2025) Ongoing review / re designation of earmarked reserves. (March 2025) Budget working group established including staff partnership to review budget savings options through the financial year. (March 2025)	3	4	12	2	Jean Campbell, CFRO	Chief Officer
HSCP2 (amended 20/06/24)	Failure to ensure adult support and protection statutory processes are adequately and robustly followed in all appropriate cases	Quality assurance capacity in professional roles is limited due to focus on other areas of work including provision of ASP training as identified by recent joint ASP Inspection	Some adults at risk may not receive the structured statutory intervention and support that they require. Impact on outcome of inspection action improvement plan delivery.	Service Delivery	Delivery of the improvement action plan arising from the Joint Inspection of Adult Support and Protection Services development of ASP Training post.	3	4	12	2	Treat	Business case approved to develop in-house ASP training through recruitment of additional social work capacity funding creating more capacity at the same cost as current arrangements. Requires consideration by Council through HR job evaluation processes. Recurring funding identified.	2	4	8	3	David Aitken, Head of Adult Services	Protection Chief Officers' Group
HSCP3	Failure to comply with General Data Protection Regulations - loss of sensitive personal data (this risk and mitigation relates to personal data held which is the data controller responsibility of NHS GG&C or ED Council)	Structural changes require new and more sophisticated forms of data management. Lack of understanding and awareness of Data Protection legislation. Increasing demand and competing priorities cause workers to have decreased awareness and lessened regard for Information Security. Inadequate training for staff and use of technologies.	Breach of Information management legislation. Harm or reputational risk to individuals whose data is lost or inappropriately shared. Financial penalty. Increased external scrutiny. Reputational damage to NHS GG&C, ED Council or the HSCP. Litigation	Data Protection	Professional Codes of Practice. Procedures are in place on all sites for use/release of data. Monitoring of Information Governance Standards and agencies' Security Policy, Caldicott Guardian responsibilities, NHSGGC-wide Information Governance Steering Group. Information Sharing Protocol (endorsed by the Information Commissioner) in place for HSCP. An on-going programme of awareness and training will continue. Policies updated to reflect GDPR and new e-mail policies in place to meet government's secure email standards. All laptops (now including University equipment) encrypted. Extended use of electronic records. A programme of work re the systematic audit of access to electronic records is being extended beyond the Emergency Care Summary includes the Fair Access process. Access to health records is controlled via a role based access protocol signed off by senior clinicians and the Caldicott Guardian.	3	3	9	3	Treat	SMT implements and reviews governance arrangements to comply with legislative requirements. Action plan in place to manage staff's adherence to GDPR including Information Asset register and Information Management Liaison Officer (IMLO) role. Digital GDPR training now mandatory for staff with network access along with specific training delivered by Information Governance Leads for NHSGG&C. (March 2025)	2	3	6	3	Vandrew McLean, HSCP Corporate Business Manager	Chief Officer
HSCP4	Failure to comply with General Data Protection Regulations - failure to destroy records in line with schedule of destruction dates	Lack of understanding and awareness of Data Protection legislation, increasing demand and competing priorities cause workers to have decreased capacity and lesser regard for record destruction requirements. Volume of information assets / records is significant and duplicated across shared drive. Classification of records is cumbersome and clunky and difficult to understand. New Records Management Code of Practice for health and social care which will change retention periods for digital records, lack of resource capacity to support this agenda. Additional requirements for records related to the Scottish Covid Inquiry records retention.	Breach of Information management legislation. Financial penalty. Increased external scrutiny. Reputational damage to NHS GG&C, ED Council or the HSCP. Litigation	Data Protection	A programme of work to catalogue, assign destruction dates to, and destroy records has been developed but not yet implemented due to staff capacity issues. IMLO reports to SMT on status of work. Delays in delivery due to Covid which has compounded the problem. Record Management Plan in place for HSCP with actions for continuous improvement.	4	2	8	3	Treat	New retention and destruction protocols for social work records (integrating paper and electronic records) being rolled out. Review of staffing position to prioritise task. Development of an approach for delivery for 2024-25. Review of file classification and rationalisation of number of information assets continuing. (March 2025)	2	2	4	4	Vandrew McLean, HSCP Corporate Business Manager	Chief Officer
HSCP 5	Failure in service delivery through failure of business continuity arrangements in the event of a civil contingency level event	Poor/ineffective Civil contingencies planning. Lack of suitably trained resource. Disjointed partnership working.	Reputational damage. Legislative requirements not being complied with. Disruption to services. Loss of life or injury to public and or staff across the HSCP. We do not fully meet the requirements of the Civil Contingency (Scotland) act 2005.	Business Continuity	Regular testing and updating of emergency plans (multi-agency response) and Business Continuity Plans; Comprehensive plans for a Pandemic outbreak, and updated PARO / Critical Persons List.	2	5	10	3	Tolerate	Business Continuity plans. Multi agency working. Compliance with national alerts. Civil contingency. Prevent training. Winter planning. Covid-19 specific business continuity approach with transition and recovery / remobilisation planning at service and overarching levels, regularly refreshed and now embedded in business continuity approach generally. Development of a plan to support power supply restrictions and power blackout. Engagement in Council / NHS business continuity planning to ensure alignment across partner agencies.	2	5	10	3	Alison Willacy, Planning, Performance & Quality Management Manager	Chief Officer
HSCP 6	Failure to secure effective and sufficient support services from NHS GG&C and EDC to plan, monitor, commission, oversee and review services as required including functions delivered by business support services.	Limited resources across NHS GG&C and ED Council to manage increasing demands and competing priorities. HSCP reliance on NHS GG&C and EDC IT infrastructure and systems, performance reporting support, finance, HR, information governance etc. Frequency of change demands for CareFirst and NHS GG&C systems such as EMIS high and outwith our control, arising from new reporting requirements and changing legal/policy etc underpinning requirements. Tightening budgets result in focus on efficiencies within support functions.	Failure to effectively and securely store and retrieve records - case management systems become outdated; inability to effectively and timeously share information; inability to be effective in digital development and communication (e.g. arranged meetings, integrated systems); inability to meet statutory reporting requirements; inability to deliver Commissioning Strategy; inability to progress service reviews / redesign to meet budget requirements for savings	Service Delivery	Engaged in Board wide process to ensure proportionate allocation of support resources. Chief Officer attends constituent body CMT / SMT meetings to represent HSCP requirements for support. Groups established to develop and progress work plans in collaboration with partners represented on the groups. Regular meetings with Key Managers to review support arrangements in place aligned to strategic priorities and Annual delivery plan actions.	3	3	9	3	Tolerate	Collaborative work and engagement with NHS GG&C and ED Council to share understanding of support requirements and reach agreement as to how this is delivered in the most efficient manner.(ongoing) Streamline and prioritise processes where appropriate. (31 March 2025)	3	3	9	3	Jean Campbell, CFRO	Chief Officer
HSCP 7	Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties. Specific workforce pressure areas are Mental Health Officers, qualified Social Workers, Personal Carers, Health Visitors, Psychologists and General Practitioners (independent contractors).	Risk reflects national and local workforce pressures. The reduction in numbers of registered staff in post. Ageing workforce able to retire, limited numbers of staff in training to take up post requiring a secondary qualification, lack of remuneration for specialist qualifications (MHOs) leading to inability to retain staff after training. Local pay and grading comparable to other areas, low rates of pay for care at home staff with year on year increases limited to SLW increases. High caseloads within health visiting service compared to other areas across GG&C. National shortage of social care workforce. National recruitment and retention challenges in relation to GPs.	Failure to accurately assess and respond to risk. Unable to provide/arrange care services. Inability to meet statutory requirements/duties. Service is reduced or reliance on agency cover at premium cost. Fragmented services, increased complaints, service user detriment, reputational damage. Inability to support the shift in the balance of care between secondary and primary care. Inability to support the transformational change agenda in relation to GMS contract, unscheduled care. Poorer patient/service user outcomes. Reduction / consolidation in the number of steps within the health visiting pathway.	Service Delivery	Local workforce plan in place. Vacancy management process in place. Business case developed for MHO remuneration. Work with Chief Nurse to raise concerns corporately and nationally re community nursing and health visiting workforce and make ongoing representation for funding allocation to East Dunbartonshire. Progress innovative methods for recruitment of staff across the HSCP but particularly promoting a rolling programme of recruitment for care at home staff. Increase staff supervision, prioritise high risk / complex cases. Support national conversation re GP recruitment and retention.	4	3	12	2	Treat	Develop and regularly review workforce plan for 2022-2025 in line with HSCP Strategic Plan. (Sept 24) Revised recruitment protocol in place to support SMT overview of workforce issues. Funding from SG to support additional social work and mental health officer workforce capacity to be progressed and implemented. (Sept 24) Review options for 'market forces' review of pay and grading. (ongoing) Further amalgamate health visiting contacts, consider skill mix where appropriate and other mechanisms for delivery of services.(March 25)	3	3	9	3	HOS	Chief Officer
HSCP 8	Failure of external care providers to maintain delivery of services particularly related to care home and care at home provision.	Uncontrollable market forces (recruitment / retention, Brexit, increasing cost pressures associated with living wage and wider cost of living crisis, capacity implications due to Scottish Living Wage (SLW) / benefit cap), Increasing Care Inspectorate / Public Health demands, limits on public sector finances to meet uplifts in provider costs. Challenging contractual discussions related to the NCHC / SXL contracts and affordability.	Service continuity disrupted / ceases. Home /accommodation at risk, large scale / volume repositioning required in event of care home closure, impact on any other local related homes. Reduction in available capacity across care at home sector to meet current / future demand. Fragmented services. Increased risk of assessed needs not being met, service user detriment through lack of services or timely intervention. Unable to meet statutory requirements & duty service user detriment through lack of services or timely intervention. Increased complaints. Reputational risk to the HSCP	Service Delivery	Contract Management Framework. Enhanced Risk Assessment (RAG's) / monitoring & oversight of Care Home sector. Regular checks / audits of Business Continuity Plans & alignment to HSCP BC Plan. Assurance Visits. Established Care Home sector lead to help support oversight arrangements. CI Regulation/inspection framework. SXL team - providing national oversight of providers. Strategic Commissioning Officer post / dedicated support to care homes / care home support team	3	4	12	2	Treat	Enhanced support and monitoring across care home services, daily /weekly checks via Turas, RAG rating, Provider Forums, dedicated Officer support. Established Sector Lead, Weekly oversight via ORG, early notification alerts via SXL & Network groups, process for review of provider sustainability and adequacy of rates for service delivery. (ongoing)	2	4	8	3	Derrick Pearce, Head of Health & Community Care	Chief Officer
HSCP 9	Risk of failure to achieving transformational change and service redesign plans within necessary timescales and at the pace required.	Lack of capacity within HSCP services and those supporting transformational change to deliver full change programme. Options for delivering transformation through efficiency / cost reduction diminishing without significant impact on levels of service delivery and performance. Scale of financial challenge is growing.	Significantly negative impact on ability to delivery medium to long term organisational outcomes as per the Strategic Plan. Inability to achieve financial balance. Increased risks to patients / service users who may wait longer for access to services. Negative impact on performance targets with increased waiting lists / times.	Service Delivery	Development and scrutiny of annual delivery plans including actions for investment / dis investment. HSCP Delivery Plan Board oversees progress. Annual Business Plan in place. Performance reporting framework established to support tracking of progress. Support through Council and NHS transformation teams to progress priorities where these are significant organisational change. Early collaborative planning with ED Council and NHS GG&C re support requirements.	4	4	16	2	Treat	Work through staff and leadership teams to identify further efficiency and redesign options to bring forward in year. Fundamental shift in how services are delivered with a medium / longer term focus. Review of reserves to support redesign / smooth in any change programme. Budget working group to established including staff partnership to review budget savings options through the financial year. (March 2025)	3	4	12	2	Jean Campbell, CFRO	Chief Officer
HSCP 10	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	Lack of recurring funding to deliver on key actions. Increasing absence / recruitment difficulties across SW workforce to undertake assessments for those within a hospital setting, increasing number of admissions placing increasing demands on discharge planning, capacity and ability of care homes to take individuals pressure on care at homes services to support individuals to remain safely at home. Demands for complex care at home packages outstrips ability to supply through in house / commissioned providers. AWI legislation impacts ability to move individuals and those exercising choice and awaiting preferred care home. Clunky new electronic referral process from hospital to care at home.	Unscheduled care plan supports reduction in bed day usage and delayed discharges, therefore no improved performance would be seen in this area. Individuals remain inappropriately placed within an acute bed, reduces capacity within hospitals to manage increasing volume of admissions, individuals health and rehabilitation opportunities decline placing further pressure on statutory services into the future. Incomplete referral information through electronic referral resulting in delays to discharge chasing missing information.	Service Delivery	Identification of non recurring funding streams. Staff re-directed to hospital assessment team to ensure sufficient assessment function to meet demand, working closely with care providers to determine real time capacity to support discharge, commission additional care home places to meet demand, monitoring absence and enhancing capacity within care at home services to support discharge home.	4	4	16	2	Treat	Review further options for increasing capacity within care home provision and care at home through recruitment drive and further re-direction of staff. Prioritise ongoing investment through Adult Winter Planning funding to increase capacity across the HSCP in direct care services to support early and effective discharge. (March 2025)	3	4	12	2	Derrick Pearce, Head of Health & Community Care	Chief Officer
HSCP 11	Failure of some or all of General Practice to deliver core services.	Demand levels rise above available capacity within existing General Practice(s) or staffing levels fall below a level where General Practice(s) can safely operate to deliver urgent and/or vital services. Failure to retain / recruit GPs. Increased workload created to longer waiting times for specialist assessment / intervention in acute sector leading to increased numbers of enquiries and complex consultations within the community.	Local population no longer able to access appropriate safe level of medical and nursing care within their usual General Practice setting and delay in access to specialist level assessment and treatment. Potential increase in all cause morbidity and mortality and increase reliance on acute sector at a time when they are already likely to be overwhelmed.	Service Delivery	Escalation offering limited practice level flexibility to non urgent work streams with further escalation guidance in place if required. Strengthening of Business Contingency Plans by each East Dunbartonshire Practice, with confirmed 'Buddy' arrangements. Discussion and agreement on General Practice consolidation at cluster level and HSCP level 4 planning around potential single point of GP level care. Pathway in place for practices to seek support via buddy practice, cluster group or wider HSCP if required.	2	4	8	3	Treat	HSCP taking a proactive approach to liaising with local practices to offer early support with redeployment of staff or assisting buddying arrangements including the redeployment of HSCP PCIP staff where possible.	2	3	6	3	Derrick Pearce, Head of Health & Community Care	Clinical Director

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Current Risk Score (Equals H*I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Target Risk Score (Equals N*O)	Priority	Risk Lead	Risk Owner
HSCP 12	Failure to deliver the MOU commitments within the Primary Care Improvement Plan	Lack of adequate funding to support full delivery of the core MOU commitments, inability to recruit the required staff, lack of accommodation to support additional staffing. Cost of Vaccination Programme(VTP) greater than funding allocation available.	Failure to deliver contractual requirements, financial implications to meet contract defaults in the form of transitional payments, continued pressure on GPs to deliver non specialist functions identified to be met through other professional staff groups.	Service Delivery	Prioritisation of MOU commitments, maximise use of reserves to meet commitments where appropriate and non recurring, accommodation strategy to expand space capacity.	3	4	12	2	Treat	Representation to SG for funding to support full extent of MOU commitments, prioritisation of current funding allocation to core contractual commitments where appropriate	2	4	8	3	Derrick Pearce, Head of Health & Community Care	Chief Officer
HSCP 13	Inability to secure appropriate accommodation in the West Locality to deliver effective integrated health and social work services in that area.	Lack of suitable options and capital funding available to progress development of an integrated solution, competition / prioritisation of need across NHSGGC and other HSCP priorities taking precedence, inability to effectively evidence need in context of NHSGGC priority matrix ie deprivation. Options for refurbishment / extension across HSCP and GP premises in the area very limited due to nature and location of current estate. Tightening capital funding available to support future developments across partner bodies.	Lack of integrated working and limited service delivery offering due to lack of available space to accommodate all service demand, lack of delivery on key strategic priorities eg PCIP. GPs remain in dated premises with little / no options for expansion to accommodate increasing demand related to housing / care home developments in the area, risk of GP Practice closure due to nature of tenure within the area with no ability of HSCP to respond. Lack of space to accommodate acute functions moving into the community eg Phlebotomy.	Service Delivery	NHSGG&C Primary Care Property Strategy under development which will set out board priorities for primary care accommodation, ED HSCP Property Strategy in place and regular engagement with colleagues within the Council / NHS board to scope options for progressing strategic priorities, GG&C HSCP Capital Planning Group established to review board wide HSCP priorities.	4	4	16	2	Treat	Progression of actions within ED HSCP Property Strategy and in particular revisit the business case for an Integrated Health & Care Centre in the West Locality, continue to apply pressure locally and with the NHS Board for re-prioritisation of this option, explore opportunities for creation of capital funding within the HSCP and in collaboration with partners. Explore alternative solutions to address capacity within HSCP accommodation. Continue to explore all accommodation options within the west locality. (March 2025)	3	4	12	2	Jean Campbell, CFRO	Chief Officer
HSCP 14	Failure to secure an alternative system to Carefirst for Social Work case management and provider financial payments	Completion of business case, reliance on Council prioritisation of project in context of competing priorities across other Council services, lack of resources within the HSCP and Council support functions to progress implementation.	Current system not fit for purpose to meet the needs of system users. New cloud based systems in development and industry moving on leaving HSCP with out of date system and no opportunity for any further development beyond legislative requirements only. Lack of support in the event system malfunctions as system becomes obsolete. Limits opportunity for service redesign and efficiencies in working practices. Significant financial risks related to payment on planned service requiring manual processes to support variations. Lack of ability to interface to other key systems.	Service Delivery	Business case in development to support new system solution for SW caseload management and financial payments to care providers. Carefirst updates through HSCP Digital Board in place to support collaborative working across HSCP and Council services and promote importance and requirement for new system. Continued engagement with current system provider to ensure continued support available. Technical upgrades to most up to date version of system to ensure applicable for any system upgrades - legislative and reporting requirements being met only.	4	3	12	2	Treat	Escalation of business case to ensure prioritised for progression, identification and planning of resource requirements through carefirst steering group. Project Lead to be identified (March 2025)	3	3	9	3	Jean Campbell, CFRO. HOS	Chief Officer

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

**DATE OF MEETING:** 20TH JUNE 2024

**REPORT REFERENCE:** PERF/200624/09

**CONTACT OFFICER:** ALISON WILLACY, PLANNING  
PERFORMANCE & QUALITY MANAGER

**SUBJECT TITLE:** HSCP ANNUAL PERFORMANCE REPORT  
2023/24

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**1.0 PURPOSE**

**1.1** The purpose of this report is to present for consideration and approval the HSCP Annual Performance Report 2023/24 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 2023/24 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 2023/24 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 2023/24 for publication following the relevant updates;

**CAROLINE SINCLAIR  
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 2023/24 is set out at **Appendix 1** for Performance, Audit & Risk Committee consideration and approval.

**3.3** Public Health Scotland (PHS) has released two Core Suite Integration Indicators as management information in May which has been reflected in the draft report. A second publication will be published on 2<sup>nd</sup> 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 Performance, Audit & Risk Committee are as undernoted.

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

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

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**

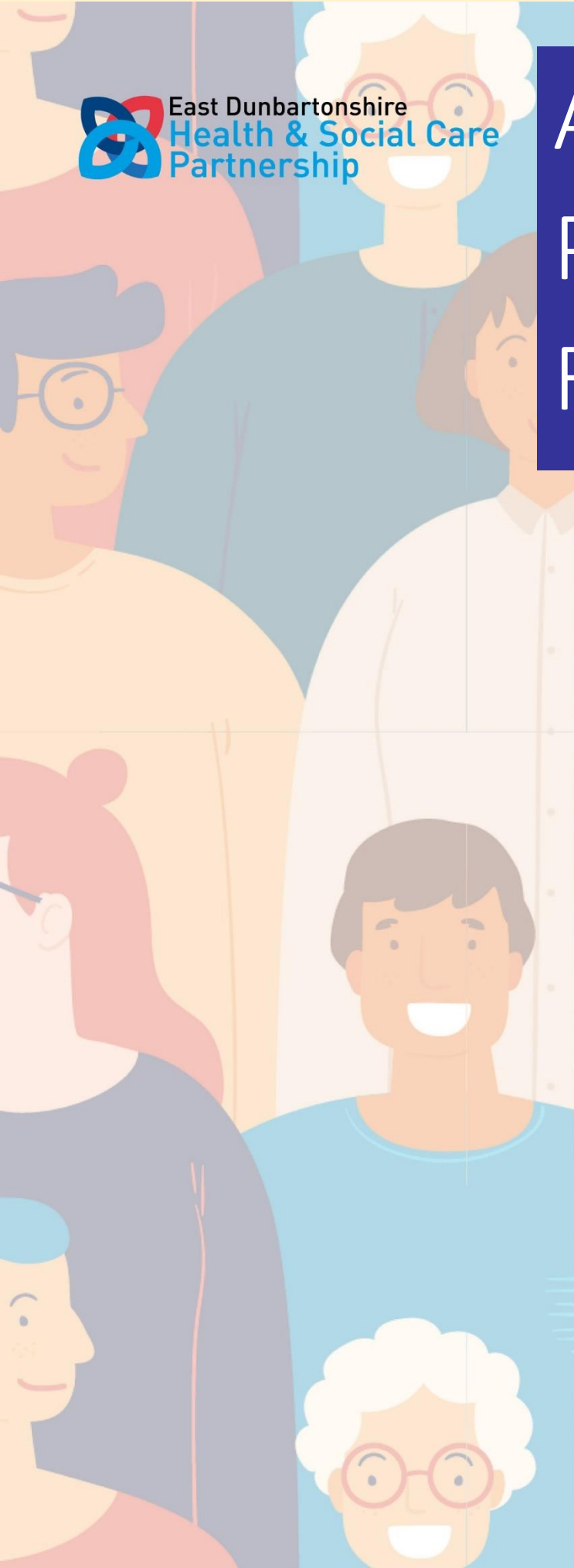
**7.1** This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

## **8.0 APPENDICES**

**8.1 Appendix 1** – HSCP Annual Performance Report 2023/24



# Annual Performance Report 2023/24



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**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 2018/19 – 2023/24**

**Annex 4 Achievement of Best Value**

**Annex 5 Notes on Performance Data Methodology**

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## Introduction

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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



Caroline Sinclair

Chief Officer

East Dunbartonshire  
HSCP

DRAFT

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## Part 1. Strategic Planning and Delivery

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### 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 current Strategic Plan for the period 2022-25<sup>1</sup>. This plan reflects on the progress the Partnership has made and sets out the strategic direction for the three year period. 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.

Our Strategic Plan has aspirations based on the realities of the pressures being faced in the health and social care sectors and building towards a fair, equitable, sustainable, modern and efficient approach to service delivery. Some of these areas of redesign will take longer than the period of the Strategic Plan to deliver. Without new resource streams, any requirement to invest further in one service area will require greater efficiency or disinvestment in another. Implementing the Plan will also continue to be based on certain assumptions and dependencies that can in reality be fragile. Our overall focus is to:

- Invest in early intervention and prevention;
- Empower people and communities by encouraging more informal support networks at a local level;
- Ensure that people have access to better information earlier, to allow them to access the right support at the right time, from the right person.

These developments should deliver better outcomes for people and will also make for a more efficient, sustainable system of care and support.

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

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<sup>1</sup> [East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council](#)

**Strategic Plan on a Page 2022-25**

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
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
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	
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	
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	

HSCP Strategic Priorities

Commitments in support of the Strategic Priorities

HSCP Strategic Enablers

Commitments in support of the Strategic Enablers

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 24 initiatives identified in the Annual Delivery Plan to be progressed during 2023/24. By the end of this period, progress towards these projects were as follows:

- 11 were successfully completed in 2023/24.
- 5 were programmed to continue beyond 2023/24 and are on track for delivery.
- 8 were delayed and are carried forward for delivery in 2024/25.

A summary of the initiatives for 2023/24 is set out below, with more detail provided in the progress sections later in the report.

### Initiatives successfully completed in 2023/24

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Empowering People	Modernising day services	Learning Disability day services: development of community based services, employability, volunteering and community based model of support	1, 2, 3, 4, 5, 6, 7, 9
Empowering Communities	Building informal support options	Pilot a community-led support approach within a locality, working through community planning partners	1, 2, 3, 4, 5, 6, 9
Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection	Update and implement new Child Protection procedures	4, 5, 7
		Respond to the outcome of the Children at Risk of Harm inspection	4, 5, 7
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Refresh HSCP Learning/Intellectual Disability Strategy	1, 2, 3, 4, 5, 6, 7

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Delivery of Medically Assisted Treatment Standards 6 -10	1, 2, 3, 4, 5, 6, 7
	Improving adult mental health and alcohol and drugs recovery		
	Improve mental health support for children and young people	Realign Specialist Children's Services from the current dispersed management arrangements in to a single hosted management arrangement	1, 2, 3, 4, 5, 6, 7
Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Implement actions set out within the GGC Joint Unscheduled Care Plan for EDC for 2023/24	3, 4, 7, 8, 9
	Developing integrated quality management arrangements	Implementation of the Quality Management Framework	3, 4, 7, 8, 9
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Development of recruitment strategy and delivery of measures to support staff well-being	1, 2, 3, 4, 5, 6, 7, 8, 9
Medium Terms Financial and Strategic Planning	Delivering financial sustainability	Engage with public in relation to financial position to inform future priorities	1, 2, 3, 4, 5, 6, 7, 8, 9

**Initiatives programmed to continue beyond 2023/24 and on track for delivery**

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Empowering People	Improve Personalisation	Development of digital solutions to support digitally enabled workforce, digitally enabled service users	1, 2, 3, 4, 5, 6, 7, 9
		Continue to develop as a Trauma Informed organisation	1, 2, 3, 4, 5, 6, 7, 9

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Supporting Families and Carers	Strengthen corporate parenting	Ongoing implementation of Children's House Project model	1, 2, 3, 4, 5, 6, 7
Improving Mental Health and Recovery	Improve mental health support for children and young people	Continue to develop tier 1 and tier 2 service for children	1, 2, 3, 4, 5, 6, 7
Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Review and redesign of accommodation-based support services for adults with learning/intellectual disabilities to ensure that services continue to meet the needs of our community and the expectations set out within the Scottish Government Strategy 'Coming Home'	3, 4, 7, 8, 9

#### Initiatives carried forward to 2024/25

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Empowering People	Reduce inequality and inequity of outcomes	Implement the Public Health Strategy	1, 2, 3, 4, 5, 6, 7, 9
Empowering Communities	Building informal support options	Implementation of Compassionate ED model – 'No One Dies Alone'	1, 2, 3, 4, 5, 6, 9
	Modernising day services	Implement the 23/24 actions of the Social Support for Older People Strategy	1, 2, 3, 4, 5, 6, 9
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Redesign services for adult mental health and alcohol and drugs 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
Workforce and Organisational Development	Redesigning the Public Dental Service to support the right care is being delivered in the right place at the right time	Implementation of the recommendations from the Public Dental Service review Programme Board	1, 2, 3, 4, 5, 6, 7, 8, 9

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Collaborative Commissioning	Supporting Primary Care Improvement	Continue implementation within financial envelope, for Primary Care Implementation Plan	1, 2, 3, 4, 5, 6, 7, 8, 9
Infrastructure and Technology	Modernising health and social care facilities	Progression of Property Strategy – revisit Business Case for Integrated Health and Care Facility in the West Locality	2, 5, 7, 9

## Performance Management Framework

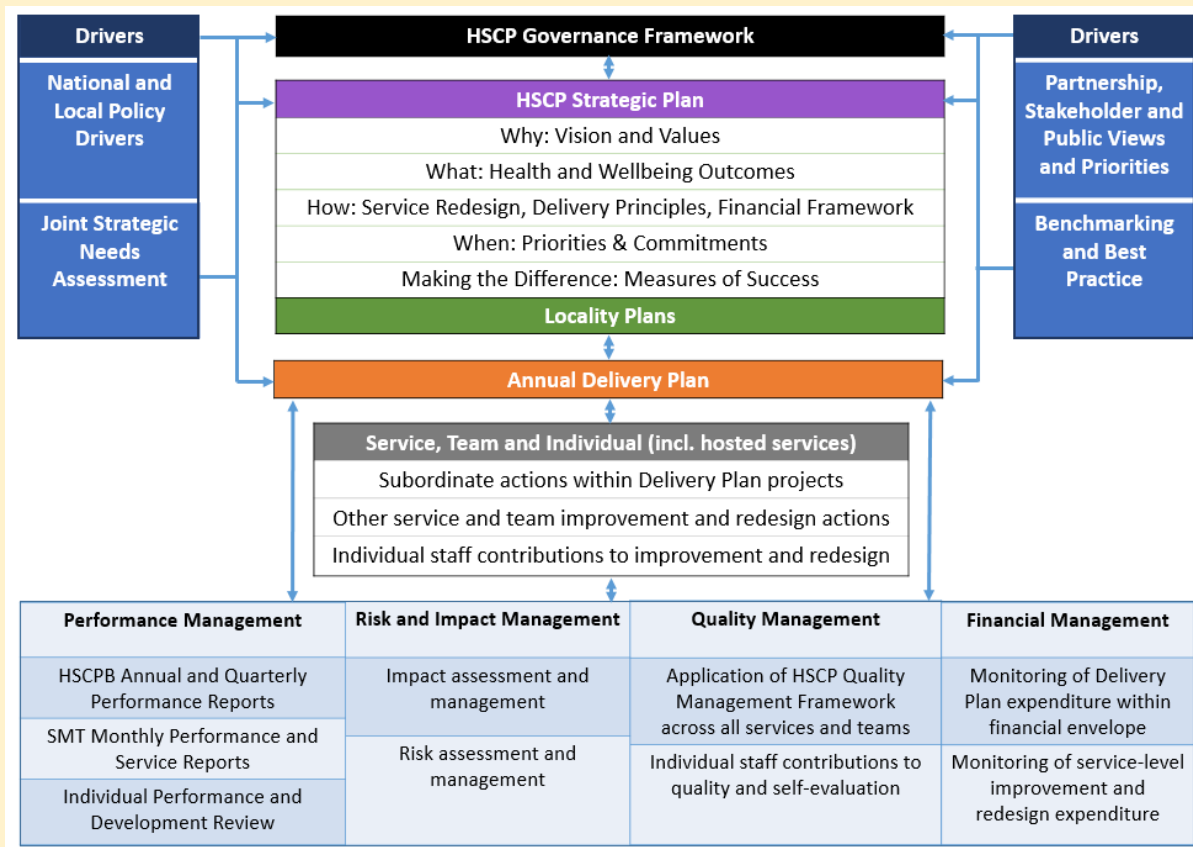
The HSCP has a Performance Management Framework in place that sets out how it measures, monitors and continuously seeks to improve what it does. This is designed to ensure confidence at all levels that it knows how well it is performing, that it knows what should improve and how, and that it knows the impact of any such improvements. The Performance Management Framework also sets out in detail its approach to monitoring and measuring success, including the production of this Annual Performance Report.

The HSCP’s Performance Management Framework provides the overarching statement on how the HSCP ensures scrutiny, self-evaluation and reporting in three main areas:

- The fulfilment of the HSCP Strategic Plan, which is a high level statement of our 3-year strategic priorities and enablers;
- Operational improvement, which should be a continuous process of balancing effectiveness, efficiency and economy, and;
- Quality management, which should involve applying scrutiny and evaluation to ensure that our core services are delivering the best possible experiences and outcomes.

The document sets out the HSCP’s obligations with respect to Best Value, its systematic approach to continuous improvement (including organisational alignment, often called the *golden thread*) and its associated governance arrangements. 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 Services<sup>2</sup> 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.

<sup>2</sup> [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

Bronze Award accreditation in recognition of progress in digital telecare migration	The Autism Strategy has been reviewed and many of the objectives of the current strategy have been fully or partially achieved
We have continued to develop as a Trauma Informed organisation with workforce training and information sessions	The District Nurse Advanced Nurse Practitioner service has continued to develop and now provides a service seven days a week, 365 days a year

#### Our Progress

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Improving Personalisation</i>	
Embed and further develop digital solutions, to support self-management (Redesign).	<ul style="list-style-type: none"> <li>Work has continued on the transformation of our telecare suite by implementing the transition from analogue to digital channels. The project achieved Bronze Award accreditation from the Digital Office in recognition of progress in digital migration, with over 50% of alarms installed in East Dunbartonshire now digital. Modernisation of Sheltered Housing</li> </ul>

Objectives for 2022-25	Progress in 2023/24
	<p>complexes is now underway, providing dispersed telecare to all residents.</p> <ul style="list-style-type: none"> <li>• Work with partners continued this year to further develop and promote the increased uptake of technology enabled care solutions.</li> <li>• The use of remote consultation in care homes was expanded further with professional to professional discussions now embedded in service delivery.</li> <li>• The national Blood Pressure Service has delivered a remote digital pathway within Primary Care for hypertension (high blood pressure) diagnoses, intervention, treatment, and ongoing monitoring. We have continued the successful rollout of this service and, to date, four practices are actively using the remote service and have registered a total of 287 patients who have all been able to monitor their blood pressure at home, without having to attend face-to-face appointments in our GP surgeries.</li> </ul>
<p>Further develop person centred, rights-based, outcome focused approaches (Improvement).</p>	<ul style="list-style-type: none"> <li>• Three subgroups of the East Dunbartonshire ACEs and Trauma Collaborative (EDATC), a multi-agency group, were established in May 2023 to work towards trauma informed environment; policies and systems; and people and training.</li> <li>• Two in person events were held for EDATC, contributing to the development of the Trauma Informed Practice Outcome &amp; Improvement Plan.</li> <li>• A single agency bespoke Trauma Informed training session was held in June 2023 for teams in the Housing service.</li> <li>• Transforming Connections: Trauma Skilled training began in October 2023 with the first five sessions focused on teams from Justice, Prison-based and Children &amp; Families Social Work with 66 staff attending. Further sessions have been held across the Council, HSCP and beyond to both national and third sector partners, with a further 64 staff attending.</li> <li>• Work is ongoing with partners across Greater Glasgow &amp; Clyde to develop dental health-specific training to support the Paediatric and Primary Care Dental teams to progress towards offering more trauma-informed dental experiences.</li> </ul>




Objectives for 2022-25	Progress in 2023/24
	<ul style="list-style-type: none"> <li>• East Dunbartonshire HSCP is part of a coalition with other HSCPs to implement the Scottish Child Interview model to improve our approach to investigative interview with children. We have been chosen by the Scottish Government as a Pathfinder area which will also attract additional funding which will continue our trauma informed work.</li> <li>• In the past year, the Employability Local Area Coordinators have supported many people with mild learning disabilities into employment or further training or volunteering; run well attended support groups for carers of people with autism; and worked closely with third sector providers to support people who experience neurodivergence and their carers.</li> <li>• The Autism Strategy has been reviewed and many of the objectives of the current strategy have been fully or partially achieved. The EDC Autism and Neurodivergence Strategy group is supporting the formation of subgroups covering different areas including Housing, Education, Adult Services, Employment and Transitions. Each subgroup will identify goals for bringing about positive change and plans will be developed to achieve this change. The Employment group made good progress with agreement in place to provide work placements for adults with mild learning disabilities or autism.</li> <li>• The District Nurse Advanced Nurse Practitioner (DNANP) service has continued to develop and grow and now provides a service seven days a week, 365 days a year. Referrals to the DNANP include requests for a face-to-face review for acutely unwell patients, complex palliative and end of care needs, clinical advice for district nurses, and prescription requests. This approach has prevented 631 referrals to the patient's GP and 300 GP out of hours visits. Of the 1309 new referrals to the DNANP service, only 6% were conveyed to hospital, with the other patients supported to remain safely at home through an enhanced and advanced multi-disciplinary, locality approach to care.</li> </ul>

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Reducing inequality and inequity of outcomes</i>	
Further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision (Improvement).	<ul style="list-style-type: none"> <li>Progress in the delivery of refreshed public health and health improvement priorities for East Dunbartonshire was delayed during 2023/24 due to ongoing reviews and limited availability of data from which to identify population health and wellbeing. This has been carried forward into our plans for 2024/25 and as the Scottish Government releases Scottish Census data in autumn 2024, this, aligned with the East Dunbartonshire Adult Health &amp; Wellbeing data, will provide the required health data to inform the new HSCP Strategic Plan and other strategic frameworks.</li> <li>A core aspect of the HSCP Equalities Mainstreaming Report (2023-27) commits the HSCP to facilitate Equality Impact Assessment (EqIA) training for staff. At the end of 2023, ten staff members from across the HSCP successfully completed this training and are now qualified EqIA Assessors.</li> </ul>
<i>Commitment: Improving information and communication</i>	
Improve service information and public communication systems, advice, reflecting specific communication needs and preferences (Improvement).	<ul style="list-style-type: none"> <li>An audit of the content on the HSCP website has been carried out in preparation for its move to a new platform within its hosted site in East Dunbartonshire Council's website.</li> <li>Work has commenced on the development of an updated Communications and Participation and Engagement Strategy (2024-29). Public consultation to inform the development of the strategy closed in March 2024.</li> </ul>

## 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 2023/24
	National ranking / performance declined in 2023/24
	No change in national ranking / performance in 2023/24

Indicator, Rating and Rank		Performance Trend
<p><b>1) Percentage of adults able to look after their health very well or quite well (National Outcome 1)</b> (Objective: increase)</p>		<p>PHS to publish data in July 2024</p>
<p>National ranking (biennial):  TBC</p>	<p>Comparison with Previous Survey:  TBC</p>	
<p><b>2) Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2)</b> (Objective: increase)</p>		<p>PHS to publish data in July 2024</p>
<p>National ranking (biennial):  TBC</p>	<p>Comparison with previous survey:  TBC</p>	
<p><b>3) Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (National Outcome 2, 3)</b> (Objective: increase)</p>		<p>PHS to publish data in July 2024</p>
<p>National ranking (biennial):  TBC</p>	<p>Comparison with previous survey:  TBC</p>	






Indicator, Rating and Rank		Performance Trend
<p><b>5) Total percentage of adults receiving any care or support who rated it as excellent or good (National Outcome 3)</b> (Objective: increase)</p>		PHS to publish data in July 2024
<p>National ranking (biennial): TBC</p>	<p>Comparison with previous survey: TBC</p>	
<p><b>6) Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3)</b> (Objective: increase)</p>		PHS to publish data in July 2024
<p>National ranking (biennial): TBC</p>	<p>Comparison with previous survey: TBC</p>	
<p><b>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 (National Outcome 4)</b> (Objective: increase)</p>		PHS to publish data in July 2024
<p>National ranking (biennial): TBC</p>	<p>Comparison with previous survey: TBC</p>	

Indicator, Rating and Rank		Performance Trend																											
<p><b>15) Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9)</b></p> <p>(Objective: increase)</p> <p>Also reported as MSG indicator 5.</p>		<table border="1"> <caption>Performance Trend Data for Indicator 15</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2016</td><td>88.0</td><td>87.0</td></tr> <tr><td>2017</td><td>89.0</td><td>88.0</td></tr> <tr><td>2018</td><td>88.5</td><td>88.5</td></tr> <tr><td>2019</td><td>88.5</td><td>88.5</td></tr> <tr><td>2020</td><td>89.5</td><td>89.5</td></tr> <tr><td>2021</td><td>89.2</td><td>89.2</td></tr> <tr><td>2022</td><td>88.0</td><td>89.0</td></tr> <tr><td>2023</td><td>88.5</td><td>89.2</td></tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2016	88.0	87.0	2017	89.0	88.0	2018	88.5	88.5	2019	88.5	88.5	2020	89.5	89.5	2021	89.2	89.2	2022	88.0	89.0	2023	88.5	89.2
Year	East Dunbartonshire (%)		Scotland (%)																										
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<p>National ranking:</p> <p>23</p> <p>↑</p>	<p>Comparison with Previous Year:</p> <p>↑</p>																												
<p><b>18) Percentage of adults with intensive care needs receiving care at home (National Outcome 2)</b></p> <p>(Objective: increase)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 18</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2016</td><td>67.0</td><td>61.0</td></tr> <tr><td>2017</td><td>66.5</td><td>61.0</td></tr> <tr><td>2018</td><td>63.5</td><td>62.5</td></tr> <tr><td>2019</td><td>66.0</td><td>63.0</td></tr> <tr><td>2020</td><td>60.0</td><td>63.0</td></tr> <tr><td>2021</td><td>65.0</td><td>64.5</td></tr> <tr><td>2022</td><td>65.5</td><td>64.5</td></tr> <tr><td>2023</td><td>65.1</td><td>64.8</td></tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2016	67.0	61.0	2017	66.5	61.0	2018	63.5	62.5	2019	66.0	63.0	2020	60.0	63.0	2021	65.0	64.5	2022	65.5	64.5	2023	65.1	64.8
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<p>National ranking:</p> <p>15</p> <p>↓</p>	<p>Comparison with Previous Year:</p> <p>↓</p>																												

**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	2023/24			Note
	Status	Value	Target	
Percentage of people 65+ indicating satisfaction with their social interaction opportunities		97%	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		98%	95%	Local performance indicator based on a sample of 50 case reviews analysed each quarter.
Number of homecare hours per 1,000 population aged 65+ (aim to maximise in comparison to support in institutional settings)		515	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)		99%	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)		9	21	This service is delivered by the NHSGGC Quit Your Way Service and not directly in the HSCP. A blended model of service delivery remains in place and face-to-face service delivery recommenced in February 2024. Intensive promotional activity was carried out with local partners and stakeholders in Q3 into early Q4 to increase awareness of this clinic. Outcomes of recent activity will likely be observed when Q3 and Q4 data is published later in the year. Data is based on October 2022 to September 2023.





**Our Highlights**

Development and consultation on the Learning Disability Strategy 2024-29	Development and consultation on an updated three-year plan to meet the national Self Directed Support Standards
Successful move to Allander Resource Centre	Very positive Care Inspection reports for Meiklehill and Pineview services for adults with learning disabilities

**Our Progress in 2023/24**

Objectives for 2022-25	Progress in 2023/24
<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 (Redesign).	<ul style="list-style-type: none"> <li>• The Local Area Coordination for Older People (LACOP) team, in partnership with EDVA and Take Ctrl East Dunbartonshire, and alongside leaders of local community clubs and groups for older people, worked together during workshops that took place in November 2023 to develop an annual survey. The survey will help to determine the impact and outcomes that are met for older people when attending local community assets. The results of the first survey will be published in the LACOP annual newsletter in 2024.</li> <li>• The LACOP team worked with third sector partners to encourage uptake of volunteering opportunities.</li> <li>• The Public Health Improvement and Primary Care Transformation teams carried out a survey and community engagement process as a step towards implementing a Community-Led Support approach in Twechar. The team were actively seeking to understand the specific and wider primary care support needs of the residents, whilst also raising awareness about future services and supports.</li> <li>• Implementation of the Compassionate East Dunbartonshire model, <i>No One Dies Alone</i>, was delayed this year. Actions to deliver this programme of work will be carried forward to 2024/25.</li> </ul>

Objectives for 2022-25	Progress in 2023/24
<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 (Redesign).</p>	<ul style="list-style-type: none"> <li>• Development and consultation progressed on an updated three-year plan (2024-27) to meet the national Self Directed Support Standards, to be published later in 2024.</li> <li>• Self-directed support training was delivered across all stakeholders, and asset-based support planning training was delivered to social work practitioners.</li> </ul>
<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 (Redesign).</p>	<ul style="list-style-type: none"> <li>• Learning Disability Day Services have managed a successful move from Kelvinbank Resource Centre to the Allander Resource Centre and further developed our community based day services. The new centre has specialist facilities to support people with complex learning disabilities as well as those with profound and multiple disabilities. In addition, several evening clubs and groups have been launched for adults with learning disabilities and autism in the area.</li> <li>• To support our Fair Access to Community Care Services policy, the Day Care and Day Opportunities for Older People Access Pathway/Criteria was updated in February 2024.</li> <li>• Implementation of the 2023/24 actions of the Social Support for Older People Strategy were successfully delivered this year.</li> <li>• Meiklehill and Pineview provide a service to adults with learning disabilities living in their own homes and in the community, and both received very positive Care Inspection reports.</li> <li>• Development of new social enterprise initiative is being taken forward to further support capacity building within the Allander Day Service to ensure that people with more complex care needs can be offered a place locally and do not need to travel to external day services.</li> </ul>



## Prevention and Early Intervention

### Our Highlights

Community Justice Outcome Improvement Plan 2023-26 published	Bail supervision was successfully introduced in Justice Services for those at risk of being remanded in custody
98.7% of customers aged 65+ meeting the target of 6 weeks from completion of community care assessment to service delivery	100% of court report requests allocated to a social worker within two working days of receipt

### Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Extending rehabilitation and reablement</i>	
Further develop rehabilitation services and reablement approaches to sustain people for longer in the community (Improvement)	<ul style="list-style-type: none"> <li>• The HSCP met with service users, carers and supporters of people who use day services to progress the implementation of our Social Support Strategy for Older People.</li> <li>• We completed a review of Intermediate Care Services with additional rehabilitation offered to people placed in interim care home beds and through intermediate care at home.</li> <li>• The multi-agency Reintegration Group, which is a working group of the partnership, meet on a regular basis to case manage people 12 weeks prior to their release, ensuring that all their basic needs that contribute to reducing the likelihood of reoffending are addressed. In the reporting year, 33 people were successfully case managed prior to release from a custodial sentence, with issues ranging from housing, addictions, mental health and other multiple complex needs.</li> </ul>

Objectives for 2022-25	Progress in 2023/24
<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 (Improvement).</p>	<ul style="list-style-type: none"> <li>• The Community Justice Outcome Improvement Plan (CJOIP) 2023-26 for East Dunbartonshire Community Justice Partnership was developed in collaboration with partners, aligning to the National Strategy for Community Justice 2022-27.</li> <li>• An Annual Delivery Plan for 2023/24, aligned to the CJOIP, was developed by partners prioritising a number of key areas, including the reintegration of East Dunbartonshire residents from a custodial sentence back to the community.</li> <li>• The Prevention Intervention &amp; Diversion multi-agency subgroup of the Community Justice Partnership has a remit to reduce the instances of people from East Dunbartonshire entering the full criminal justice and court system to reduce offending and reoffending. The group provides interventions and access to services to address the underlying causes of alleged offending, whilst responding to the needs of the individual which can interrupt a cycle of offending and/or prevent further offending. It also enables all referrals to be considered for the Diversion from Prosecution scheme, taking a person first, offence second approach. During the reporting year, there were 54 assessment referrals and 89% of people were assessed as suitable to start the scheme. 86% of those successfully completed the scheme; 6% are currently ongoing; and 8% did not complete and were referred back to the Crown Office and Procurator Fiscal Service for further prosecutorial decisions.</li> <li>• Bail supervision was successfully introduced in Justice Services for those at risk of being remanded in custody. In particular, those with mental health problems, single parents and carers, young people aged 16-21, women, those with drug or alcohol problems or anyone who may struggle to cope in a custodial environment. People can be given support in their community, which minimises disruption to families, employment and housing whilst complying with bail conditions. Undertaking work to prevent future offending and having access to other support services at an early stage is key to the scheme.</li> </ul>

Objectives for 2022-25	Progress in 2023/24
	<ul style="list-style-type: none"> <li>The unpaid work team have carried out environmental work across East Dunbartonshire which gives people carrying out unpaid work as part of their court order a sense of achievement while giving something back to the communities that they live in. During the year, the upgrade to an unpaid workshop has been underway, offering a new modern training room tailored to the service and increasing the range of interventions that can be delivered.</li> </ul>
<i>Commitment: Improving school nursing services</i>	
<p>Develop School Nursing Services in line with “Transforming Nursing, Midwifery and Health Professions’ Roles: The school nursing role” (Improvement).</p>	<ul style="list-style-type: none"> <li>School nurses completed Non-Violent Resistance Training to upskill and empower parents, carers, and school staff to support children and young people of school age.</li> <li>Reflecting on research evidencing wellbeing is a key priority in our workforce strategy to enhance performance at work. Staff within the health visiting and school nursing teams have been participating in quarterly wellbeing afternoons within local teams to promote peer support and the team’s overall wellbeing.</li> </ul>

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## 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																											
<p><b>11) Premature mortality rate for people aged under 75yrs per 100,000 population (National Outcome 1,5)</b> (Objective: decrease)</p>		<table border="1"> <caption>Premature mortality rate per 100,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2016</td><td>340</td><td>440</td></tr> <tr><td>2017</td><td>310</td><td>430</td></tr> <tr><td>2018</td><td>280</td><td>430</td></tr> <tr><td>2019</td><td>300</td><td>430</td></tr> <tr><td>2020</td><td>300</td><td>450</td></tr> <tr><td>2021</td><td>290</td><td>460</td></tr> <tr><td>2022</td><td>300</td><td>450</td></tr> <tr><td>2023</td><td>302.3</td><td>442.1</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016	340	440	2017	310	430	2018	280	430	2019	300	430	2020	300	450	2021	290	460	2022	300	450	2023	302.3	442.1
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<p>National ranking: 3 ↓</p>	<p>Comparison with Previous Year: ↓</p>																												
<p><b>14) Readmission to hospital within 28 days for adults per 1,000 population (National Outcome 2,4,7,9)</b> (Objective: decrease)</p>		<table border="1"> <caption>Readmission to hospital within 28 days per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2016</td><td>85</td><td>100</td></tr> <tr><td>2017</td><td>75</td><td>102</td></tr> <tr><td>2018</td><td>75</td><td>105</td></tr> <tr><td>2019</td><td>82</td><td>108</td></tr> <tr><td>2020</td><td>83</td><td>115</td></tr> <tr><td>2021</td><td>81</td><td>105</td></tr> <tr><td>2022</td><td>80</td><td>102</td></tr> <tr><td>2023</td><td>84</td><td>104</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016	85	100	2017	75	102	2018	75	105	2019	82	108	2020	83	115	2021	81	105	2022	80	102	2023	84	104
Year	East Dunbartonshire		Scotland																										
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<p>National ranking: 7 ↓</p>	<p>Comparison with Previous Year: ↓</p>																												
<p><b>16) Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9)</b> (Objective: decrease)</p>		<table border="1"> <caption>Falls rate per 1,000 population aged 65+</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2016</td><td>20</td><td>21</td></tr> <tr><td>2017</td><td>23</td><td>22</td></tr> <tr><td>2018</td><td>25</td><td>22</td></tr> <tr><td>2019</td><td>21</td><td>22</td></tr> <tr><td>2020</td><td>21</td><td>21</td></tr> <tr><td>2021</td><td>21</td><td>22</td></tr> <tr><td>2022</td><td>23</td><td>22</td></tr> <tr><td>2023</td><td>22.7</td><td>22.6</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016	20	21	2017	23	22	2018	25	22	2019	21	22	2020	21	21	2021	21	22	2022	23	22	2023	22.7	22.6
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<p>National ranking: 16 ↑</p>	<p>Comparison with Previous Year: ↑</p>																												

## 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	2023/24			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)		98.7%	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.
% of CJSW Reports submitted to court by due date (aim to maximise)		99%	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)		100%	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

Implemented actions arising from the conclusion of the strategic inspection of services for children at risk of harm	National pilot of a newly developed programme designed to support desistance for men who have been convicted of sexual harmful behaviour
100% of first Review Child Protection Planning Meetings taking place within 6 months of registration	100% of initial Child Protection Planning Meetings taking place within target timescale

### Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Prioritising public protection</i>	
Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns (Improvement).	<p>East Dunbartonshire HSCP ensures the highest quality standards in identifying and responding to actual and potential social work public protection concerns. Actions this year included:</p> <ul style="list-style-type: none"> <li>• Implemented actions arising from the conclusion of the strategic inspection of services for children at risk of harm;</li> <li>• Led large scale investigations as part of a multi-disciplinary team under the terms of the Adult Support and Protection (Scotland) Act 2007;</li> <li>• Updating the Public Protection website with refreshed guidance;</li> <li>• Updating and implementing Child Protection Guidelines;</li> <li>• Successfully completed the national pilot of a newly developed programme designed to support desistance for men who have been convicted of sexual harmful behaviour.</li> </ul>



## 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
<b>9) Percentage of adults supported at home who agreed they felt safe (National Outcome 7)</b>  (Objective: increase)		PHS to publish data in July 2024
National ranking:  TBC	Comparison with Previous Year:  TBC	

### 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	2023/24			Note
	Status	Value	Target	
Percentage of Adult Protection cases where the required timescales have been met (aim to maximise)		90.3%	92%	This measures the speed with which sequential Adult Support and Protection actions are taken against timescales laid out in local social work procedures. Performance was above target for each quarter of 2023/24 with the exception of the final quarter.
Percentage of initial Child Protection Planning Meetings taking place within target timescale (aim to maximise)		100%	90%	All meetings took place within target timescales during 2023/24.

Performance Indicator	2023/24			Note
	Status	Value	Target	
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.

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### Our Highlights

Development of a new Learning Disability Strategy 2024-29, including extensive consultation with stakeholders	HSCP Carers Strategy 2023-26 published
Delivery of Year 3 of the Children’s House Project has been completed, designed to improve the outcomes for care experienced young people moving on from care placements	92% of child care Integrated Comprehensive Assessments for Scottish Children’s Reporter Administration (SCRA) completed within target timescales

### Our Progress in 2023/24

Objectives for 2022-25	Progress in 2022/23
<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 (Improvement).	<ul style="list-style-type: none"> <li>The HSCP has developed a new Learning Disability Strategy 2024-29 to be published later in 2024. The development and coproduction of the strategy has involved people with lived experience, relevant stakeholders, partners and the general public. The four stage consultation process generated detailed comments and suggestions which have been incorporated within the new strategy.</li> <li>Following extensive consultation, the Carers Strategy 2023-26 was launched with the accompanying Carers Strategy and Short Break Statement for the same period.</li> <li>Following consultation, self-evaluation and participating in the Joint Inspection of Services to Protect Children at Risk of Harm, members of the Delivering for Children and Young People’s Partnership developed the new Integrated Children’s Services Plan 2023-26.</li> </ul>
<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 (Improvement).	<ul style="list-style-type: none"> <li>Very positive inspection reports were received for Ferndale and the Fostering and Adoption service, highlighting good practice including aspects that were rated as grade 6, sector leading.</li> <li>Ferndale Centre was recently visited by the Care Inspectorate and they are using Ferndale’s Outreach programme as an example of leading service</li> </ul>

Objectives for 2022-25	Progress in 2022/23
	development. Two other HSCPs have visited the centre for further discussion in adopting this practice.
<i>Commitment: Strengthening corporate parenting</i>	
Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively (Improvement).	<ul style="list-style-type: none"> <li>• Delivery of Year 3 of the Children’s House Project has been completed, designed to improve the outcomes for care experienced young people moving on from care placements.</li> <li>• The National House Project annual review described the East Dunbartonshire House Project as excellent and sector leading.</li> <li>• National House Project annual report highlighted the East Dunbartonshire House Project animation video in relation to young people getting into their first homes.</li> <li>• Funding has been confirmed for a further year for the Child and Young Person Mental Health and Wellbeing Award.</li> </ul>

## 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
<b>8)</b> Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6) (Objective: increase)		PHS to publish data in July 2024
National ranking:  TBC	Comparison with Previous Year:  TBC	

## 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	2023/24			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)		92%	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)		81%	100%	National performance indicator. Subject to the impact of small numbers. Off target due to a small number of reviews (<10) outwith timescale, all to accommodate attendance by key personnel.
Balance of Care for looked after children: percentage of children being looked after in the Community (aim to maximise)		80%	89%	National performance indicator. Work continues to redress the balance of care by reviewing out of authority placements and continuing the Foster Carer recruitment campaign.
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.



### Our Highlights

Updated Alcohol and Drug Partnership Strategy 2023-26	Development of a local action plan for 2024/25 in response to the new National Strategy on Dementia
Green status for Medication Assisted Treatment standards for standards 1-5 and Provisional Green for standards 6-10	CAMHS performance has met the national Referral to Treatment target since June 2023

### Our Progress in 2023/24


Objectives for 2022-25	Progress in 2023/24
<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 (Redesign).	<ul style="list-style-type: none"> <li>• The East Dunbartonshire Alcohol and Drug Partnership (ADP) Strategy was recently updated to reflect additional priorities from the Scottish Government and feedback from public consultation. The strategy runs until 2025 and a delivery plan has been developed to provide detail on the actions required to implement the priorities. There are a range of crosscutting priorities that feed into the work of the ADP including Autism, Community Safety, Empowered and The Promise.</li> <li>• East Dunbartonshire achieved Green status for Medication Assisted Treatment (MAT) standards 1-5 and Provisional Green for standards 6-10, which were the highest ratings available this year. The MAT standards are evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.</li> <li>• A nursing audit for the Alcohol &amp; Drug Recovery Service identified significant improvement, achieving gold standard using the Combined Care Assurance Audit Tool.</li> <li>• The HSCP commenced a review of the mental health and alcohol and drug recovery commissioned services.</li> <li>• The redesign of services for adult mental health and alcohol and drugs services to develop a recovery focused approach has been carried forward to 2024/25 due to issues with capacity within the service to deliver the project in the past year.</li> <li>• Action plan delivered in response to the Mental Welfare Commission report <i>Ending the Exclusion</i>, with interface and engagement work ongoing.</li> </ul>





Objectives for 2022-25	Progress in 2023/24
<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 (Improvement).	<ul style="list-style-type: none"> <li>Continued implementation of the Children’s Mental Health and wellbeing framework.</li> <li>CAMHS performance has met the national Referral to Treatment target since June 2023, ensuring that a minimum of 90% of children and young people referred for treatment started treatment within 18 weeks.</li> <li>The CAMHS Workforce Group continues to review the requirements to deliver Mental Health Recovery &amp; Renewal and Referral to Treatment priorities.</li> <li>In compliance with safe staffing legislation, the Specialist Children’s Services Workforce Plan is in development, with the nursing workforce first to pilot the requirements. The review and refresh of workforce plans continue into 2024/25, with balancing demand and capacity, and recruitment and retention of the workforce an ongoing challenge.</li> <li>East Dunbartonshire Youth Health Survey was launched which enables young people aged 12 to 25 years old to tell us their views on their health and wellbeing needs.</li> </ul>
<i>Commitment: Improving post-diagnostic support for people with dementia</i>	
Increase the capacity of the post diagnostic support service (Improvement).	<ul style="list-style-type: none"> <li>Development of a local action plan for 2024/25 in response to the new National Strategy on Dementia.</li> <li>Delivery of significant improvement in performance in relation to post diagnostic support for people diagnosed with a dementia.</li> </ul>

## 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	2023/24			Note
	Status	Value	Target	
Percentage of people waiting less than 18 weeks to start treatment for psychological therapies (aim to maximise)		96.8%	90%	This includes the Community, Primary and Older People’s Mental Health Teams. The service has delivered above target during 2023/24.

Performance Indicator	2023/24			Note
	Status	Value	Target	
Total number of Alcohol Brief Interventions delivered during the year (aim to maximise)		438	487	Recovery plans continue to be used to inform the return to previous levels of service. Alternative engagement methods will be maximised, such as use of digital technology and rebuilding capacity within GP surgeries.
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)		80%	90%	The CAMHS service has increased compliance with this standard over the year and has performed above target for Q3 (93%) and Q4 (94%). However, the annual value is short of the national referral to treatment target.
Percentage of People Waiting less than 3 weeks for Drug & Alcohol Treatment (aim to maximise)		94.7%	90%	Due to routine delays with data finalisation by Public Health Scotland, the figures here are for 2023 full calendar year. Performance has been above target every quarter of 2023/24 to date.
Percentage of people newly diagnosed with dementia receiving Post Diagnostic Support within 12 weeks (aim to maximise)		99%	90%	In quarters 1-3, 100% of newly diagnosed people with dementia received PDS within target timescales. In quarter 4, less than 5 patients received support outwith the target timescale.





## Maximising Operational Integration

### Our Highlights

Implementation of actions set out within the Joint Unscheduled Care Plan for East Dunbartonshire	Focus on future planning and internal resource allocation, to ensure people are provided with the appropriate support at home, before reaching crisis
Developed a Learning System Evaluation and Improvement Planning methodology	Improved governance arrangements implemented for managing incidents, complaints and risks

### Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<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"> <li>• Actions set out in the Joint Unscheduled Care Plan for East Dunbartonshire for 2023/24 were implemented, including the establishment of a Frailty Delivery Group; weekly huddles to discuss people delayed in their discharges and mitigating actions; delivery of falls training in relation to the Scottish Ambulance Service falls pathway; delivery of key workstreams identified following consultation including Transforming Roles and Future Care Planning. East Dunbartonshire has the highest recorded proportion of local people with a Future Care Plan in Greater Glasgow and Clyde.</li> <li>• The Scottish Government commissioned Coming Home Report 2018 highlighted the significant number of people with learning disabilities who are delayed in hospitals in Scotland or accommodated inappropriately far from home. In response to this report and in accordance with the Coming Home Implementation Framework 2022, the Joint Learning Disability Team developed systems and processes that input to a dynamic support register of vulnerable individuals, who are experiencing or may be at risk of support breakdown. This work has provided a focus on future planning and internal resource allocation, to ensure people are provided with the appropriate support at home, before reaching crisis.</li> </ul>

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Developing integrated quality management arrangements</i>	
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 (Improvement).	<ul style="list-style-type: none"> <li>Planned actions for the implementation of the Quality Management Framework were completed, including the development of a Learning System Evaluation and Improvement Planning methodology rolled out to all service areas; completion of a high level self-evaluation across complex adult mental health and associated comorbidities; and improved governance arrangements implemented for managing incidents, complaints and risks.</li> </ul>

## 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																											
<p><b>4)</b> 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)</p> <p>National ranking: TBC</p> <p>Comparison with Previous Year: TBC</p>	<p>PHS to publish data in July 2024</p>																											
<p><b>12)</b> Emergency admission rate for adults per 100,000 population (National Outcome 1,2,4,5) (Objective: decrease)</p> <p>National ranking: 12 ↑</p> <p>Comparison with Previous Year: ↓</p>	<table border="1"> <caption>Emergency admission rate for adults per 100,000 population (2016-2023)</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>~13,200</td> <td>~12,300</td> </tr> <tr> <td>2017</td> <td>~11,200</td> <td>~12,200</td> </tr> <tr> <td>2018</td> <td>~11,400</td> <td>~12,200</td> </tr> <tr> <td>2019</td> <td>~11,500</td> <td>~12,800</td> </tr> <tr> <td>2020</td> <td>~10,200</td> <td>~11,100</td> </tr> <tr> <td>2021</td> <td>~10,800</td> <td>~11,600</td> </tr> <tr> <td>2022</td> <td>~11,000</td> <td>~11,200</td> </tr> <tr> <td>2023</td> <td>11,288</td> <td>11,614</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016	~13,200	~12,300	2017	~11,200	~12,200	2018	~11,400	~12,200	2019	~11,500	~12,800	2020	~10,200	~11,100	2021	~10,800	~11,600	2022	~11,000	~11,200	2023	11,288	11,614
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<p><b>17) Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections</b> (National Outcome 3,4,7) (Objective: increase)</p>		<table border="1"> <caption>Proportion of care services graded 'good' (4) or better</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2016/17</td><td>85.0</td><td>83.0</td></tr> <tr><td>2017/18</td><td>82.0</td><td>84.0</td></tr> <tr><td>2018/19</td><td>80.0</td><td>81.0</td></tr> <tr><td>2019/20</td><td>90.0</td><td>81.0</td></tr> <tr><td>2020/21</td><td>89.0</td><td>82.0</td></tr> <tr><td>2021/22</td><td>85.0</td><td>75.0</td></tr> <tr><td>2022/23</td><td>86.7</td><td>75.0</td></tr> <tr><td>2023/24</td><td>86.7</td><td>75.2</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016/17	85.0	83.0	2017/18	82.0	84.0	2018/19	80.0	81.0	2019/20	90.0	81.0	2020/21	89.0	82.0	2021/22	85.0	75.0	2022/23	86.7	75.0	2023/24	86.7	75.2
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<p><b>19) Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population</b> (National Outcome 2,3,4,9) (Objective: decrease)</p>		<table border="1"> <caption>Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2016/17</td><td>180</td><td>820</td></tr> <tr><td>2017/18</td><td>220</td><td>750</td></tr> <tr><td>2018/19</td><td>350</td><td>780</td></tr> <tr><td>2019/20</td><td>320</td><td>770</td></tr> <tr><td>2020/21</td><td>300</td><td>480</td></tr> <tr><td>2021/22</td><td>330</td><td>750</td></tr> <tr><td>2022/23</td><td>444</td><td>902</td></tr> <tr><td>2023/24</td><td>444</td><td>902</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016/17	180	820	2017/18	220	750	2018/19	350	780	2019/20	320	770	2020/21	300	480	2021/22	330	750	2022/23	444	902	2023/24	444	902
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Indicator, Rating and Rank	Performance Trend																											
<p><b>20) Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency</b> (National Outcome 2,4,7,9) (Objective: decrease)</p>	<table border="1"> <caption>Performance Trend Data (Percentage %)</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2016</td><td>23.5</td><td>23.5</td></tr> <tr><td>2017</td><td>21.5</td><td>23.5</td></tr> <tr><td>2018</td><td>21.5</td><td>24.5</td></tr> <tr><td>2019</td><td>21.8</td><td>24.2</td></tr> <tr><td>2020</td><td>22.0</td><td>24.0</td></tr> <tr><td>2021</td><td>22.0</td><td>24.0</td></tr> <tr><td>2022</td><td>22.0</td><td>24.0</td></tr> <tr><td>2023</td><td>22.0</td><td>24.0</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016	23.5	23.5	2017	21.5	23.5	2018	21.5	24.5	2019	21.8	24.2	2020	22.0	24.0	2021	22.0	24.0	2022	22.0	24.0	2023	22.0	24.0
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**Scottish Government Ministerial Strategic Group Indicators**

This section provides the HSCP’s performance against Scottish Government Ministerial Strategic Group indicators.

Indicator and Rating	Performance Trend																					
<p><b>1. Unplanned admissions – rate per 1,000 population</b> (National Outcomes 1,2,3,4) (Objective: decrease)</p>	<table border="1"> <caption>Performance Trend Data (Rate per 1,000 population)</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2018</td><td>98</td><td>108</td></tr> <tr><td>2019</td><td>100</td><td>114</td></tr> <tr><td>2020</td><td>87</td><td>97</td></tr> <tr><td>2021</td><td>92</td><td>102</td></tr> <tr><td>2022</td><td>98</td><td>102</td></tr> <tr><td>2023</td><td>100.3</td><td>106.5</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018	98	108	2019	100	114	2020	87	97	2021	92	102	2022	98	102	2023	100.3	106.5
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<p><b>2. Unplanned bed days - rate per 1,000 population</b> (National Outcomes 2,4,7) (Objective: decrease)</p>	<table border="1"> <caption>Performance Trend Data (Rate per 1,000 population)</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2018</td><td>760</td><td>730</td></tr> <tr><td>2019</td><td>780</td><td>730</td></tr> <tr><td>2020</td><td>720</td><td>640</td></tr> <tr><td>2021</td><td>780</td><td>700</td></tr> <tr><td>2022</td><td>880</td><td>770</td></tr> <tr><td>2023</td><td>854</td><td>735.6</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018	760	730	2019	780	730	2020	720	640	2021	780	700	2022	880	770	2023	854	735.6
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<p><b>3. A&amp;E attendances</b> - rate per 1,000 population (National Outcomes 1,2,9)</p> <p>(Objective: decrease)</p>	<table border="1"> <caption>A&amp;E attendances per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018</td> <td>260</td> <td>280</td> </tr> <tr> <td>2019</td> <td>270</td> <td>295</td> </tr> <tr> <td>2020</td> <td>200</td> <td>220</td> </tr> <tr> <td>2021</td> <td>235</td> <td>245</td> </tr> <tr> <td>2022</td> <td>250</td> <td>265</td> </tr> <tr> <td>2023</td> <td>240</td> <td>265.8</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018	260	280	2019	270	295	2020	200	220	2021	235	245	2022	250	265	2023	240	265.8
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## 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 2023/24

Objectives for 2022-25	Progress in 2023/24
<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 (Redesign).	<p>A range of measures have been developed and put in place to support staff wellbeing including:</p> <ul style="list-style-type: none"> <li>• Staff wellbeing seminars;</li> <li>• Promotion of active staff activities including outdoors sessions to improve wellbeing;</li> <li>• Self-compassion workshop to help manage stress;</li> <li>• Availability of Hardship &amp; Wellbeing Support;</li> <li>• Shared resources on MS Teams channel for staff.</li> </ul>
<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 (Redesign).	<ul style="list-style-type: none"> <li>• In 2023/24, there were continued difficulties in recruiting to Social Worker, Mental Health Officer, Health Visiting and Social Care posts, presenting challenges. These challenges have impacted negatively at times on our capacity to respond to the level and complexity of presenting need.</li> </ul>
<i>Commitment: Redesigning the Public Dental Service</i>	
Redesign the Public Dental Service by implementing a new service delivery model (Redesign).	<ul style="list-style-type: none"> <li>• Implementation of the recommendations from the Public Dental Service (PDS) Review Programme Board have progressed throughout 2023/24. Outstanding actions due to challenges in recruitment for the project will be carried into 2024/25. The PDS Review Work Group Leads have updated the status of the recommendations and added new recommendations taking account of any access issues due to de-registrations by General Dental Services in order to be responsive to PDS needs and protect its core services.</li> <li>• A Communication &amp; Engagement Strategy was developed by the Public Dental Service and embedded in service delivery.</li> </ul>

Objectives for 2022-25	Progress in 2023/24
<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 (Improvement).	<ul style="list-style-type: none"> <li>• The HSCP successfully completed Year 3 of the workforce knowledge and skills framework, notably extending the Compassionate Distress Response Service, Creatorvators and Lifelink Counselling.</li> </ul>

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### Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Maximising available resources</i>	
Maximise available resources through efficiency, collaboration and integrated working (Improvement).	<ul style="list-style-type: none"><li>• The HSCP was able to manage service delivery within the budget set for 2023/24 in delivery of our strategic priorities.</li><li>• The HSCP Winter Plan 2023/24, part of a suite of business continuity plans, was developed to set out winter contingency arrangements to ensure the continued safe delivery of local services to vulnerable service users and the maintenance of a safe environment for staff.</li><li>• Consultation on a new Integration Scheme between East Dunbartonshire Council and NHS Greater Glasgow and Clyde.</li></ul>
<i>Commitment: Balancing investment and disinvestment</i>	
Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan (Improvement).	<ul style="list-style-type: none"><li>• The IJB was able to set a balanced budget for 2024/25 in March 2024 which included a savings programme under written by general reserves to smooth in the delivery of key areas of disinvestment.</li><li>• An Annual Delivery Plan 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.</li></ul>
<i>Commitment: Delivering financial sustainability</i>	
Ensure longer term sustainability of services within available resources (Redesign)	<ul style="list-style-type: none"><li>• The financial planning assumptions were updated for the next five years with work progressing to identify areas of service redesign which will deliver a balanced budget position for the HSCP going forward.</li></ul>





### Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<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 (Redesign).	<ul style="list-style-type: none"><li>• TBC</li></ul>
<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 (Improvement).	<ul style="list-style-type: none"><li>• The HSCP are progressing the establishment of a Pharmacotherapy Hub in line with hub models across NHSGG&amp;C, with the hub going live in the first quarter of 2024/25.</li><li>• Changes in availability of capital funding mean we have been unable to progress shop front accommodation within Milngavie for a Community Treatment and Care Centre. Discussions remain ongoing about the potential for a similar development in Bishopbriggs in 2024/25.</li></ul>



### Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<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 (Redesign).	<ul style="list-style-type: none"><li>• The HSCP updated the Property Strategy 2023-25 and continued to progress actions to deliver priorities to support delivery of the Primary Care Improvement Plan, wider HSCP property requirements, and to maximise opportunities related to hybrid working.</li><li>• Small projects are progressing to upgrade clinical rooms in Kirkintilloch Health and Care Centre which will provide sessional space for Alcohol and Drug Recovery Service, Community Treatment and Care and visiting community services.</li></ul>
<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"><li>• The first Digital Strategy for the HSCP, covering the period 2023-25, was developed and approved this year. The Strategy outlines the strategic direction, key drivers, local context and priorities for the HSCP to deliver on the digital agenda to better support patients and service users in accessing health and social care services, support a digitally enabled workforce, and promote accessibility and openness in how these services are delivered. An action plan has been developed to monitor progress against the Strategy.</li><li>• The HSCP participated in a national digital maturity assessment and the results of this helped to inform the development of the Digital Strategy.</li><li>• The first phase of the rollout of productivity and collaboration tools in Microsoft 365 was completed to introduce shared visibility and functionality in Teams across the partnership.</li></ul>

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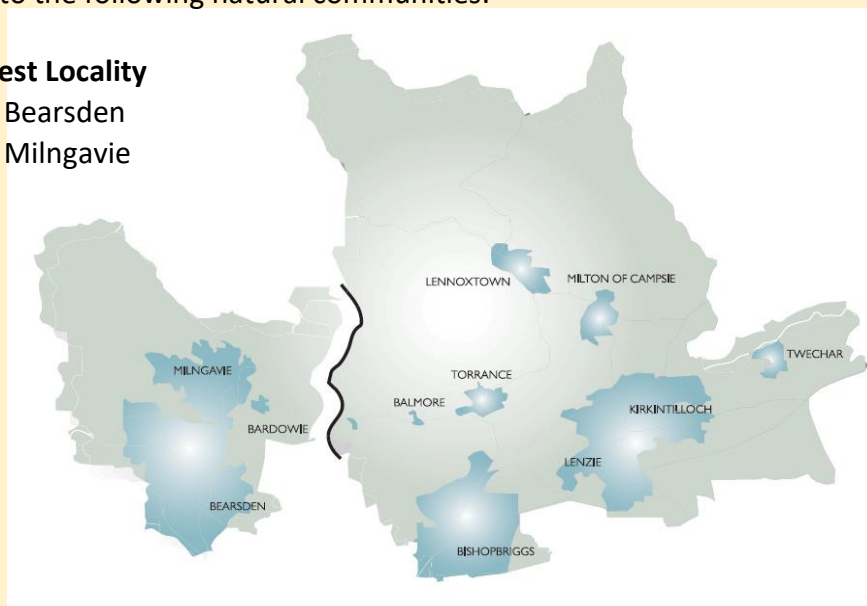
## Part 4. Locality Planning

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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:

### West Locality

- Bearsden
- Milngavie



### East Locality

- Bishopbriggs
- Kirkintilloch
- Lennoxtown
- Lenzie
- Torrance

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.

To support the understanding, planning and delivery of services around communities within these localities, the HSCP has established two Locality Planning Groups. These groups bring together a range of stakeholders to provide leadership and facilitate an active role in local planning of service provision. Stakeholders include GPs; social workers and social care professionals; community health professionals; carers; and service users.

The HSCP continues to review the purpose and governance of locality planning within the HSCP, working towards a new vision for the groups in 2024/25. 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. Budget has been set aside for both groups to facilitate small projects and direct engagement.

The operational Locality Practitioner Collaborative model has continued to grow and develop in line with the increasing development of locality-based services. The group meets weekly and membership consists of senior practitioners from the East and West Social Work teams, Community Occupational Therapy and Sensory Impairment Service, Community Rehabilitation teams, Adult Community Nursing, Older People's Mental Health Service and in-house Care at Home, with extended membership from Clinical and Primary Care Pharmacy Services, Adult Mental Health and Podiatry services.

The purpose of this weekly group is to discuss complex adult cases and utilise a multi-disciplinary team approach involving collective knowledge, expertise and resources to improving outcomes for individuals and carers. This approach has shown that using a collective approach to supporting people with complex needs at home has enabled more to remain in their preferred place of care, with the right input to meet their needs. Feedback from the services involved continues to be positive.

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## Part 5. Hosted Services

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### 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 2023/24 and their planned priorities in the year ahead.



### Specialist Children’s Services

NHSGGC Specialist Children’s Services (SCS) provide services to children and young people aged 0-18 years old with various long term, life limiting illness and disorders, as well as mental health problems and difficulties. The total 0-18 year old population across the NHSGGC area is in excess of 215,000. In SCS, there are two overarching services: Child and Adolescent Mental Health Services (CAMHS); and Specialist Community Paediatrics Teams (SCPT); with our new Neurodevelopmental (ND) Service currently being rolled out across NHSGGC.

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 2023/24**

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

- *CAMHS – meeting the 18 week RTT & reducing very long waits*  
Against a background of increasing demand, significant achievement in relation to the CAMHS waiting list backlog has now been made with backlogs cleared. The CAMHS RTT target of seeing 90% of patients within 18 weeks is being met and maintained since June 2023. As of March 2024, there were no patients waiting over 40 weeks.
- *The national children and young people’s Neurodevelopmental (ND) Service Specification*  
ND patient administration and reporting pathway for all teams has been implemented on EMIS Web. Clinical templates have been developed to enable recording of diagnosis, review dates and medication reviews. Development and operationalisation of the Neurodevelopmental pathway is ongoing with Inverclyde, Renfrewshire, West Dunbartonshire, and West and South Glasgow City fully rolled out. East Renfrewshire, and East and North Glasgow City are being rolled out. Approximately 15wte additional staff have been employed using the Mental Health Recovery and Renewal (MHRR) Phase 2 funding. These clinical staff are providing additional capacity to undertake Specialist Assessments.
- *CAPTND Dataset*  
The national improvement programme was commissioned as part of the Mental Health Recovery and Renewal plan to support improved access to data on which to establish the whole patient journey and outcomes. The programme of work has focused on the 42 data items which form part of the CAPTND data set. Improvement activity has focused on missing data items such as ethnicity, with a working group leading further improvements. Collection of data in relation to treatment received is being addressed as part of Psychological Therapies work. Rejection reason/actions audited and further improvement is planned. 100% of (CAMHS relevant) data fields are currently reportable.

### **Areas of Focus in 2024/25**

We will review and refresh workforce plans to ensure capacity to see and treat children and young people as well as review and refresh the use of CAPA model which supports throughput in teams. Workforce plans will be considered with a view to the current financial context and uncertainty in relation to MHRR funding. The CAMHS RTT target of seeing 90% of patients within 18 weeks is being met and maintained since June 2023 at a Health Board

level, and we will continue to aim to meet the 18 week RTT target to ensure children and young people are waiting less than 18 weeks. We will also undertake research and implement findings to improve engagement with CAMHS services and improve the submissions made to Public Health Scotland for the CAPTND data set.

We will continue implementing the Scottish Government's National Neurodevelopmental (ND) Specification for Children and Young People (September 2021). The expected outcomes in a year include a full-scale rollout of the ND Pathway in a systematic and standardised manner across the GGC Board, increased number of children and young people with ND profiles receiving the support and access to services that meet their needs at the earliest opportunity as well as systematic collection of patient experience to drive ND service improvement. This will create a third umbrella service across SCS, linking very closely with CAMHS and SCPT. We will also complete the review of the Scottish Centre for Autism and embed the staffing resource in to the ND team.

We will 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. We will also work with the West of Scotland Regional planning network to share learning on the development of the CAMHS services identified to regional coordinated planning or delivery. These actions will rely on funding allocations from Scottish Government.

Finally we will 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 will look to modernise and reform the pathway identifying priorities for future service delivery.

### **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 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 2023/24**

Over the last year, development and improvement work has continued to focus on the ongoing recovery of primary and secondary care dental services. Some highlights include:

- Determination 1, the new payment model for General Dental Practitioners (GDP) came into effect on 1 November 2023. It sees a condensed list of items of service that may be claimed by a GDP. Although it has been generally accepted by the profession, there are some changes to payments which have been causing a greater concern, particularly in relation those to Enhanced Skills Practitioners for Domiciliary Care.
- Implementation of the recommendations from the Public Dental Service Review Programme Board have progressed throughout 2023/24. The PDS Review Work Group Leads have updated the status of the recommendations and added new recommendations in light of changes post pandemic and taking account of any access issues due to de-registrations by GDS in order to be responsive to PDS needs and protect its core services.
- The creation of an OHD wide Communication and Engagement Strategy has been completed. The Strategy was approved by the OHD Senior Management Team in March 2024. Work will continue over the coming year 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.
- A review undertaken of the current paediatric patient pathway has led to a number of recommendations which would allow us to track/monitor patient progress through their pathway. This will allow us to maintain an accurate waiting list, streamline the patient pathway, and provide robust data.
- PDS undertook a pilot within the Emergency Dental Treatment Centre between June-September 2023, to increase capacity within the department while aligning the working hours of all staff in the department to the rest of the PDS. The test of change was successful and well received by staff and is being continued in its current format.

## **Areas for Focus during 2024/25**

- Access to NHS GDS remains a key challenge for the coming year. There is a need to scope and implement access initiatives throughout primary care oral health services, in particular within the Inverclyde area. A pilot of an Emergency Dental Treatment Centre model of care is planned at Greenock Health Centre. This would provide emergency and urgent care to support patients who are not able to register with a dentist.
- Continue to monitor the number of de-registrations from practices to ensure we have an overview on any areas where there may be a significant access issue developing.
- The uptake of Childsmile supervised toothbrushing in schools has not yet recovered to pre-Pandemic levels. Sustained efforts from the Oral Health Improvement Team have

delivered substantial increases in uptake, but existing methods are becoming exhausted and a cohort of non-participating schools remain. In response, there has been engagement with the Children's and Maternal Health Coordination Group to highlight the challenges, with a view to developing wider collaborative efforts across services and education. Contact is being made with Directors of Education across GGC to explore opportunities, such as quality improvement activities and peer support.

- Update the OHD Workforce Plan, giving consideration to the potential impact of the Health and Care Safe Staffing Act and the reduction to 37 hours for all agenda for change staff, both of which will come into effect on 1<sup>st</sup> April 2024.
- Proceed with the appointment of a Project Manager within OHD who will have a specific role to progress the PDS Review recommendations, which is an objective within the Annual Delivery Plan. This work will include the move to Parkhead Hub and the longer use of our estate.
- We are looking to address service challenges in the Public Dental Service, notably the management of dental care for vulnerable and socially excluded individuals, such as those experiencing homelessness. These patients often have chaotic lifestyles and have difficulties in accessing care. An opportunity has arisen to consider the use of a Mobile Dental Unit to support service delivery and to deliver care closer to the service user, where delivery of care is not possible or practicable within fixed estates.
- The Public Dental Service is running a 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 will involve training staff in trauma informed care and is primarily located at Bridgeton Health Centre. The outcome of the evaluation of this pilot will allow the shaping of this service to meet patient needs and inform the wider dissemination of trauma informed training to PDS staff.

## 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

#### Care at Home

Our Care at Home Services received feedback from their customers through a survey carried out in June and July. This was very helpful in identifying how the service is operating; people's view of the standard of care and support they are receiving; and where the service can make changes to try and improve the support they provide. The service was very pleased to see that the vast majority of customers felt that the service they received from East Dunbartonshire Care at Home was either Excellent (58%); Very Good (28%); or Good (10%).

#### Wellbeing Advisors

All GP practices have access to a Wellbeing Advisor who supports patients with non-clinical interventions/social prescribing. Patients can access the Wellbeing Advisor by contacting their local practice and asking for an appointment without needing to see a GP first. For the first time, each of our 15 GP practices have referred into the service with total annual referrals up year on year by approximately 20%.

#### Vitamin B12 Injections

After launching a pilot for the self-administration of B12 injections last year, the Community Treatment and Care Service have received very positive feedback with over 100 patients signed-up. This is a patient-centred approach where patients, or a family member, manage the 3-monthly injection of this prescribed medication. This means that the patient is not required to make an appointment with the service and, as well as being very patient-centred, it frees up capacity within the service for other interventions.

#### Care Home Out of Hours Service

A test of change has been initiated within the Care Home Liaison Nursing (CHLN) service supporting East Dunbartonshire Care Homes to provide the right care, at the right time, in the right place for residents approaching end of life. The CHLN Team have introduced an out of hours service working weekends and public holidays to assess care home residents experiencing increasing palliative care needs or symptoms. This test of change is having a positive impact on the outcomes for care home residents by providing timely support to staff and reducing calls to NHS 24 and GPs by responding quickly to requests for assessment and management of symptoms for residents approaching end of life.

### **Administration of Medicines (Innovation Award, Scottish Health Awards)**

An Advanced Nurse Practitioner (ANP) supporting the primary care team, Douglas Bell, recognised when visiting frail, housebound and acutely unwell patients in his practice that barriers existed to timely access to essential medication. He engaged with key stakeholders to write a standard operating procedure for the delivery of medication including first doses of antibiotics and emergency medication by the ANP during home visits. A test of change was carried out and 50 patients benefited from the administration of medication during a home visit. The test of change demonstrated that the service was valued by patients, relatives, carers and GPs, with the potential to improve patient outcomes by ensuring that medication is initiated promptly to prevent deterioration. This project is now embedded within East Dunbartonshire ANP service and shared across Greater Glasgow and Clyde with National recognition. For this project, Douglas won the Innovation category at the Scottish Health Awards, has been shortlisted for GGC staff awards and has had a poster accepted for the upcoming NHS Scotland Event which showcases innovation and excellence across all Health Boards.

### **Family Nurse Partnership**

The Family Nurse Partnership is a preventive licensed voluntary programme for first time mothers aged 19 years and under. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two years old, and for young first time mothers and their children to maximise their potential, with a continued focus on the impact of poverty and financial inclusion. By the end of 2023, there had been 58 clients enrolled in the programme in East Dunbartonshire, with 76% of entitled clients engaged in the programme.



### **Improving the Cancer Journey**

In February 2024, East Dunbartonshire HSCP and MacMillan Cancer Support launched The East Dunbartonshire Cancer Support Café at the Barony Chambers in Kirkintilloch. The Cancer Support Café is open to anyone in East Dunbartonshire living with, or affected by, cancer, including friends and family members. It is a safe space for people to come together and support each other). Hosted by local volunteers, the café offers a warm welcome, a chat over free tea, coffee & biscuits, and is also an opportunity to find out more about any cancer-related information for local services and resources.



### **Empowering Communities**

#### **Just Enough Support**

During 2023, a number of the social work practitioners within the HSCP participated in a seven month training programme on the subject of *just enough support*. The training supports our vision and aspiration for Asset Based Support Planning and complements the aims and objectives of our Fair Access to Community Care Services Policy. All participants were successful in attaining accreditation as trainers and we have now developed a Just Enough Support Activity Plan to ensure that we fully utilise the skills and knowledge attained by our staff team.

### **Local Clubs & Groups**

The Local Area Co-ordination for Older People (LACOP) team, in partnership with Take Ctrl and East Dunbartonshire Voluntary Action (EDVA), hosted two workshops in November, for people who run local clubs and groups for older people to showcase the impact that these important local resources have on older people's health and wellbeing. Those who participated in the workshops contribute to the development of an annual survey which supports evidencing the outcomes for older people who attend local assets. In addition to this, the LACOP team published its first annual newsletter with its next newsletter due to be published in May 2024. The results of the first annual survey from the local older people community assets will be published within the newsletter. The LACOP team also supported the development of a new group in Milngavie which offers volunteer-led social support opportunities for older people from the BAME communities. The group meet each Monday in the Fraser Centre in Milngavie and welcome members from all communities.

### **Twechar Consultation**

The Public Health Improvement and Primary Care Transformation teams carried out a survey and community engagement process as a crucial step towards implementing a community-led support approach to primary care needs in Twechar. By engaging with the community, the team were actively seeking to understand the specific and wider primary care support needs of the residents, whilst also raising awareness about future services and supports. By actively involving the community in this process, valuable insights, perspectives, and feedback was gathered from those who will directly benefit from primary care services and wider supports. This approach helped the team to identify any existing gaps or challenges in the current Primary Care system and seeks opportunities to address these in the future. This process will contribute to the development of a more responsive and effective primary care support system, better meeting the needs of Twechar residents and ultimately improving health outcomes in the community.

### **Prevention & Early Intervention**

#### **Future Care Planning**

Future care planning is an approach to capture a patient's wishes for how and where they would like to be cared for in the future. Each plan identifies what personal outcomes are important to that individual and this approach significantly improves patient outcomes and experiences. During 2023, 630 future care plans (FCPs) were completed by East Dunbartonshire HSCP. This accounts for 40% of all FCPs completed across all acute services, hospices and HSCPs in NHS Greater Glasgow and Clyde. Future care planning is considered to be a priority for patients with increasing frailty, and our teams are working to ensure that East Dunbartonshire residents are encouraged to plan ahead and express their wishes at an earlier stage.

### **Speech & Language Therapy and Health Visitor Collaboration**

Speech and language therapy and health visitor teams have created a pathway to support collaborative working. Every health visitor now has a link speech and language therapist who they can contact for advice and support regarding speech, language and communication needs for their families. One of the outcomes of this approach is joint visits, providing families with timely access to advice and support for their child's communication skills, and strengthening the working relationships between the teams.

### **Early Communication Parent Groups**

In response to increasing demands, the Speech & Language Therapy team have started running parent groups to support children's speech, language and communication needs. The groups offer three parent-only sessions to explore strategies and ways to support communication skills, followed by two home visits to demonstrate and apply the strategies. There have been very positive responses from parents about how helpful the groups have been, not only in providing parents with information and knowledge on how to help their child's communication skills, but also in meeting other parents in similar circumstances and providing a support network.

### **Moving Forward to Change**

The Justice Social Work Services successfully completed the national pilot of the newly developed programme designed to support desistance for men who have been convicted of sexual harmful behaviour (Moving Forward to Change: MF2C). This programme is now being rolled out nationally.

## **Public Protection**

### **Child Protection Procedures**

The Children with Disabilities team are leading the way in relation to highlighting improvements for Child Protection and Disability. They are taking forward multi-agency work, which includes the development of Child Protection Procedures for children with disabilities. There is a plan in place to improve communication with children during the child protection process and to support children using an advocate. For our children who are non-verbal, this will allow them to be heard, rather than information coming only from their carer. This should improve outcomes for each child, having their views at the centre of all plans.

## **Supporting Families & Carers**

### **Emergency Dental Treatment Centre (EDTC)**

The EDTC provides emergency dental care to unregistered patients in the GGC area, and operated on weekdays from 8:30-5pm which was out of line with the rest of the Public Dental Service (PDS). A pilot ran from June to September 2023 with a view to increase the capacity within the department while aligning the working hours of all staff to the rest of the PDS. The test of change proved to be successful and this is now embedded in the service, providing an increase in the number of available appointments due to aligning of lunch hours as well as increasing staff morale.



### **National House Project**

East Dunbartonshire's House Project offers an innovative way for our young



THE  
**HOUSE PROJECT**  
EAST DUNBARTONSHIRE

people to take control of their future, by supporting them to gain the skills and experiences they will need to live independent lives whilst developing lifelong communities of support. The project had its third annual review this year, recognising the continuing high level of support it provides to care experienced young people, describing the East Dunbartonshire House Project as excellent and sector leading. In the past year more young people moved into their own homes with 100% tenancy sustainment since the project launched. The annual review also showcased the improved outcomes for young people including high rates of young people in education or employment. The project also has a new permanent base which has been developed in conjunction with the young people and is a warm and welcoming environment which includes a games room and wellbeing space.

### **Bairns' Hoose**

North Strathclyde Bairns' Hoose opened in August 2023. This offers a multi-agency service which provides survivors of child abuse a safe and secure space to receive support, provide evidence and speak to all of the services involved in a child or young person's journey from disclosure to recovery. It brings together child protection, justice,



and therapeutic support in a child-friendly, single-location alternative to courts, social work offices and police stations. Children from across the area may come to the Bairns' Hoose as part of the child protection process. From the Bairns Hoose, children may take part in joint investigative interviews, give evidence to court via special video link, and receive therapeutic input for recovery from traumatic events and abuse. Their family will also be supported to understand the impact of what has happened to their child and how best to help their child to recover.

### **Non-Violent Resistance Training**

During 2023, school nurses joined their partners from Education and Social Work to complete Non-Violent Resistance Training (NVR). The aim of NVR is to upskill and empower parents, carers, and school staff to support children and young people of school age. This approach uses existing relationships to support and address inclusion within education and families and is being developed and implemented as part of a three year plan. It has a focus on work with care-experienced children and families, but has been developed to be used within contexts where there may be violence and escalating behaviours between children and parents, siblings and between children and staff. The framework encompasses trauma informed practice and works with key people to bring about positive change. For the school nursing service, NVR will compliment the current work and interventions provided to children and young people by supporting families particularly around anxiety, self-harm and non school attendance.

### Talking Mat

The Specialist speech and language therapy team have developed a Talking Mat version of the Child Occupational Self-Assessment tool. The tool is designed to capture the young person's view on their occupational competence and their views on every day. By adapting the assessment to a Talking Mat format, young people in the Ward were better able to engage in assessment and had a better understanding of what was being asked of them. The language load was less, barriers to understanding were reduced leading to higher quality and more accurate information, ultimately leading to a clearer care plan where the young person's voice was at the centre.



## Improving Mental Health & Recovery

### Alcohol & Drug Recovery Service

A weekly recovery café has been introduced within the local community for adults with drug and alcohol recovery needs. This has been established by new Alcohol and Drug Partnership Peer Recovery workers who have been supported to develop this weekly support.

### Reclaim Your Life

Two of our Mental Health Practitioners successfully piloted an online Cognitive Behavioural Therapy (CBT) group for patients in East Dunbartonshire living with long-term conditions and chronic pain. The *Reclaim Your Life* online group utilised CBT resources and structured sessions supported patients to consider the impact of their illness, pain and physical health issues on their everyday lives, emotional and mental wellbeing. Participants were encouraged to initiate and sustain positive behaviour change, identify and change unhelpful or stressful thinking and practice CBT strategies and techniques to their improve mood, wellbeing and day-to-day living. Feedback from the group highlighted that participants valued the CBT tools and strategies to help with self-management and reported an overall improvement in relation to their quality of life.



## Maximising Operational Integration

### Joint Adult Support and Protection Inspection

Feedback from the Joint Adult Support and Protection Inspection confirmed that our partnership is working effectively to safeguard adults at risk of harm, and that our Adult Support and Protection processes have had a positive impact on the lives of those living in East Dunbartonshire. The report highlights notable strengths including the comprehensive and collaborative nature of Adult Support and Protection inquiries; the quality of completed chronologies with a strong collaboration and promotion of a trauma informed approach supporting effective decision making and protective actions; and strategic leaders driving a high level of strategic collaboration leading to impressive innovations and improvements in some areas of practice.



## **Workforce & Organisational Development**

### **Queen's Nurse Award**

Caroline Lilley, a Nurse Team Lead in East Dunbartonshire, was among a group of 24 community nurses and midwives to have been awarded the prestigious title of Queen's Nurse last year. The group were selected earlier in 2023 by employer nomination and subsequent panel interviews for their clinical expertise and compassionate care. The programme requires each candidate to choose an issue for development which will have a significant impact on those they care for, so that the learning during the nine months is applied in practice. The group then successfully completed a nine-month development programme run by the Queen's Nursing Institute Scotland.

### **Self-compassion Workshop**

Psychology staff within the Community Mental Health Team have developed a self-compassion workshop for staff to help manage stress. Staff members from across East Dunbartonshire were invited to attend, with 12 attending the first workshop in May.

## **Infrastructure & Technology**

### **Digital Therapeutic Groups**

Whilst the majority of treatment sessions are delivered individually by our Primary Care Mental Health Team, the service is developing and expanding on our provision of digital therapeutic groups. This not only supports a stepped approach to care and treatment and allows the team to meet treatment waiting lists targets, but importantly we understand the value of peer support and the benefits of shared learning within the context of a therapeutic group setting.

### **Electronic Feedback Forms**

The District Nursing service gathers feedback from family members and carers of patients receiving palliative care. This feedback is highly valued and is used to reflect on standards of practice and to identify areas for improvement and learning. However, response rates of this paper-based survey have been consistently low, so the team developed an electronic form accessed by a QR code to supplement the existing system. This approach has modernised our qualitative feedback process and increased response rates. This success has led to plans to use digital methods to obtain feedback for other adult community nursing services.

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## Part 7. Financial Performance

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Awaiting input from CFO.

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## Part 8. Inspection and Regulation

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### Joint Inspections

On 26<sup>th</sup> September 2022, the Care Inspectorate wrote to the East Dunbartonshire Community Planning Partnership to advise that the Care Inspectorate, Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland would undertake a joint inspection of services for children at risk of harm in East Dunbartonshire.

The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences Community Planning Partnerships are making to the lives of children and young people at risk of harm and their families.

The active phase of the inspection took place between October 2022 and February 2023, and the inspection report was published on 18<sup>th</sup> April 2023. The report can be accessed on the Care Inspectorate's publications web page<sup>3</sup>.

The inspection report highlights areas of good practice and areas for further development. It concludes on an assessment grading for a single quality indicator 2.1, from the inspection framework, 'impact on children and young people'. The inspection report has graded the services in East Dunbartonshire as 'Good'. An evaluation of good is applied where performance shows important strengths which clearly outweigh any areas for improvement. The strengths will have been assessed as having a significant positive impact on children and young people's experiences and outcomes.

The report highlighted the following strengths and areas of good practice:

- Many children and young people said that they got the right help to make and keep loving relationships with those they cared about. We saw how some were being supported to maintain relationships with brothers and sisters, as well as with parents.
- Support for children's wellbeing, planning of care and provision of good nurturing relationships was rated as good or better in regulated care inspections.
- Almost all children and young people told us they felt safe where they lived all or most of the time. Asylum seeking young people felt well supported, safe and helped to maintain cultural links. Interpreters were provided for individual children or parents.
- Young people were being listened to about what mattered to them, felt involved and were aware of their rights. Many children and young people had the opportunity to develop consistent and enduring relationships with key staff.
- Children and young people had been directly engaged in service developments such as the House project. In other examples, including record keeping, they were influencing changes in practice.

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<sup>3</sup> [Joint inspections of services for children and young people \(careinspectorate.com\)](https://www.careinspectorate.com/publications/joint-inspections-services-children-young-people)

- Staff we spoke with demonstrated a child-centred approach to providing services to improve the wellbeing of children and young people.
- Statutory and voluntary agencies were working well together to provide practical support for children, young people and their families. A range of services from pre-birth to teenage, provided early and effective intervention in response to emerging concerns.
- Children and young people had benefitted from their safety and wellbeing having been a key priority for leaders throughout the Covid-19 pandemic.
- The scrutiny partners concluded that they were confident that partners in East Dunbartonshire have the capacity to make changes to service delivery in the areas that require improvement. This was based on the following factors:
  - Evidence of strong partnership working, and staff and leaders being committed to improving outcomes for children, young people and families.
  - High levels of confidence from staff in their knowledge and abilities, supported by evidence from records reading.
  - Similar levels of support from staff about their leaders' ability to continue to drive change and make improvements.
  - Well-developed management information and self-evaluation practice capable of identifying areas for improvement and further action.
  - Collaborative inter-agency practice, including the role of the third sector, providing services to children at risk of harm and their families.
  - Recent commitments to changes in practice, including the introduction of the Safe and Together model, and an emphasis on trauma informed practice.
  - The partnership's own self-evaluation had already identified many of the areas for improvement found by the inspection team, which showed that they knew themselves well and had a solid foundation to make improvements.

Scope for improvement was identified in awareness and consistent availability of advocacy services, further opportunities for the voices of children who were, or had been, at risk of harm to inform strategic planning, scope to improve the quality of chronologies, waiting times for access to specialist CAMHS services and scope to further develop analysis of impact and outcomes for children and their families.

An action plan has been developed in response and will be overseen by the Delivering for Children and Young People group on behalf of the Community Planning Partnership.

### **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 will award grades for certain ‘quality themes’ that they have assessed. These ‘quality themes’ cover 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 of the quality themes assessed using a six point grading scale, which works in this way:

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 Partnership works to improve its own services through direct management and operational oversight. Purchased services are subject to detailed specification and contract monitoring by the Partnership’s Commissioning Team. The grades of the services delivered by the Council and those purchased by the Partnership are set out below. The grades below are the most recent assessed by the Care Inspectorate for services based in East Dunbartonshire. Inspection reports can be found at on the [Care Inspectorate](#) website.

The Care Inspectorate now applies the National Care Standards. These have introduced new quality themes which will eventually apply to all registered services. The Care Inspectorate has begun applying these new quality themes.

The tables below have therefore separated out registered services by the framework of quality themes that were used as the basis of the inspections:

**NEW INSPECTION MODEL:**

Service	Wellbeing (previously Care & Support)	Leadership (previously Management & Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)
HSCP / Council In-house Services					
Ferndale Care Home for Children & Young People	5	Not Assessed	Not Assessed	Not Assessed	6
Ferndale Outreach for Children & Young People	5	Not Assessed	Not Assessed	Not Assessed	6
John Street House	5	4	Not Assessed	Not Assessed	Not Assessed
Homecare Service <i>Addendum: May 2023 service graded 5 in all categories (except Setting which was not inspected)</i>	5	4	5	Not Assessed	3
Commissioned - Supported Accommodation					
Cornerstone Community Care	5	5	Not Assessed	Not Assessed	Not Assessed
Living Ambitions (Group registration covers Glasgow North & West Services)	3	3	Not Assessed	Not Assessed	Not Assessed

Independent Care Homes					
Abbotsford House	How good is our care and support during COVID-19 pandemic - 4				
Antonine House	How good is our care and support during COVID-19 pandemic - 4				
Ashfield	5	4	Not Assessed	Not Assessed	Not assessed
Birdston Care Home	4	4	Not Assessed	Not Assessed	Not Assessed
Boclair Care Home	Registered August 2022, not been inspected				
Buchanan House	3	3	3	4	4
Buchanan Lodge	4	4	4	4	4
Buttercup House	5	Not Assessed	Not Assessed	Not Assessed	4
Campsie View	3	4	Not Assessed	Not Assessed	Not Assessed
Lillyburn	5	5	Not Assessed	Not Assessed	5
Mavisbank	Not Assessed	Not assessed	4	Not Assessed	4
Milngavie Manor	4	4	Not Assessed	Not Assessed	Not Assessed
Mugdock	5	5	5	Not assessed	Not assessed
Springvale	4	4	4	4	4
Westerton	4	4	4	4	4
Whitefield Lodge	Not Assessed	Not assessed	3	Not Assessed	Not assessed
Commissioned – Care at Home Services					
Blue Bird Care	4	4	4	Not Assessed	Not assessed
Cornerstone	5	5	Not Assessed	Not Assessed	Not Assessed

Hands-On Homecare	Not Assessed	3	3	Not Assessed	Not Assessed
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**PREVIOUS INSPECTION MODEL:**

Service	Care and Support	Environment	Staffing	Management and Leadership
<b>HSCP / Council In-house Services</b>				
Milan Day Service	5	Not Assessed	5	Not Assessed
Allander Resource Centre (previously Kelvinbank Day Service)	5	Not Assessed	5	Not Assessed
Meiklehill & Pineview	5	Not Assessed	Not Assessed	5
Fostering Service	5	Not Assessed	5	4
Adoption Service	4	Not Assessed	5	4
Community Support Team for Children and Families	5	Not Assessed	Not Assessed	6
<b>Commissioned - Supported Accommodation</b>				
Key Housing Association – Key Community Supports – Clyde Coast (Group registration covers Milngavie, Kirkintilloch, Clydebank, Alexandria & Dalmuir)	5	Not Assessed	Not Assessed	5
Orems Care Services	4	Not Assessed	4	Not Assessed
Quarriers (Phase 3)	4	Not Assessed	4	Not Assessed
Quarriers (Phase 2)	4	Not Assessed	4	4
Quarriers (Phase 1)	5	Not Assessed	Not Assessed	5

Service	Care and Support	Environment	Staffing	Management and Leadership
Real Life Options East Dunbartonshire Service	5	Not Assessed	5	Not Assessed
The Richmond Fellowship East & West Dunbartonshire Support Living Services	5	Not Assessed	Not Assessed	5
Commissioned – Care at Home Services				
Delight Supported Living	5	Not Assessed	5	Not Assessed
Extended Personal Care	4	Not Assessed	4	Not Assessed
Home Instead	5	Not Assessed	Not Assessed	4
The Richmond Fellowship – East and West Dunbartonshire	5	Not Assessed	Not Assessed	5

## ANNEX 3: COMPARATIVE INCOME & EXPENDITURE 2018/19 – 2023/24

Objective Analysis	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
Strategic / resources	TBC	3,743	3,044	2,568	3,042	3,205
Addictions	TBC	1,692	1,351	1,369	1,285	1,360
Older people	TBC	47,551	42,664	38,644	39,410	36,916
Learning disability	TBC	23,380	20,479	19,333	19,580	18,559
Physical disability	TBC	5,093	5,005	4,880	4,067	4,042
Mental health	TBC	6,057	5,520	5,378	5,155	5,129
Adult services						
Children & families	TBC	14,930	14,795	14,262	14,277	13,514
Criminal justice	TBC	455	346	162	211	258
Other - non sw	TBC	984	810	741	817	946
Community health services						
Oral health	TBC	12,738	10,786	9,820	9,835	9,899
Family health services	TBC	33,218	31,314	29,822	27,678	25,848
Prescribing	TBC	22,027	19,936	19,178	19,484	19,072
Covid-19	TBC	2,930	6,245	7,215		
Operational costs	TBC	304	289	282	270	246

Cost of Services Managed By East Dunbartonshire HSCP	TBC	175,101	162,584	145,111	145,111	138,995
Set Aside for Delegated Services provided to Acute Services	TBC	40,306	35,982	36,975	32,247	27,471
Total Cost of Services to East Dunbartonshire HSCP	TBC	215,407	198,566	190,629	177,358	166,466
NHS Greater Glasgow & Clyde	TBC	(137,042)	(149,959)	(144,950)	(120,508)	(111,583)
East Dunbartonshire Council	TBC	(71,437)	(62,753)	(57,719)	(55,760)	(52,690)
Taxation & Non Specific grant Income	TBC	(208,479)	(212,712)	(202,669)	(176,268)	(164,273)
(Surplus) or deficit on Provision of Services	TBC	6,928	(14,146)	(12,040)	1,090	2,193
Movement in Reserves	TBC	6,928	(14,146)	(12,040)	1,090	2,193

General Reserves	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
Movement in General Reserves only	TBC	(1,293)	(1,143)	(1,935)	41	916
Balance on Reserves	TBC	(4,371)	(3,078)	(1,935)	0	(41)

## 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 &amp; Risk Committee</p> <p>HSCP Chief Officer</p> <p>HSCP Chief Finance &amp; 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 &amp; Risk Committee scrutiny</p> <p>Clinical &amp; 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 &amp; 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 &amp; 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**

		<p>guidance on directions with regular oversight and monitoring of delivery through PAR Committee and IJB.</p>
<p>5.</p>	<p>Do you consider there to be a culture of continuous improvement?</p>	<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 &amp; 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"> <li>• 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 &amp; Care Governance Group and reported to the IJB.</li> <li>• The Public Service User and Carers group has been involved in developing improvement activity on areas highlighted through engagement events.</li> <li>• 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.</li> <li>• 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).</li> <li>• HSCP Organisational Development and Training, Learning and Education resources support services in undertaking improvement activity.</li> <li>• A wide range of stakeholder consultation and engagement exercises, to evaluate the quality of customer experience and outcomes.</li> <li>• Regular service audits, both internal and arm’s length.</li> <li>• An extensive range of self-evaluation activity, for example case-file assessment against quality standards.</li> </ul>

**Best Value Audit June 2023 – HSCP Evaluation**

		<ul style="list-style-type: none"> <li>• 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.</li> <li>• Workforce planning and OD/service improvement (SI) activity is planned, monitored and evaluated through our Human Resources and Organisational Development leads.</li> <li>• A Quality and Improvement Framework has been developed to support continuous improvement within the in-house Care at Home Service.</li> </ul>
6.	<p>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>	<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"> <li>• Review of locality management arrangements to support locality working including alignment of contractual arrangements for care at home services.</li> <li>• 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.</li> <li>• Review of Mental Health &amp; 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.</li> <li>• 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.</li> </ul>

**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"> <li>• Un scheduled Care Review / Commissioning Plan/ Design and Delivery Plan</li> <li>• Mental Health Review and 5 year Strategy</li> <li>• Primary Care Improvement Plan (PCIP) and delivery of the GP contract requirements</li> </ul> <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.	<p>Have identified improvement actions been prioritised in terms of those likely to have the greatest impact.</p>	<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 &amp; 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.	<p>What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures.</p>	<p>All savings proposals are subject to a full assessment which includes:</p> <ul style="list-style-type: none"> <li>• Alignment to Strategic Plan</li> <li>• Alignment to quality care governance and professional standards including risk assessment by Professional Lead</li> <li>• Equalities impact assessed</li> <li>• Risk assessment by responsible Heads of Service and mitigating actions introduced</li> <li>• Stakeholder engagement as appropriate</li> </ul> <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.	<p>Is performance information reported to the board of sufficient detail to enable value of money to be assessed</p>	<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**

		<p>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.</p>
10.	<p>How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable</p>	<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>

DRAFT

## 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 2021/22. East Dunbartonshire had a response rate of 30%, which equates to 2,400 returns, compared to a Scotland response rate of 24%, which equates to 130,000 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 by clicking here:

[Scottish Government Health Care Experience Survey](#)

### Indicators 12, 13, 14, 15, 16 and 20

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 Health and Social Care Partnerships, the most recent reporting period available is calendar year 2023; 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 Integration Authorities do not report information for this indicator beyond 2019/20 within their Annual Performance Reports.

More detail is provided in the Background and Glossary document is available by clicking here:

[Public Health Scotland Core Suite of Integration Indicators](#)

## **Trends and National Rankings**

The tables and charts aim to illustrate whether the objective is to increase or decrease the performance value, they show our performance in the reporting year, our performance trend compared to the previous year, our performance trend over the period since the integration of health and social care, our comparative performance over the same period and our ranking in comparison to the 30 other HSCPs in Scotland (Clackmannanshire & Stirling are a joint HSCP). 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 though, 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 (MSG) – Performance Indicators**

This measure provides data and performance status of the HSCP's performance against the Scottish Government's Ministerial Strategic Group's indicators. Performance using a "Red-Amber-Green" (RAG) rating is based upon comparison with the previous year. A chart showing comparative performance against the Scottish average is also provided.

For indicators 1 and 2, annual data are presented by financial year until the latest reporting year. As April 2022 to March 2023 data is not fully complete for all NHS Boards, calendar year figures are shown for 2022 as a proxy for financial year data.

## **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.



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

**DATE OF MEETING:** 20<sup>TH</sup> JUNE 2024

**REPORT REFERENCE:** HSCP/200624/10

**CONTACT OFFICER:** JEAN CAMPBELL, CHIEF FINANCE & RESOURCE OFFICER, Tel: 07583902000

**SUBJECT TITLE:** HSCP DIRECTIONS LOG UPDATE

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**1.0 PURPOSE**

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

**2.0 RECOMMENDATIONS**

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

**2.1** Note the content of the Report.

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

### **3.0 BACKGROUND/MAIN ISSUES**

- 3.1** Directions are the mechanism by which the IJB signals to the Health Board and Local Authority the details of how the objectives of its Strategic Plan, and any other strategic decisions taken during the lifetime of the plan, are to be delivered.
- 3.2** The use of Directions is a legal requirement for IJB's, Health Board and Local Authorities and as such their use is subject to internal/external audit and scrutiny.
- 3.3** 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 the most recent review at SMT being 17<sup>th</sup> April 2024.
- 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** **Appendix 1** details the Directions Log for 2021, 2022, 2023 and 2024 IJB cycles.
- 3.10** There was a total of 18 Directions issued for 2021, the status of the Directions are noted as being:

Current	1
Complete	7
Superseded	10
Revoked	0

The current direction – Self Directed Support Implementation Plan 2021 – 2024 is due for review prior to conclusion of the plan through 2024.

- 3.11** There was a total of 11 Directions issued for 2022, the status of the Directions are noted as being:
- |            |   |
|------------|---|
| Current    | 1 |
| Complete   | 2 |
| Superseded | 8 |
| Revoked    | 0 |

The current direction is the HSCP Strategic Plan 2022 – 2025.

**3.12** There have been 15 Directions issued across the IJB meetings in 2023 the status of the Directions are noted as being:

Current	6
Complete	1
Superseded	8
Revoked	0

Of the 6 current directions, 2 are due to be reviewed in 2024: HSCP Winter Plan 2023/2024 and Mental Health Recovery and Renewal Phase 2. The remaining 4 current directions will be subject to review in 2025 and 2026.

**3.13** There have been 9 Directions issued across the two IJB meetings in 2024, the status of the Directions are noted as being:

Current	8
Complete	1
Superseded	0
Revoked	0

#### **4.0 IMPLICATIONS**

The implications for the Board are as undernoted.

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

8. Maximising Operational Integration

**4.2** Frontline Service to Customers – None.

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

**4.4** Legal Implications – The Public Bodies (Joint Working) (Scotland) Act 2014 required the IJB to issue Directions in writing. Directions must set out how each integrated health and social care function is to be exercised and the budget associated with that function.

**4.5** Financial Implications – The IJB have statutory responsibility for the delivery of transformational service delivery within budget allocations.

**4.6** Procurement – None.

**4.7** ICT – None.

**4.8** Corporate Assets – None.

**4.9** Equalities Implications – The Strategic Plan acknowledges that some individuals, or groups of individuals may face difficulties in accessing services and the Plan identifies

some additional supports to address this issue. Directions issued by the IJB are likely to be instrumental in improving access to services.

4.10 Sustainability – None.

4.11 Other – None.

## 5.0 **MANAGEMENT OF RISK**

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

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

## 6.0 **IMPACT**

6.1 **STATUTORY DUTY** – The HSCP have a statutory duty to record and issue Directions to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The Council must comply with a Direction from the Integration Joint Board.

6.3 **NHS GREATER GLASGOW & CLYDE** - The Health Board must comply with a Direction from the Integration Joint Board.

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

## 7.0 **POLICY CHECKLIST**

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

## 8.0 **APPENDICES**

8.1 **Appendix 1** – East Dunbartonshire HSCP Directions Log as at 29.05.24.

Update: 28.03.24  
Complete or Superseded

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by JIB 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 JIB 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 JIB 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 Health 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	Current	No	N/A	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	<a href="file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/b35db670-7e3c-4afe-af09-4047926c5751/HSCP%20Board%20Meeting%20papers18%20January%202024.pdf">file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/b35db670-7e3c-4afe-af09-4047926c5751/HSCP%20Board%20Meeting%20papers18%20January%202024.pdf</a>	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-recruiting 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	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	<a href="file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/b35db670-7e3c-4afe-af09-4047926c5751/HSCP%20Board%20Meeting%20papers18%20January%202024.pdf">file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/b35db670-7e3c-4afe-af09-4047926c5751/HSCP%20Board%20Meeting%20papers18%20January%202024.pdf</a>	Caroline Sinclair, Chief Officer	Finance and Resources	N/A	18.01.2024	
180124-08	Alcohol and Drugs Partnership Strategy 2023 - 2025	East Dunbartonshire Council and NHSGGC	The JIB 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	Yes 240621-11	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	<a href="file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/b35db670-7e3c-4afe-af09-4047926c5751/HSCP%20Board%20Meeting%20papers18%20January%202024.pdf">file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/b35db670-7e3c-4afe-af09-4047926c5751/HSCP%20Board%20Meeting%20papers18%20January%202024.pdf</a>	Caroline Sinclair, Chief Officer	Adult Health and Social Care	N/A	18.01.2024
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	Current	No	N/A	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	<a href="file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/b35db670-7e3c-4afe-af09-4047926c5751/HSCP%20Board%20Meeting%20papers18%20January%202024.pdf">file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/b35db670-7e3c-4afe-af09-4047926c5751/HSCP%20Board%20Meeting%20papers18%20January%202024.pdf</a>	Caroline Sinclair, Chief Officer	Finance and Resources	N/A	18.01.2024	
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	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	<a href="file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/b35db670-7e3c-4afe-af09-4047926c5751/HSCP%20Board%20Meeting%20papers18%20January%202024.pdf">file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/b35db670-7e3c-4afe-af09-4047926c5751/HSCP%20Board%20Meeting%20papers18%20January%202024.pdf</a>	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	The JIB hereby directs East Dunbartonshire Council and 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	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	<a href="file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/6e68b7e8-202c-4d0c-ae77-03d7793f2e22/HSCP%20Board%20Meeting%20Paper%20%2028_03_2024.pdf">file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/6e68b7e8-202c-4d0c-ae77-03d7793f2e22/HSCP%20Board%20Meeting%20Paper%20%2028_03_2024.pdf</a>	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	Current	No	N/A	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	<a href="file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/6e68b7e8-202c-4d0c-ae77-03d7793f2e22/HSCP%20Board%20Meeting%20Paper%20%2028_03_2024.pdf">file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/6e68b7e8-202c-4d0c-ae77-03d7793f2e22/HSCP%20Board%20Meeting%20Paper%20%2028_03_2024.pdf</a>	Caroline Sinclair, Chief Officer	Finance and Resources	N/A	28.03.2024
280324-07	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 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 JIB.	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	Current	Yes	230323-07	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	<a href="file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/6e68b7e8-202c-4d0c-ae77-03d7793f2e22/HSCP%20Board%20Meeting%20Paper%20%2028_03_2024.pdf">file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/6e68b7e8-202c-4d0c-ae77-03d7793f2e22/HSCP%20Board%20Meeting%20Paper%20%2028_03_2024.pdf</a>	Caroline Sinclair, Chief Officer	Finance and Resources	N/A	28.03.2024	
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	Current	Yes	180124-12	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	<a href="file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/6e68b7e8-202c-4d0c-ae77-03d7793f2e22/HSCP%20Board%20Meeting%20Paper%20%2028_03_2024.pdf">file:///C:/Users/MCLEAV-1/AppData/Local/Temp/MicrosoftEdgeDownloads/6e68b7e8-202c-4d0c-ae77-03d7793f2e22/HSCP%20Board%20Meeting%20Paper%20%2028_03_2024.pdf</a>	Caroline Sinclair, Chief Officer	Finance and Resources	N/A	28.03.2024	



Update: 28.03.24  
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		Jan-26 Current	Yes	300622-04	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Chief Officer	Community Health and Care Services		19.01.2023
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 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 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 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 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 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		Superseded	Yes	190123 - 11	Need link to published paper on 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	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	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 Current	Yes	250321-04	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	N/A	Caroline Sinclair, Chief Officer	Mental Health Services		29.06.23
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 NISGSC 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 MHRP 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	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	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	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	N/A	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	Current	Yes	290623-09	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	N/A	Caroline Sinclair, Chief Officer	Specialist Childrens Services		14.09.23
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		Superseded	Yes	290623-11 *amended	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	N/A	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	Current	No	N/A	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	N/A	Caroline Sinclair, Chief Officer	Adult Health and Social Care		16.11.23
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		Current	No	N/A	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	N/A	Caroline Sinclair, Chief Officer	Children and Families		16.11.23
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		Superseded	Yes	140923-12	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	N/A	Caroline Sinclair, Chief Officer	Finance and Resources		16.01.2024



Update: 29.05.24

Complete or Superseded

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by LJB 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 LJB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Most Recent Review (Date)
200122-09	Financial Performance Budget 2021/22 – 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 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2021/22 – all functions set out within Appendix 4	The budget delegated to NHS Greater Glasgow and Clyde is £137.696m and East Dunbartonshire Council is £61.487m as per this report.	20.01.22	20.01.22	Complete – Budget 2021/22 monitoring report will supersede this direction planned for March 2022.	Superseded	Yes	181121-11	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	20.01.22
240322-04	Unscheduled Care Commissioning Plan (Design & Delivery Plan 2022/23 – 2024/25)	NHS Greater Glasgow and Clyde only	NHS Greater Glasgow and Clyde is directed to design and deliver the integrated system of care for health and social care services that includes the strategic commissioning intentions for acute hospital services, as outlined within this report and appendix.	All functions as they relate to the delivery of services related to the commissioning strategy for unscheduled care, and are outlined with the appendix attached to this report.	Should be implemented as outlined in the financial framework developed to support implementation of the plan.	24.03.22	24.03.22	31.03.23 *see comment	Superseded	No	180124/07 - superseded by this report	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Community Health and Care Services	Superseded by 180124/07	29.05.24
240322-05	HSCP Strategic Plan 2022-25	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	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. This mechanism takes the form of binding directions from the Integration Authority to both of the Health Board and Local Authority. The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Strategic Plan 2022-25.	All delegated functions as set out in the current East Dunbartonshire Integration Scheme	The budget allocated to the HSCP Strategic Plan 2022-25 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 2022 to 2025, to be detailed at the time of the budget setting process and as approved by the HSCP Board, which for 2022-23 will be £198.122m	24.03.22	01.04.22	The HSCP Strategic Plan 2022-25 will be expected to operate for the full duration of its three year life-span, however this direction will be reviewed at least annually in line with the budget setting exercise.	Current	No	(Previous Strategic Plan preceded revised Directions procedures)	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	East Dunbartonshire HSCP wide services	N/A	26.04.23
240322-06	HSCP Annual Delivery Plan 2022-23	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 2022-23. 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 2022-23: The business planning intentions of the HSCP Board for the period 2021-22 in pursuance of the implementation of the current Strategic Plan which covers all delegated functions of the UB.	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.	24.03.22	01.04.22	31.03.23	Superseded	Yes	Yes (reference number: 240621-17) Superseded by 230323-07	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	East Dunbartonshire HSCP wide services	N/A	23.03.23
240322-08	Financial Performance Budget 2021/22 – 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 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2021/22 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £137.858m and East Dunbartonshire Council is £62.658m as per this report.	24.03.22	24.03.22	Complete – Budget 2021/22 monitoring report will supersede this direction planned for June 2022.	Superseded	Yes	Yes supersedes 200122-09	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	30.06.22
240322-09	HSCP Financial Planning & Annual Budget Setting 2022/23	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council is directed to spend the delegated net budget of £70.640m 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 £128.394m (incl. £38.514 related to set aside) in line with the Strategic Plan and the budget outlined within this report.	Budget 2022/23 – all functions set out within Appendix 6.	The budget delegated to NHS Greater Glasgow and Clyde is £128.394m and East Dunbartonshire Council is £70.640m as per this report.	24.03.22	01.04.22	15.09.22	Superseded	No	No	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	Will be superseded by Financial Monitoring report 22/23 - Mth 3 to Sept 22 UB	24.03.22
300622-04	Older People's Social Support Strategy	East Dunbartonshire Council	The UB herby directs East Dunbartonshire Council to: • support the undertaking of a strategic service review and options appraisal of centre based day services and social support for older people, to determine the most efficient, cost effective and needs-led delivery model in line with the strategic vision set out on the approved Older People Social Support Strategy; • support the undertaking of statutory consultation on the strategic vision set out in the approved Older People's Social Support Strategy with key partners and the public; • support the development of any appropriate commissioning or service development plans for further consultation but the LJB in line with the strategic service review and options appraisal described above.	• 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 • Public, Service User and Carer Engagement • Strategic Commissioning	The total budget relating to older people's social support in 2022/22 is £1,506,436.	30.06.22	30.06.22	01/11/2022. Update going to 19.01.23 LJB	Superseded	No	No	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Community Health and Care Services		30.06.22
300622-10	Financial Performance Budget 2021/22 – Month 12 (Year End Outturn)	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 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2021/22 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £149.959m and East Dunbartonshire Council is £62.753m as per this report.	30.06.22	30.06.22	Complete – Budget 2022/23 monitoring report will supersede this direction planned for September 2022.	Completed	Yes	240322-08	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources		30.06.22
150922-09	Financial Performance Budget 2022/23 – Month 3	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 £128.520m and East Dunbartonshire Council is £71.517m as per this report.	15.09.22	15.09.22	Reviewed for LJB – budget 2022/23 monitoring report will supersede this direction planned for 17th November 2022.	Superseded	Yes	Yes supersedes 240322-09	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Chief Officer	Finance and Resources	Reviewed for LJB – budget 2022/23 monitoring report will supersede this direction planned for 17th November 2022.	15.09.22
171122-06	Carers Strategy 2023-2026	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	Direction to agree and support communication and engagement process as they relate to the Carers Strategy 2023-26 based upon the 'Initial Summary Report' and 'Communication, Engagement & Participation Plan'.	Corporate Communication and Engagement services	N/A	17.11.22	17.11.22	31.03.23 * see comment	Completed	Yes	Yes supersedes 160921-07	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/partnership-board-1">East Dunbartonshire Health and Social Care Partnership Board 1</a> <a href="https://www.eastdunbarton.gov.uk/health-and-social-care/">East Dunbartonshire Council</a>	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	Caroline Sinclair, Chief Officer	EDHSCP	Carers Strategy is being tabled at the 29.06.23 LJB cycle	29.06.23
171122-12	Financial Performance Budget 2022/23 – 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 2022/23 – all functions set out within Appendix 3.	The budget delegated to NHS Greater Glasgow and Clyde is £130.836m and East Dunbartonshire Council is £71.555m as per this report.	17.11.22	17.11.22	19.01.23	Superseded	Yes	Yes supersedes 150922-09	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/partnership-board-1">East Dunbartonshire Health and Social Care Partnership Board 1</a> <a href="https://www.eastdunbarton.gov.uk/health-and-social-care/">East Dunbartonshire Council</a>	<a href="https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care">https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care</a>	Caroline Sinclair, Chief Officer	Finance and Resources		17.11.22



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250321-04	Alcohol and Drug Partnership (ADP) Strategy and Delivery Plan 2020/2023	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire IJB directs NHS Greater Glasgow and Clyde, and East Dunbartonshire Council to agree the delivery of the ADP Strategy and Delivery Plan in accordance with the identified funding; Sections 2 and 3 of the attached report, to achieve the Priorities and Outcomes identified within Section 4 of the report.	Alcohol and Drug Partnership, East Dunbartonshire Alcohol and Drug Recovery Service.	Funding for the implementation of the East Dunbartonshire ADP Strategy and Delivery Plan is provided centrally by Scottish Government.	25.03.21	25.03.21	31.03.23 (see comment)	Superseded	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Alcohol and Drug Partnership	The ADP report will be updated in next cycle of IJB which is June 2023 as part of the national reporting update, which has changed in format causing the delay.	26.04.23
250321-08	Financial Performance Budget 2020/21 – 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 2018-21, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2020/21 – all functions set out within Appendix 3.	The budget delegated to NHS Greater Glasgow and Clyde is £137.370m and East Dunbartonshire Council is £57.436m as per this report.	25.03.21	25.03.21	31.04.21	Superseded	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	29.06.23
250321-09	Financial Planning and Budget Setting 2021/22	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council is directed to spend the delegated net budget of £58.401m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £118.390 (incl. £33.712 related to set aside) in line with the Strategic Plan and the budget outlined within this report.	Budget 2021/22 – all functions set out within Appendix 6.	The budget delegated to NHS Greater Glasgow and Clyde is £118.194 and East Dunbartonshire Council is £58.401 as per this report.	25.03.21	01.04.21	01.05.21	Superseded	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	Superseded by Financial Monitoring report - Mth 4 in Sept 2021	01 September 2021
240621-05	Transforming School Nursing Roles	NHS Greater Glasgow and Clyde	NHSGGC are directed to progress the recruitment and training of staff for the School Health Team utilising financial investment from the Scottish Government.	Children and Families Health Teams.	The total financial investment at end point will be £218,054 with a recurring budget of £362,000.	24.06.21	24.06.21	01.09.21	Completed	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Children and Families	N/A	31.05.22
240621-06	Adult Community Nursing Service Development	NHS Greater Glasgow and Clyde	NHSGGC are directed to progress the recruitment and training of District Nurse Advance Nurse Practitioners.	Adult Community Nursing Team	The total financial investment at end point will be £782,916 with a recurring budget of £251,571.	24.06.21	24.06.21	31.03.22	Completed	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Adult Nursing Services	N/A	31.05.22
240621-07	Strategic Review of Social Supports for Older People	East Dunbartonshire Council	East Dunbartonshire Council is directed to determine an appropriate interim commissioning solution to secure the delivery of centre based day care for older people in the East and West of East Dunbartonshire in 2022/23 and 2023/24.	Formal and Informal Social Supports and Day Care for Older People.	£1m for 21/22 related to uncommitted budgets for day centre provision (excludes Millar Daycare and customers who have chosen other options out with day centre for which these funds are committed to support these other forms of social support)	24.06.21	24.06.21	24.06.22	Superseded	No	N/A	Need link to published paper on on the HSCP webpage	Superseded by 300622-04	Caroline Sinclair, Interim Chief Officer	Community Health and Care Services	IJB paper on 30.06.22	24.06.21
240621-10	Support for Care Homes	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire Council and NHSGGC are directed to progress the recruitment of additional staff for the Care Home Support Team utilising COVID-19 funding in 2021-22. EDC and NHSGGC are further directed to support the efforts of the HSCP to identify and implement a future financial framework to ensure the sustainability of this team.	Residential Care for Older People, Residential Care for Adults with Disability, Older Peoples Social Work, Adult Community Nursing, Planning and Service Development Team.	A financial envelope of £234,274 is required to deliver this service to be funded from COVID-19 funding in 2021-22. Thereafter if funding is not recurring a recommendation may be brought forward to the board for a permanent viement from another budget area.	24.06.21	24.06.21	01.09.21	Completed	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Community Health and Care Services	Directions Actions completed by both bodies	28.04.22
240621-11	Mental Health and Alcohol and Drugs Needs Assessment	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board is asked to note the contents of the reports and approve the East Dunbartonshire Mental Health and Alcohol and Drug Needs Assessment as the underpinning framework to initiate and support the review and redesign of mental health and alcohol and drug services.	Alcohol and Drug Partnership, Alcohol and Drug Recovery Service, Mental Health Teams and Commissioned Services under mental health and alcohol and drugs.	The direction is to improve the Needs Assessment as the framework to initiate and support the review and redesign of commissioned mental health and alcohol and drug services. No direction at this time in respect of budget allocation as not directing funds to service delivery at this point prior to review being undertaken.	24.06.21	24.06.21	2023 (see comment)	Superseded	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Alcohol and Drug Partnership, Alcohol and Drug Recovery Service, Mental Health Teams and Commissioned Services	The ADP Strategy will be brought to the IJB on 18.01.24 will cover this in part, however the Needs Assessment will be taken to the IJB late 2024, to cover period 2024/2025.	19.01.24
240621-12	Self Directed Support (SDS) Implementation Plan 2021-2024	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire IJB directs NHS Greater Glasgow and Clyde, and East Dunbartonshire Council to implement delivery of the Self Directed Support Implementation Plan 2021-2024 to achieve the priorities and outcomes identified within Section 4 of the report.	Provision of Self Directed Support	No direction in terms of budget allocation which is provided in accordance with assessed need from core funding.	24.06.21	24.06.21	Prior to conclusion of plan in 2024	Current	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Adult Services	N/A	24.06.21
240621-13	Primary Care Improvement Plan Report – May 2021	NHS Greater Glasgow and Clyde	It is recommended that HSCP Board members; Note progress against the key commitments in the new General Medical Services GMS contract and Memorandum of Understanding (MOU) and Note the remaining challenges in terms of overall affordability, workforce and premises.	This report provides an update to the Health and Social Care Partnership Board on the East Dunbartonshire Primary Care Improvement Plan (PCIP) Implementation Tracker (in draft).	Funding for 2021/2022 - £2,817k Estimated Full Year Spend - £2,828k	24.06.21	24.06.21	Bi-annually	Completed	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Community Health and Care Services	Complete. Will be a new direction on PCIP Tracker 5 to June 2022 IJB	28.04.22
240621-15	Financial Performance Budget 2020/21 – Month 12 (Year End)	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 2018-21, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2020/21 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £144.872m and East Dunbartonshire Council is £57.719m as per this report.	24.06.21	24.06.21	Complete – Budget 2021/22 monitoring will supersede this direction	Completed	Yes	250321-08	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	Complete - Draft Accounts presented to IJB in June 2021 and final accounts signed off through PAR Committee in Sept 2021. Budget monitoring for the new financial year reported to the IJB from September 2021.	08.06.22
240621-16	HSCP Medium Term Financial Strategy 2022 – 2027	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Scheme requires East Dunbartonshire Council and NHS Greater Glasgow and Clyde to consider draft budget proposals based on the Strategic Plan as part of their annual budget setting processes. Both Partners are requested to consider this Medium Term Financial Strategy as part of their annual budget process for the period 2022 – 2027 and work with the HSCP to address the financial challenges set out.	All functions as outlined in the Medium Term Financial Strategy (MTFS) and delegated to the IJB.	The budget for the period is predicated on the financial assumptions set out within the Medium Term Financial Strategy and the actions identified to meet these financial challenges.	24.06.21	24.06.21	June 2022 following the annual budget process for 2022/23 and the assumptions revised in line with developments identified during the financial year.	Superseded	No	March 2022 IJB	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	Medium Term Financial Strategy updated as part of the Budget 2022/23 presented to IJB in March 2022.	30.06.22



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240621-17	HSCP Delivery Plan 2021-22	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 Delivery Plan. The 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 Delivery Plan is attached as appendix 2 to the cover report.	HSCP Delivery Plan 2021-22 – The business planning intentions of the HSCP Board for the period 2021-22 in pursuance of the implementation of the current Strategic Plan.	The funding implications, both spend and disinvestment, are set out within the body of the delivery plan which is attached as appendix 2 to the cover report.	24.06.21	24.06.21	01.06.22	Superseded	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	ED HSCP	superseded by Annual Delivery Plan 2022/23 - March 2022 UB	08.06.22
160921-07	Carers Strategy 2019-2022	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	East Dunbartonshire IJB directs NHS Greater Glasgow and Clyde, and East Dunbartonshire Council to extend the period for delivery of the Carers Strategy for a further year to 2023.	Support to carers across Children's, Adults and Older People's Services covered within the overall Carers Strategy.	Funding for the implementation of the East Dunbartonshire Carers Strategy as it relates to the Carers Act is provided centrally by Scottish Government. The budgets to deliver direct support services to carers is within the relevant budgets of the HSCP including supported living, respite, carers support and advice.	16.09.21	16.09.21	16.09.22	Superseded	No	Superseded by 171122-06	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	ED HSCP	N/A	17.11.22
160921-13	Financial Performance Budget 2021/2022 - 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 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2021/22 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £124.208m and East Dunbartonshire Council is £59.065m as per this report.	16.09.21	16.09.21	Complete – Budget 2021/22 monitoring will supersede this direction planned for November 2021	Completed	Yes	250321-09	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	08.06.22
181121-05	Winter Plan for Health and Social Care	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	NHS Greater Glasgow and Clyde and East Dunbartonshire Council are directed to recruit to the finalised workforce plan, to be refined under delegated authority, in line with the financial framework available through the SG funding allocated to deliver specific programmes of work to support winter planning pressures across health and social care services.	Adult health and social care services involved in response to winter planning pressures	As per the financial framework set out in paragraph 3.7.	18.11.21	18.11.21	01/11/2022 * see comment	Completed	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Adult Health and Social Care	The Winter Planning will form part of the Unscheduled Care Report to the next cycle of the IJB in November 2023. Report and Direction Reference Number 161123-05	16.11.23
181121-07	NHSGGC Specialist Children's Services Mental Health Recovery & Renewal CAMHS Funding	NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde are directed to recruit to the workforce plan set out in Appendix 2 in line with the financial framework available through the SG funding allocated to deliver specific programmes of work to improve the delivery of CAMHS services to the children of East Dunbartonshire.	NHS GG&C Mental Health Recovery & Renewal CAMHS funding	As per the financial framework set out in Appendix 2.	18.11.21	18.11.21	01/11/2022 * see comment	Superseded	No	N/A	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Specialist Childrens Services	The MHR update will be taken to the next cycle of the IJB in September 2023, however there is an element of this being reported through June 2023 cycle in relation to Phase 2.	14.09.23
181121-11	Financial Performance Budget 2021/22 – 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 2018-22, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.	Budget 2021/22 – all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is £126m and East Dunbartonshire Council is £58.998m as per this report.	18.11.21	18.11.21	Complete – Budget 2021/22 monitoring will supersede this direction planned for January 2022.	Superseded	Yes	160921-13	Need link to published paper on on the HSCP webpage	N/A	Caroline Sinclair, Interim Chief Officer	Finance and Resources	N/A	18.11.21

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

**DATE OF MEETING:** 20<sup>TH</sup> JUNE 2024

**REPORT REFERENCE:** PERF/200624/11

**CONTACT OFFICER:** CLAIRE CARTHY, HEAD OF CHILDRENS  
SERVICES AND CRIMINAL JUSTICE

**SUBJECT TITLE:** EAST DUNBARTONSHIRE COUNCIL  
ADOPTION SERVICE INSPECTION REPORT

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**1.0 PURPOSE**

**1.1** The purpose of this Report is to advise members of the completion of and publication of the Care Inspectorate inspection report on the East Dunbartonshire Adoption Service.

**2.0 RECOMMENDATIONS**

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

- 2.1** Note the publication of the Care Inspectorate inspection report on the East Dunbartonshire Adoption Service.
- 2.2** Agree the resulting action plan.

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

### **3.0 BACKGROUND/MAIN ISSUES**

- 3.1** East Dunbartonshire Council Adoption Service provides an adoption agency service for children and young people from birth to 18 years. The service is delivered through the Care Planning and Placement Team. The team is part of children and families social work services and has a range of responsibilities including fostering, continuing care and kinship care. In addition the Council also has a service level agreement with Barnardo's Adoption Scotland, to provide post adoption support and counselling services and manages post adoption indirect contact.
- 3.2** The inspection was a short notice, announced, inspection and took place between 23/10/2023 and 15/11/2023 and was published on 31 January 2024. The report is attached as Appendix 1.
- 3.3** Detail of the findings are contained in the report, the following is a summary:
- a. How well do we support People's wellbeing? – Grade 5 – Very Good
  - b. How well is our care and support planned? – Grade 4 – Very Good
- 3.4** The Care Inspectorate did not give the service any requirements but made one lower level area for improvement which will be taken forward within the service. This is to ensure all children have a clear understanding of their personal history and identity the service should improve its approach to life story work. This is addressed in the action plan attached at 8.2 below.

### **4.0 IMPLICATIONS**

- 4.1** LOCAL OUTCOME 3 – Our Children are Safe, Healthy and Ready To Learn.
- 4.2** HSCP Strategic Plan 2022-2025: Empowering People, Prevention and Early Intervention, Public Protection.
- 4.3** Integrated Children's Services Plan 2023-2025.

### **5.0 MANAGEMENT OF RISK**

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

- 5.1** There are no risks identified in the inspection report or the action plan.

### **6.0 IMPACT**

- 6.1** EAST DUNBARTONSHIRE COUNCIL – N/A
- 6.2** NHS GREATER GLASGOW & CLYDE – N/A
- 6.3** DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – N/A

### **7.0 POLICY CHECKLIST**

7.1 There are no local policy implications.

## 8.0 **APPENDICES**

**8.1 Appendix 1** Care Inspectorate inspection report on the East Dunbartonshire Adoption Service.

**8.2 Appendix 2** East Dunbartonshire inspection of Fostering, Adoption and Continued Care services action plan - April 2024

**EAST DUNBARTONSHIRE INSPECTION OF FOSTERING, ADOPTION AND CONTINUED CARE SERVICES  
ACTION PLAN - APRIL 2024**

The inspection report was published on 15<sup>th</sup> November 2024 and can be accessed ( <https://www.careinspectorate.com/index.php/care-services> )  
The areas for development identified through the inspection process and the actions agreed to address these are set out below.

<p><b>FOSTERING SERVICE</b></p> <p><b>1.To ensure all children have a clear understanding of their personal history and identity, the service should improve its approach to life story work.</b></p> <p><b>This should include but is not limited to ensuring that all children and young people have access to age-appropriate and coherent information about their family of origin, their care history, and the decisions that were made about where they should live.</b></p>	<p><b>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ‘I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect’ (HSCS, 1.29).</b></p>		
<b>Action and Cross Referencing</b>	<b>Lead &amp; Reporting Route</b>	<b>Timescale</b>	<b>Progress</b>
<p>-To ensure that children and young people understand their personal history and identity, and “have access to age-appropriate and coherent information about their family of origin, their care history and the decisions that were made about where they should live” East Dunbartonshire Council Fostering Service (The Care Planning and Placement Team) will promote life story approach practice and facilitate multi-agency training. Training will be facilitated on a rolling programme to both practitioners and parents (foster and adoptive). In addition, life-story information and support will be a standing agenda item at Looked After Child reviews.</p>	<p>Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork Manager Children and Families, Children’s Services)</p>	<p>1<sup>st</sup> March 2025</p>	<p>In progress and on track</p>

<b>FOSTERING SERVICES</b> <b>2. To ensure that children are meaningfully and appropriately involved in decision-making about their care, the service should improve how children’s views and wishes are sought and represented in care planning.</b>  <b>This should include but not be limited to, ensuring that children are given the appropriate information and opportunity to share their views and these being considered and documented within the planning process.</b>		<b>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ‘My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions’ (HSCS 2.11).</b>	
<b>Action and Cross Referencing</b>	<b>Lead &amp; Reporting Route</b>	<b>Timescale</b>	<b>Progress</b>
-To ensure that children are meaningfully and appropriately involved in decision-making about their care East Dunbartonshire Council Fostering Service (The Care Planning and Placement Team) will facilitate Mind of My Own refresh training to foster carers and Supervising Social Workers. The Care Planning and Placement Team Manager will attend East Dunbartonshire Council Champions Board meetings to ensure that children are given the opportunity to provide feedback and understand feedback processes and inform service development.	Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork Manager Children and Families, Children’s Services)	1 <sup>st</sup> March 2025	In progress and on track
<b>ADOPTION SERVICE</b> <b>3.To ensure all children have a clear understanding of their personal history and identity the service should improve its approach to life story work.</b>			

**This should include but is not limited to, ensuring that all children and young people have access to age-appropriate and coherent information about their family of origin, their care history and the decisions that were made about where they should live.**

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

**'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing and address any experiences of trauma or neglect.' (HSCS, 1.29)**

Action and Cross Referencing	Lead & Reporting Route	Timescale	Progress
<p>-To ensure that children and young people understand their personal history and identity, and “have access to age-appropriate and coherent information about their family of origin, their care history and the decisions that were made about where they should live” East Dunbartonshire Council Adoption Service (The Care Planning and Placement Team) will promote life story approach practice and facilitate multi-agency training. Training will be facilitated on a rolling programme to both practitioners and parents (foster and adoptive). In addition, life-story information and support will be a standing agenda item at Looked After Child reviews.</p> <p>The service will ensure that Adoption Support Plans for children and young people are accessible and reviewed in order to promote an ongoing and coherent conversation, and information regarding the personal history and identity of children and young people, and respond to the developing needs of children, young people and their families.</p>	<p>Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork Manager Children and Families, Children’s Services)</p>	<p>1<sup>ST</sup> March 2025</p>	<p>In progress and on track</p>
<p><b>CONTINUED CARE SERVICE</b>  <b>4.By 1 March 2024, the provider must ensure that all young people have a comprehensive and individualised personal plan that is subject to regular review.</b>  <b>To do this the provider must as a minimum:</b></p>	<p><b>This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).</b></p>		



<p>a) Undertake an audit and review all young people's personal plans. These should include the contributions of young people and their parents/carers and the multi-agency team. This should outline clearly a young person's support needs, the desired outcomes for the young person and the role of the service in meeting these.</p> <p>b) Young people's personal plans should be reviewed regularly and the timescale for these to be proportionate to the level of need and proposed changes planned or experienced.</p> <p>c) All young people in continuing care should have a completed welfare assessment. This should form part of a greater awareness of all services' duties under continuing care legislation.</p> <p>d) In particular, at times of transition, young people's planning and reviews should robustly and accurately reflect their needs, views and support needs.</p>	<p>This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1:14);</p> <p>And in order to comply with The Continuing Care (Scotland) Order 2015 6 (1) 'The local authority must prepare and publish a written statement detailing the manner in which the welfare of eligible persons is to be assessed'.</p>		
Action and Cross Referencing	Lead & Reporting Route	Timescale	Progress
<p>-Consultation with the Service Manager, Throughcare Manager, and Care Planning and Placement Team Manager to reflect on the current review process and young person's personal plan considerations/document.</p> <p>-Care Planning and Placement Team will attend a Young Champion's Board meeting to support the contributions of young people, their parents/carers and the multi-agency team in the review of young people's personal plans.</p> <p>-Complete a data collection of all young people noting the dates of reviews undertaken in 2023, allocated social workers/social work team.</p>	<p>Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork Manager Children and Families, Children's Services)</p>	<p>1<sup>st</sup> March 2024</p>	<p>Complete</p>

<p>-Undertake a review of all young people's personal plans.</p> <p>-Quarterly meetings between the Care Planning and Placement Team Manager/Senior Practitioner and the Throughcare Manager/Senior Practitioner to ensure that young people's personal plans are reviewed regularly, and that timescale are proportionate to the level of need and proposed changes planned or experienced.</p> <p>-Scoping exercise with neighbouring Local Authorities to explore and improve practice and procedures within East Dunbartonshire Council.</p> <p>-Young person's plans updated to include pathway planning areas/agenda; including completed welfare assessment, the views of young people on their support needs, desired outcomes for the young person, and the role of the service in meeting these. In addition, the plans will note timescales that are timeous and SMART and promote best outcomes for young people.</p> <p>-Training to raise awareness of the services' duties under continuing care legislation will be provided and include the views and experiences of young people. The training will be provided a collaboration between the Care Planning and Placement Team and Throughcare Team.</p> <p>-East Dunbartonshire Council will "prepare and publish a written statement detailing the manner in which the welfare of eligible persons is to be assessed".</p>			

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

**DATE OF MEETING:** 20<sup>TH</sup> JUNE 2024

**REPORT REFERENCE:** PERF/200624/12

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

**SUBJECT TITLE:** EAST DUNBARTONSHIRE COUNCIL CONTINUING CARE SERVICE - ADULT PLACEMENT SERVICE INSPECTION REPORT.

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**1.0 PURPOSE**

1.1 The purpose of this Report is to advise members of the completion of and publication of the Care Inspectorate inspection report on the East Dunbartonshire Council Continuing Care Service - Adult Placement Service Inspection Report.

**2.0 RECOMMENDATIONS**

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

- 2.1 Note the publication of the East Dunbartonshire Council Continuing Care Service - Adult Placement Service Inspection Report.
- 2.2 Agree the resulting action plan.

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

### **3.0 BACKGROUND/MAIN ISSUES**

- 3.1** East Dunbartonshire adult placement service provides a care service for young people from 18 to 21 years, who are in the care of their foster families on a continuing care basis. These young people and their foster families live or have connections in the East Dunbartonshire area. The service is delivered through the Children and Families, Care Planning and Placement Team. The team has a range of responsibilities including fostering, adoption and kinship care.
- 3.2** The inspection was a short notice, announced, inspection and took place between 23/10/2023 and 15/11/2023 and was published on 31 January 2024. The report is attached as Appendix 1.
- 3.3** Detail of the findings are contained in the report, the following is a summary:
- a. How well do we support People's wellbeing? – Grade 4 – Good
  - b. How well is our care and support planned? – Grade 3 - Adequate
- 3.4** The Care Inspectorate have given the service one requirement: By 1 March 2024, the service must ensure that all young people have a comprehensive and individualised personal plan that is subject to regular review. An action plan has been developed and this action completed within the required time frame.

### **4.0 IMPLICATIONS**

- 4.1** LOCAL OUTCOME 3 – Our Children are Safe, Healthy and Ready To Learn.
- 4.2** HSCP Strategic Plan 2022-2025: Empowering People, Prevention and Early Intervention, Public Protection.
- 4.3** Integrated Children's Services Plan 2023-2025.

### **5.0 MANAGEMENT OF RISK**

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

- 5.1** There are no risks identified in the inspection report or the action plan.

### **6.0 IMPACT**

- 6.1** EAST DUNBARTONSHIRE COUNCIL – NA
- 6.2** NHS GREATER GLASGOW & CLYDE – NA
- 6.3** DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – NA

### **7.0 POLICY CHECKLIST**

7.1 There are no local policy implications.

## **8.0 APPENDICES**

**8.1 Appendix 1** Care Inspectorate inspection report on the East Dunbartonshire Continuing Care/Adult Placement Service

**8.2 Appendix 2** East Dunbartonshire inspection of Fostering, Adoption and Continued Care services action plan - April 2024

**EAST DUNBARTONSHIRE INSPECTION OF FOSTERING, ADOPTION AND CONTINUED CARE SERVICES  
ACTION PLAN - APRIL 2024**

The inspection report was published on 15<sup>th</sup> November 2024 and can be accessed ( <https://www.careinspectorate.com/index.php/care-services> )  
The areas for development identified through the inspection process and the actions agreed to address these are set out below.

<b>FOSTERING SERVICE</b>			
<p><b>1.To ensure all children have a clear understanding of their personal history and identity, the service should improve its approach to life story work.</b></p> <p><b>This should include but is not limited to ensuring that all children and young people have access to age-appropriate and coherent information about their family of origin, their care history, and the decisions that were made about where they should live.</b></p> <p><b>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ‘I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect’ (HSCS, 1.29).</b></p>			
<b>Action and Cross Referencing</b>	<b>Lead &amp; Reporting Route</b>	<b>Timescale</b>	<b>Progress</b>
<p>-To ensure that children and young people understand their personal history and identity, and “have access to age-appropriate and coherent information about their family of origin, their care history and the decisions that were made about where they should live” East Dunbartonshire Council Fostering Service (The Care Planning and Placement Team) will promote life story approach practice and facilitate multi-agency training. Training will be facilitated on a rolling programme to both practitioners and parents (foster and adoptive). In addition, life-story information and support will be a standing agenda item at Looked After Child reviews.</p>	<p>Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork Manager Children and Families, Children’s Services)</p>	<p>1<sup>st</sup> March 2025</p>	<p>In progress and on track</p>
<b>FOSTERING SERVICES</b>			

**2. To ensure that children are meaningfully and appropriately involved in decision-making about their care, the service should improve how children’s views and wishes are sought and represented in care planning.**

**This should include but not be limited to, ensuring that children are given the appropriate information and opportunity to share their views and these being considered and documented within the planning process.**

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ‘My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions’ (HSCS 2.11).**

<b>Action and Cross Referencing</b>	<b>Lead &amp; Reporting Route</b>	<b>Timescale</b>	<b>Progress</b>
<p>-To ensure that children are meaningfully and appropriately involved in decision-making about their care East Dunbartonshire Council Fostering Service (The Care Planning and Placement Team) will facilitate Mind of My Own refresh training to foster carers and Supervising Social Workers. The Care Planning and Placement Team Manager will attend East Dunbartonshire Council Champions Board meetings to ensure that children are given the opportunity to provide feedback and understand feedback processes and inform service development.</p>	<p>Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork Manager Children and Families, Children’s Services)</p>	<p>1<sup>st</sup> March 2025</p>	<p>In progress and on track</p>

**3.To ensure all children have a clear understanding of their personal history and identity the service should improve its approach to life story work.**

**This should include but is not limited to, ensuring that all children and young people have access to age-appropriate and coherent information about their family of origin, their care history and the decisions that were made about where they should live.**

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

**‘I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing and address any experiences of trauma or neglect.’ (HSCS, 1.29)**

<b>Action and Cross Referencing</b>	<b>Lead &amp; Reporting Route</b>	<b>Timescale</b>	<b>Progress</b>
<p>-To ensure that children and young people understand their personal history and identity, and “have access to age-appropriate and coherent information about their family of origin, their care history and the decisions that were made about where they should live” East Dunbartonshire Council Adoption Service (The Care Planning and Placement Team) will promote life story approach practice and facilitate multi-agency training. Training will be facilitated on a rolling programme to both practitioners and parents (foster and adoptive). In addition, life-story information and support will be a standing agenda item at Looked After Child reviews.</p> <p>The service will ensure that Adoption Support Plans for children and young people are accessible and reviewed in order to promote an ongoing and coherent conversation, and information regarding the personal history and identity of children and young people, and respond to the developing needs of children, young people and their families.</p>	<p>Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork Manager Children and Families, Children’s Services)</p>	<p>1<sup>ST</sup> March 2025</p>	<p>In progress and on track</p>

**CONTINUED CARE SERVICE**

**4.By 1 March 2024, the provider must ensure that all young people have a comprehensive and individualised personal plan that is subject to regular review.**



To do this the provider must as a minimum:

- a) Undertake an audit and review all young people's personal plans. These should include the contributions of young people and their parents/carers and the multi-agency team. This should outline clearly a young person's support needs, the desired outcomes for the young person and the role of the service in meeting these.
- b) Young people's personal plans should be reviewed regularly and the timescale for these to be proportionate to the level of need and proposed changes planned or experienced.
- c) All young people in continuing care should have a completed welfare assessment. This should form part of a greater awareness of all services' duties under continuing care legislation.
- d) In particular, at times of transition, young people's planning and reviews should robustly and accurately reflect their needs, views and support needs.

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1:14);

And in order to comply with The Continuing Care (Scotland) Order 2015 6 (1) 'The local authority must prepare and publish a written statement detailing the manner in which the welfare of eligible persons is to be assessed'.

Action and Cross Referencing	Lead & Reporting Route	Timescale	Progress
-Consultation with the Service Manager, Throughcare Manager, and Care Planning and Placement Team Manager to reflect on the current review process and young person's personal plan considerations/document.	Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork	1 <sup>st</sup> March 2024	Complete

<p>-Care Planning and Placement Team will attend a Young Champion's Board meeting to support the contributions of young people, their parents/carers and the multi-agency team in the review of young people's personal plans.</p> <p>-Complete a data collection of all young people noting the dates of reviews undertaken in 2023, allocated social workers/social work team.</p> <p>-Undertake a review of all young people's personal plans.</p> <p>-Quarterly meetings between the Care Planning and Placement Team Manager/Senior Practitioner and the Throughcare Manager/Senior Practitioner to ensure that young people's personal plans are reviewed regularly, and that timescale are proportionate to the level of need and proposed changes planned or experienced.</p> <p>-Scoping exercise with neighbouring Local Authorities to explore and improve practice and procedures within East Dunbartonshire Council.</p> <p>-Young person's plans updated to include pathway planning areas/agenda; including completed welfare assessment, the views of young people on their support needs, desired outcomes for the young person, and the role of the service in meeting these. In addition, the plans will note timescales that are timeous and SMART and promote best outcomes for young people.</p> <p>-Training to raise awareness of the services' duties under continuing care legislation will be provided and include the views and experiences of young people. The training will be provided a collaboration between the Care Planning and Placement Team and Throughcare Team.</p>	<p>Manager Children and Families, Children's Services)</p>		
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<p>-East Dunbartonshire Council will “prepare and publish a written statement detailing the manner in which the welfare of eligible persons is to be assessed”.</p>			

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

**DATE OF MEETING:** 20<sup>th</sup> JUNE 2024

**REPORT REFERENCE:** PERF/20062024/13

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

**SUBJECT TITLE:** EAST DUNBARTONSHIRE COUNCIL  
FOSTERING SERVICE INSPECTION REPORT.

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**1.0 PURPOSE**

1.1 The purpose of this technical note is to inform Members of the completion of, and publication of, the Care Inspectorate's inspection report on the East Dunbartonshire Fostering Service.

**2.0 RECOMMENDATIONS**

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

- 2.1 Note the publication of the Care Inspectorate inspection report on the East Dunbartonshire Fostering Service.
- 2.2 Agree the resulting action plan.

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

### **3.0 BACKGROUND/MAIN ISSUES**

- 3.1 East Dunbartonshire Council Fostering service provides a fostering service for children and young people from birth to 18 years, who are assessed as in need of this type of support and who live or have connections in the East Dunbartonshire area. The service is delivered through the Care Planning and Placement Team. The team has a range of responsibilities including adoption, continuing care and kinship care.
- 3.2 The inspection was a short notice, announced, inspection and took place between 23/10/2023 and 15/11/2023 and was published on 31 January 2024. The report is attached as Appendix 1.
- 3.3 Detail of the findings are contained in the report, the following is a summary:
- a. How well do we support People's wellbeing? – Grade 5 – Very Good
  - b. How well is our care and support planned? – Grade 4 – Good
- 3.4 The Care Inspectorate did not give the service any requirements but made two lower level area for improvement recommendations, both of which will be taken forward within the service. These actions are addressed in the action plan attached as Appendix 8.2 below.

To ensure all children have a clear understanding of their personal history and identity, the service should improve its approach to life story work.

To ensure that children are meaningfully and appropriately involved in decision-making about their care, the service should improve how children's views and wishes are sought and represented in care planning.

### **4.0 IMPLICATIONS**

- 4.1 LOCAL OUTCOME 3 – Our Children are Safe, Healthy, and Ready to Learn.
- 4.2 HSCP Strategic Plan 2022-2025: Empowering People, Prevention and Early Intervention, Public Protection.

### **5.0 MANAGEMENT OF RISK**

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

- 5.1 There are no identified risks associated with this publication or the action plan.

### **6.0 IMPACT**

- 6.1 EAST DUNBARTONSHIRE COUNCIL – N/A
- 6.2 NHS GREATER GLASGOW & CLYDE – N/A
- 6.3 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – N/A

## **7.0 POLICY CHECKLIST**

7.1 There are no local policy implications.

## **8.0 APPENDICES**

**8.1 Appendix 1** Care Inspectorate inspection report on the East Dunbartonshire Fostering Service

**8.2 Appendix 2** East Dunbartonshire inspection of Fostering, Adoption and Continued Care services action plan - April 2024

**EAST DUNBARTONSHIRE INSPECTION OF FOSTERING, ADOPTION AND CONTINUED CARE SERVICES  
ACTION PLAN - APRIL 2024**

The inspection report was published on 15<sup>th</sup> November 2024 and can be accessed ( <https://www.careinspectorate.com/index.php/care-services> )  
The areas for development identified through the inspection process and the actions agreed to address these are set out below.

<b>FOSTERING SERVICE</b>			
<p><b>1.To ensure all children have a clear understanding of their personal history and identity, the service should improve its approach to life story work.</b></p> <p><b>This should include but is not limited to ensuring that all children and young people have access to age-appropriate and coherent information about their family of origin, their care history, and the decisions that were made about where they should live.</b></p> <p><b>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ‘I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect’ (HSCS, 1.29).</b></p>			
<b>Action and Cross Referencing</b>	<b>Lead &amp; Reporting Route</b>	<b>Timescale</b>	<b>Progress</b>
-To ensure that children and young people understand their personal history and identity, and “have access to age-appropriate and coherent information about their family of origin, their care history and the decisions that were made about where they should live” East Dunbartonshire Council Fostering Service (The Care Planning and Placement Team) will promote life story approach practice and facilitate multi-agency training. Training will be facilitated on a rolling programme to both practitioners and parents (foster and adoptive). In addition, life-story information and support will be a standing agenda item at Looked After Child reviews.	Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork Manager Children and Families, Children’s Services)	1 <sup>st</sup> March 2025	In progress and on track
<b>FOSTERING SERVICES</b>			

**2. To ensure that children are meaningfully and appropriately involved in decision-making about their care, the service should improve how children’s views and wishes are sought and represented in care planning.**

**This should include but not be limited to, ensuring that children are given the appropriate information and opportunity to share their views and these being considered and documented within the planning process.**

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: ‘My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions’ (HSCS 2.11).**

<b>Action and Cross Referencing</b>	<b>Lead &amp; Reporting Route</b>	<b>Timescale</b>	<b>Progress</b>
<p>-To ensure that children are meaningfully and appropriately involved in decision-making about their care East Dunbartonshire Council Fostering Service (The Care Planning and Placement Team) will facilitate Mind of My Own refresh training to foster carers and Supervising Social Workers. The Care Planning and Placement Team Manager will attend East Dunbartonshire Council Champions Board meetings to ensure that children are given the opportunity to provide feedback and understand feedback processes and inform service development.</p>	<p>Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork Manager Children and Families, Children’s Services)</p>	<p>1<sup>st</sup> March 2025</p>	<p>In progress and on track</p>



**3.To ensure all children have a clear understanding of their personal history and identity the service should improve its approach to life story work.**

**This should include but is not limited to, ensuring that all children and young people have access to age-appropriate and coherent information about their family of origin, their care history and the decisions that were made about where they should live.**

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

**‘I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing and address any experiences of trauma or neglect.’ (HSCS, 1.29)**

<b>Action and Cross Referencing</b>	<b>Lead &amp; Reporting Route</b>	<b>Timescale</b>	<b>Progress</b>
<p>-To ensure that children and young people understand their personal history and identity, and “have access to age-appropriate and coherent information about their family of origin, their care history and the decisions that were made about where they should live” East Dunbartonshire Council Adoption Service (The Care Planning and Placement Team) will promote life story approach practice and facilitate multi-agency training. Training will be facilitated on a rolling programme to both practitioners and parents (foster and adoptive). In addition, life-story information and support will be a standing agenda item at Looked After Child reviews.</p> <p>The service will ensure that Adoption Support Plans for children and young people are accessible and reviewed in order to promote an ongoing and coherent conversation, and information regarding the personal history and identity of children and young people, and respond to the developing needs of children, young people and their families.</p>	<p>Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork Manager Children and Families, Children’s Services)</p>	<p>1<sup>ST</sup> March 2025</p>	<p>In progress and on track</p>

**CONTINUED CARE SERVICE**

**4.By 1 March 2024, the provider must ensure that all young people have a comprehensive and individualised personal plan that is subject to regular review.**

To do this the provider must as a minimum:

- a) Undertake an audit and review all young people's personal plans. These should include the contributions of young people and their parents/carers and the multi-agency team. This should outline clearly a young person's support needs, the desired outcomes for the young person and the role of the service in meeting these.
- b) Young people's personal plans should be reviewed regularly and the timescale for these to be proportionate to the level of need and proposed changes planned or experienced.
- c) All young people in continuing care should have a completed welfare assessment. This should form part of a greater awareness of all services' duties under continuing care legislation.
- d) In particular, at times of transition, young people's planning and reviews should robustly and accurately reflect their needs, views and support needs.

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1:14);

And in order to comply with The Continuing Care (Scotland) Order 2015 6 (1) 'The local authority must prepare and publish a written statement detailing the manner in which the welfare of eligible persons is to be assessed'.

Action and Cross Referencing	Lead & Reporting Route	Timescale	Progress
-Consultation with the Service Manager, Throughcare Manager, and Care Planning and Placement Team Manager to reflect on the current review process and young person's personal plan considerations/document.	Caroline Wright (Team Manager, Care Planning and Placement Team) reporting to Claire Carthy (Fieldwork	1 <sup>st</sup> March 2024	Complete

<p>-Care Planning and Placement Team will attend a Young Champion's Board meeting to support the contributions of young people, their parents/carers and the multi-agency team in the review of young people's personal plans.</p> <p>-Complete a data collection of all young people noting the dates of reviews undertaken in 2023, allocated social workers/social work team.</p> <p>-Undertake a review of all young people's personal plans.</p> <p>-Quarterly meetings between the Care Planning and Placement Team Manager/Senior Practitioner and the Throughcare Manager/Senior Practitioner to ensure that young people's personal plans are reviewed regularly, and that timescale are proportionate to the level of need and proposed changes planned or experienced.</p> <p>-Scoping exercise with neighbouring Local Authorities to explore and improve practice and procedures within East Dunbartonshire Council.</p> <p>-Young person's plans updated to include pathway planning areas/agenda; including completed welfare assessment, the views of young people on their support needs, desired outcomes for the young person, and the role of the service in meeting these. In addition, the plans will note timescales that are timeous and SMART and promote best outcomes for young people.</p> <p>-Training to raise awareness of the services' duties under continuing care legislation will be provided and include the views and experiences of young people. The training will be provided a collaboration between the Care Planning and Placement Team and Throughcare Team.</p>	<p>Manager Children and Families, Children's Services)</p>		
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-East Dunbartonshire Council will “prepare and publish a written statement detailing the manner in which the welfare of eligible persons is to be assessed”.

-East Dunbartonshire Council will “prepare and publish a written statement detailing the manner in which the welfare of eligible persons is to be assessed”.			

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

**DATE OF MEETING:** 20<sup>TH</sup> JUNE 2024

**REPORT REFERENCE:** PERF/200624/14

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

**SUBJECT TITLE:** CARE INSPECTORATE: PRISON BASED  
SOCIAL WORK THEMATIC INSPECTION

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**1.0 PURPOSE**

**1.1** The purpose of this Report is to advise members of the publication of the Care Inspectorate Prison Based Social Work Thematic Inspection Report.

**2.0 RECOMMENDATIONS**

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

**2.1** Note the publication of the Care Inspectorate Prison Based Social Work Thematic Inspection report.

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

### **3.0 BACKGROUND/MAIN ISSUES**

- 3.1** The Care Inspectorate is the independent scrutiny, assurance and improvement support body for social care and social work in Scotland. The powers and duties of the Care Inspectorate are set out in the Public Services Reform (Scotland) Act 2010. The Scottish Government tasked the Care Inspectorate to lead on scrutiny and assurance of justice social work and support the implementation of the community justice model.
- 3.2** His Majesty's Inspectorate of Prisons for Scotland (HMIPS) is responsible for the inspection and monitoring of Scotland's 17 prisons and custody centres. HMIPS report publicly on its findings. Inspection and monitoring activity focuses on establishing the treatment of and the conditions for prisoners. It also focuses on the conditions in which prisoners are transported or held in pursuance of prisoner escort arrangements. East Dunbartonshire provides prison based social work services in HMP Low Moss.
- 3.3** The review took place throughout 2023 and consisted of the following components, scoping meetings, desk top review, staff survey, focus groups and interviews with key partners, consultation with people with living experience. The final report was published in March 2024. This thematic review focused on the governance, leadership, and accountability of prison-based social work in Scotland as a whole rather than providing individual feedback.
- 3.4** In general, prison-based social work services prioritise work with people who will be subject to statutory supervision following their release. People in custody serving the following types of statutory sentences (each of which has its own legislative basis) require a prison-based social work service.
- Supervised release order
  - Long-term sentence (four or more years)
  - Extended sentence
  - Life sentence
  - Order for lifelong restriction
  - People subject to a short-term sex offender licence
  - Recalled prisoners
- 3.5** The Social Work (Scotland) Act 19681 states that all local authorities in Scotland have a legal duty to provide "advice, guidance and assistance" for people in prison or subject to any form of detention. The social work service provided by a local authority is therefore integral to the legal, efficient, and effective operation of any prison or custody unit. In this context, the range of statutory social work services provided to people in prison and their families is termed 'throughcare'. This is from the point of being sentenced to custody, during the period of imprisonment, and following return to the community. Prison-based social workers hold important responsibilities for the assessment and communication of risk and need within prisons and preparing people to return to the community.
- 3.6** Key messages: Governance:
- Governance arrangements for prison-based social work services lack clarity. There is a strong consensus that fundamental reform of the current arrangements is required.
  - The current funding and commissioning arrangements for prison-based social work services are no longer fit for purpose given the significant increase in the prison population, increasing complexity and additional statutory demands with the

introduction of new measures around risk assessment and management. This requires revision as a priority to prevent SW service buckling under the strain.

- Governance arrangements across the women's estate are characterised by stronger collaborative working between the Scottish Prison Service and prison-based social work services.
- Despite out-of-date guidance and insufficient governance arrangements, prison-based social work staff demonstrate a consistent understanding of their day-to-day roles and responsibilities and are committed to delivering highly effective services.
- Scottish Prison Service leaders experience challenges in their attempts to work consistently across local authorities and establishments given each LA is autonomous and local agreements vary significantly.

### 3.7 Key messages: Leadership

- There is no clear national vision nor a consensus on the aims of prison-based social work, linked to a lack of clear national governance and leadership.
- There is a significant gap in leadership of strategy and direction for prison based social work at a national level. This contributes to inconsistencies in prison-based social work practice across establishments.
- The commitment of Social Work Scotland in engaging with key partners to drive improvement for prison-based social work is a strength.
- The role of prison-based social work is not as visible or as well-understood as it could be across Scottish Prison Service establishments, among national and local partners, and by people in custody. The challenges of operating in a secondary setting compound this.
- Where collaborative leadership and planning, characterised by mutually respectful relationships, is taking place between the Scottish Prison Service and social work at an establishment level, there is a clearer shared vision.
- Justice social work service managers clearly retain leadership for their prison based social work teams. However, there was a desire for prison-based social work services to have greater priority within local strategic planning.
- The Scottish Government should take a more direct leadership role in the coordination and oversight of improvement and change.

### 3.8 Key messages: Accountability

- Overall, prison-based social work teams are comprised of highly skilled and experienced staff. They are characterised by a strong value base, a clear commitment to public protection, supporting desistance from offending, and supportive line management.
- Pressurised resources for prison-based social work can sometimes impact on the capacity to deliver services effectively and timeously. This also affects capacity to build relationships, engage in offence-focused work, or develop services.
- The role of prison-based social work services could be enhanced to address holistic needs. However, this would require a fundamental service redesign and increase in resources.
- There are no consistent, meaningful, or suitably robust performance management or quality assurance measures nationally. Without these, there is limited evidence to drive improvement.
- There is no clear national multi-partner training strategy nor strategic workforce planning for prison-based social work, despite the changing prison population and subsequent workload pressures.

### **3.9 Areas for improvement:**

To better co-ordinate and direct improvements in the governance, leadership and accountability of prison-based social work, the Scottish Government, the SPS, and justice social work leaders should agree the mechanism by which the necessary changes identified within this report and other related developments can be delivered. These include, but are not limited to:

- reviewing the current funding and commissioning arrangements for prison-based social work, including a complete review of the MoU between the SPS and local authorities as a priority
- reviewing the requested prison-based social work data to ensure this is fit for purpose and provides assurance on accountability and quality for all stakeholders.
- agreeing a clear national vision and aims for prison-based social work.
- identifying and communicating clear lines of accountability for continuous improvement and change for prison-based social work.
- To ensure a competent, confident, and well-trained workforce, the needs of prison-based social work staff should be reflected within any strategic approach to training and workforce planning. This also includes the establishment of opportunities for peer learning and support for prison-based social work staff and managers to reduce isolation.
- To support robust performance reporting and quality assurance, partners at a national and local level should ensure electronic recording systems are fit for purpose and used consistently to produce reliable data through which quantitative and qualitative results can be demonstrated.

## **4.0 IMPLICATIONS**

**4.1** LOCAL OUTCOME 4 – East Dunbartonshire is a safe place in which to live, work and visit: ensuring improved outcomes for those with living experience of prison will lead to safer, stronger communities.

**4.2** HSCP Strategic Plan 2022-2025: Empowering People, Prevention and Early Intervention, Public Protection.

**4.3** Community Justice Annual Delivery Plan 2024-2025: improved outcomes for those with living experience.

## **5.0 MANAGEMENT OF RISK**

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

**5.1** The significant increase of prison population (Scotland has the highest incarceration rate in Western Europe) means an increase in complexity and people requiring a prison-based social work service during their sentence. This might involve people with complex needs and/or serious and organised offending behaviour who may not be supported to improve outcomes. ED Justice Service attends national, SG, and partnership forums in order to ensure the areas for improvement are actioned.

**5.2** The PBSW workforce is under a great deal of pressure and require support, supervision, access to Learning and Development and wellbeing resources.



## **6.0 IMPACT**

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

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

**6.3 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – N/A**

## **7.0 POLICY CHECKLIST**

**7.1** There are no local policy implications.

## **8.0 APPENDICES**

**8.1 Appendix 1** Care Inspectorate Prison Based Social Work Service Thematic Review Report

# Prison-based social work: thematic review



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## 1. Introduction

The Care Inspectorate is the independent scrutiny, assurance and improvement support body for social care and social work in Scotland. The powers and duties of the Care Inspectorate are set out in the [Public Services Reform \(Scotland\) Act 2010](#). The Scottish Government tasked the Care Inspectorate to lead on scrutiny and assurance of justice social work and support the implementation of the community justice model.

His Majesty's Inspectorate of Prisons for Scotland (HMIPS) is responsible for the inspection and monitoring of Scotland's 17 prisons and custody centres. HMIPS report publicly on its findings. Inspection and monitoring activity focuses on establishing the treatment of and the conditions for prisoners. It also focuses on the conditions in which prisoners are transported or held in pursuance of prisoner escort arrangements.

The justice inspectorates in Scotland are committed to working in partnership on shared areas of interest and responsibility. The Care Inspectorate routinely contributes to HMIPS' annual inspection programme. However, this is the first time we have undertaken a joint focus on prison-based social work services.

The Care Inspectorate's [Community Justice Social Work: Throughcare Review](#) was published in 2021. It focused on community justice social work practice, specifically breach and recall of people released from custody. The scope of this work did not include prison-based social work services. There has been no specific scrutiny of social work services in Scotland's prisons since the former Social Work Inspection Agency's 2011 national inspection programme.

As a first step, this thematic review focused on the governance, leadership, and accountability of prison-based social work in Scotland. Our approach was informed by the European Foundation of Quality Management (EFQM) model. We looked at the strategic direction of prison-based social work services. We considered the national picture in terms of the strengths and challenges of current arrangements and highlight areas for improvement. It is important to emphasise that evaluating the quality of prison-based social work practice was outwith the scope of this phase of the review. However, our findings provide a basis for the Care Inspectorate's future activity in this regard.

It must be noted that prison-based social work operates in the secondary setting of a prison within a complex system. Therefore, many of the issues identified in this review are beyond their direct control. Further, prison-based social work cannot be divorced from wider justice social work services. Some of the strengths and areas for improvement identified in this review are echoed or amplified in the sector as a whole. This was highlighted in a recent [research report](#) about justice social work services commissioned by the Scottish Government. The cross-cutting areas for improvement will therefore require a multi-partner response at national and local leadership levels.

The 2011 SWIA review of social work services in prison identified a need to strengthen leadership and strategic planning. This remains an important area of improvement. This review highlighted a strong consensus from all partners that

significant change was required. This was with a view to achieving robust and consistent leadership, governance, and accountability of prison-based social work services at a local and national level.

For the purposes of this report, the term 'partners' refers to the people and organisations we engaged with as part of the thematic review (please see Appendix 1).

We are very grateful to everyone who gave so willingly of their time by responding to our survey, sharing their views within meetings and focus groups, and reflecting on what needs to improve. Particular thanks go to the people who use prison-based social work services for sharing their views and experiences.

## 2. Key messages

### Governance

- Governance arrangements for prison-based social work services lack clarity. There is a strong consensus that fundamental reform of the current arrangements is required.
- The current funding and commissioning arrangements for prison-based social work services are no longer fit for purpose. This requires revision as a priority.
- Governance arrangements across the women's estate are characterised by stronger collaborative working between the Scottish Prison Service and prison-based social work services.
- Despite out-of-date guidance and insufficient governance arrangements, prison-based social work staff generally have a consistent understanding of their day-to-day roles and responsibilities and are committed to delivering effective services.
- Scottish Prison Service leaders experience challenges in their attempts to work collaboratively and consistently across local authorities and establishments.

### Leadership

- There is no clear national vision nor a consensus on the aims of prison-based social work, linked to a lack of clear national governance and leadership.
- There is a significant gap in leadership of strategy and direction for prison-based social work at a national level. This contributes to inconsistencies in prison-based social work practice across establishments.
- The commitment of Social Work Scotland in engaging with key partners to drive improvement for prison-based social work is a strength. However, as a non-statutory body there are limitations to this role in terms of reaching consensus and influencing change.
- The role of prison-based social work is not as visible or as well-understood as it could be across Scottish Prison Service establishments, among national and local partners, and by people in custody. The challenges of operating in a secondary setting compound this.
- Where collaborative leadership and planning, characterised by mutually respectful relationships, is taking place between the Scottish Prison Service and social work at an establishment level, there is a clearer shared vision.
- Justice social work service managers clearly retain leadership for their prison-based social work teams. However, there was a desire for prison-based social work services to have greater priority within local strategic planning.

- The Scottish Government should take a more direct leadership role in the co-ordination and oversight of improvement and change.

### **Accountability**

- Overall, prison-based social work teams are comprised of skilled and experienced staff. They are characterised by a strong value base, a clear commitment to public protection and to supporting desistance from offending, and supportive line management.
- Pressurised resources for prison-based social work impacts on the capacity to deliver services effectively and timeously. This also affects capacity to build relationships, engage in offence-focused work, or develop services.
- The role of prison-based social work services could be enhanced to address holistic needs. However, this would require a fundamental service redesign and increase in resources.
- There are no consistent, meaningful, or suitably robust performance management or quality assurance measures nationally. Without these, there is limited evidence to drive improvement.
- There is no clear national multi-partner training strategy nor strategic workforce planning for prison-based social work, despite the changing prison population and subsequent workload pressures.

### **Key messages from people with living experience of prison-based social work services**

- Some people find their prison-based social worker very accessible, characterised by frequent contact and open, supportive, and caring relationships. People value contact being made outwith critical dates in their sentence.
- However, the majority of people view contact levels with prison-based social workers as insufficient. They feel they have limited time to build relationships, which fosters a perception of workers being 'task-oriented'.
- When prison-based social workers are able to develop meaningful and constructive relationships, using their broad range of skills, this has a positive impact on people in custody's welfare and involvement in key processes.
- Prison-based social work services are often viewed as not sufficiently visible, understood, or accessible to people. There can be a conflation of the prison-based and community-based social work role. There is sometimes a perception of imbalanced power differences between people in custody and social work.
- The impact of these challenges contributes to increased stress and decreased motivation for some people in custody.



### 3. Background and context

Scotland's prison population remains among the highest in western Europe. On any one day, the Scottish Prison Service (referred to throughout this report as the acronym SPS) is responsible for the security and welfare of approximately [8,000](#) people in 17 establishments across Scotland.

The [Vision for Justice in Scotland](#) (Scottish Government, 2022) acknowledges the negative impact of short-term custodial sentences on people's life chances. A key aim is that people should only be held in custody where they present a risk of serious harm. The vision includes a commitment to transformational change by shifting the balance between the use of custody and community justice. It outlines the complex needs and challenges that people in contact with the criminal justice system experience, such as trauma, mental and physical health difficulties, and substance use. People entering custody are disproportionately from the most deprived areas of Scotland. Further, the proportion of people in prison over the age of 50 is rapidly growing. This reflects the complexity of some of the people who receive a prison-based social work service.

Although fewer people are receiving a custodial sentence each year, those who are sent to prison tend to receive longer sentences. The number of people in prison for sexual offences had more than doubled over the last decade. This means an increase in people requiring a prison-based social work service during their sentence. This might involve people with complex needs and/or serious and organised offending behaviour. Nonetheless, the national vision for justice makes no explicit reference to prison-based social work services.

The SPS, through Scottish Government ministers, is one of the eight statutory partners within local community justice governance arrangements. The service is expected to work with [local justice partners](#) to deliver the aims and priorities outlined by the Scottish Government in the [National Strategy for Community Justice](#) (2022).

One of the four national aims for community justice partners is to:

“...Strengthen the leadership, engagement, and partnership working of local and national community justice partners”, with a priority action to: “Deliver improved community justice outcomes by ensuring that effective leadership and governance arrangements are in place and working well, collaborating with partners and planning strategically”.

This review considered arrangements for prison-based social work in this context.

Public protection remains the first priority within the national strategy. Protecting the public cannot be achieved by any one agency. As such, community justice partners are expected to form strong partnerships at each point of the justice system. The SPS therefore works in partnership with national and local agencies to fulfil its core responsibilities.

The [Scottish Prison Service Corporate Plan 2023 – 2028](#) intends to ensure that:

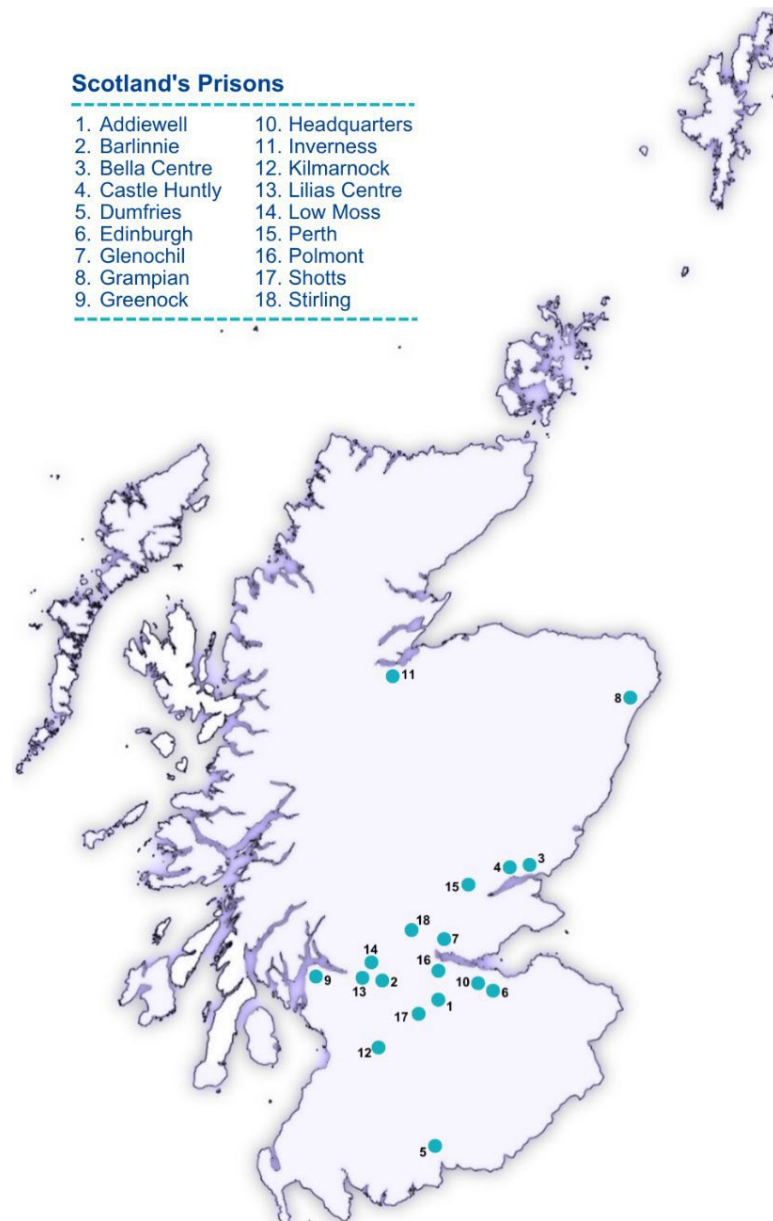
- people in Scotland’s prisons live in establishments that are safe, secure and suitable
- the health, wellbeing and care of people who live in Scotland’s prisons are better promoted, managed and tailored to individual needs
- people in Scotland’s prisons are better supported to follow an individualised pathway towards release, in ways that prioritise public protection.

Scottish Government ministers provide funding to the SPS that enables them to pay local authorities for the provision of prison-based social work services. Each of the 17 custodial establishments has a dedicated social work service provided by the relevant local authority. These local arrangements are incorporated within a memorandum of understanding (MoU) between the SPS and every local authority with a prison in their area.

**Figure 1: Local authorities providing social work services in prisons**

Aberdeenshire council	HMP Grampian
City of Edinburgh council	HMP Edinburgh
Clackmannanshire council	HMP Glenochil
Dundee City council	Bella Centre (community custody unit)
Dumfries and Galloway council	HMP Dumfries
East Ayrshire council	HMP Kilmarnock
East Dunbartonshire	HMP Low Moss
Falkirk council	HMPYOI Polmont
Glasgow City council	HMP Barlinnie Lilias Centre (community custody unit)
Highland council	HMP Inverness
Inverclyde council	HMP Greenock
North Lanarkshire council	HMP Shotts
Perth and Kinross council	HMP Castle Huntly HMP Perth
Stirling council	HMPYOI Stirling
West Lothian council	HMP Addiewell

**Figure 2: Map of Scotland's prisons (reproduced from the SPS website)**



## Prison-based social work responsibilities

The [Social Work \(Scotland\) Act 1968](#)<sup>1</sup> states that all local authorities in Scotland have a legal duty to provide “advice, guidance and assistance” for people in prison or subject to any form of detention. The social work service provided by a local authority is therefore integral to the legal, efficient, and effective operation of any prison or custody unit. In this context, the range of statutory social work services provided to people in prison and their families is termed ‘throughcare’. This is from the point of being sentenced to custody, during the period of imprisonment, and following return to the community. Prison-based social workers hold important responsibilities for the assessment and communication of risk and need within prisons, and preparing people to return to the community.

In general, prison-based social work services prioritise work with people who will be subject to statutory supervision following their release. People in custody serving the following types of statutory sentences (each of which has its own legislative basis) require a prison-based social work service.

- Supervised release order
- Long-term sentence (four or more years)
- Extended sentence
- Life sentence
- Order for lifelong restriction
- People subject to a short-term sex offender licence
- Recalled prisoners

The Scottish Government’s annual [Justice Social Work Statistics in Scotland publication 2022-23](#) noted that, as at 31 March 2023, the statutory custody-based and community-based throughcare caseload totalled 5,400 people. Two-thirds of the caseload was custody-based, compared to one-third that was community-based. As such, there were 3,572 people in custody requiring a prison-based social work service at that time.

The core responsibilities and tasks of prison-based social workers include:

- providing risk assessments and case and risk management plans
- preparing reports for the Parole Board for Scotland to inform sentence and release planning
- contributing to release planning meetings such as integrated case management, case conferences, and risk management team meetings

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<sup>1</sup> Section 27(1)(ac).

- working with prisoners, their families, SPS, other agencies, and community-based justice social work services to reduce the risk of reoffending and harm on release and to assist reintegration within the community.

Over the past 12 years, prison-based social workers have been required to undertake an increasingly important role in the provision of structured risk assessments. This involves specialist training in the use of appropriate tools to inform professional decision-making.

## 4. Governance

The Scottish Government, on behalf of its ministers, sets the legislation and vision for the justice system. It also holds responsibility for directing policy and providing a range of guidance to support delivery of priorities and intended outcomes. Within the Scottish Government, the chief social work adviser advises ministers and policy teams on all aspects of social work.

The [Community Justice \(Scotland\) Act 2016](#) places a duty on statutory partners, which includes the local authority and SPS, to work together to deliver the national aims and priorities. Community Justice Scotland is the national leadership body for community justice. It has a statutory duty to monitor local community justice performance and promote the National Strategy for Community Justice. It also promotes good practice and provides support to community justice partners.

Social Work Scotland has an important leadership role in representing the voice of justice social work services. This is due to the absence of a dedicated statutory governance function for justice social work services at a national level. As a professional leadership body for social work, members work closely with justice partners to influence policy and practice and shape legislation. This is with the aim of improving the experience of social work services and the people they work with.

Depending on local governance arrangements, responsibility for the oversight of social work services sits with either the local authority or health and social care partnerships. While reporting and management structures are determined locally, in legislation, the chief social work officer (CSWO) holds responsibility for providing professional leadership and governance for all social work functions. This includes prison-based social work services.

### Commissioning arrangements

#### The memorandum of understanding

The Scottish Government allocates funds to the SPS to enable it to pay for the statutory prison-based social work services provided by the relevant local authority. These arrangements are then detailed within a memorandum of understanding (MoU). The common purpose between SPS and local authorities denoted in the MoU is to:

“reduce reoffending by ensuring that persons in custody have access to an appropriate range and quality of prison-based social work services according to their risks, needs and responsibility to support delivery of national strategy”.

This purpose reflects the previous national vision for justice, rather than the current vision.

The MoU is not viewed as a commissioning document and is instead presented as a governance framework. We found that it does not assist in providing clear governance arrangements. The section on scope of service provides a list of prison-based social work responsibilities, SPS responsibilities and any that are shared. The MoU is confirmation that the SPS and the local authority agree the annual resource

and funding requirements for provision of prison-based social work services.

Social work and SPS strategic leaders noted a significant increase in pressure on prison-based social work services. This was attributed to various factors such as increasing responsibilities in relation to assessing risk of serious harm and multi-agency public protection arrangements (MAPPA). The changing prison population, including people with increasingly complex needs, as well as an increase in oral hearings were also contributing to pressures. The MoU allows for variations to the designated tasks to be requested, due to the changing demographics in custody, or plans to improve service efficiency. While this had occurred in some establishments, requesting further resources was often experienced as difficult and contentious for local authorities. This contributed to tensions with the SPS. This was compounded by arrangements lacking neither a clear funding formula nor consistent performance monitoring and reporting to usefully inform a business case. This was contrasted with the previous service-level agreement process, which some partners believed to have been clearer.

The standard MoU requires parties to acknowledge that allocated funding would not be revisited until any new service design is agreed nationally. It emphasises that the availability of funding remains a matter for Scottish Government ministers. However, there were no current plans to redesign services nor revisit the MoU nationally. This was despite all partners agreeing that it should be revisited due to the increased pressure on services.

According to the MoU, both the SPS and the local authority are expected to jointly and regularly consider matters of accountability and best value. That said, there was a considerable lack of clarity among partners on what constituted best value. There was also uncertainty on the course of action taken should prison-based social work services not be delivered in accordance with the agreed MoU. The MoU states that the SPS' director of strategy and innovation (or a representative) is responsible for providing corporate oversight of all social work MoU arrangements in prisons. This would seem to be a key national governance and accountability role. However, the MoU also expects matters to be kept to "as local a level as possible". This tension in governance contributed to difficulties in achieving consistency of practice in prison-based social work services across the estate. It also made it difficult to aggregate themes at a national level, and to escalate issues at an establishment level up to strategic leaders for resolution.

Furthermore, social work leaders viewed the MoU arrangements as contributing to an inherent power imbalance between prison-based social work services, the SPS and other agencies. This was characterised by what was viewed as a 'bean counting' culture and a 'wish list' of what prison-based social work should be doing. There was far less emphasis on the quality of the work undertaken. This contributed to a perception that as a profession, prison based social work was less valued within establishments. SPS leaders recognised a need for greater clarity on what prison-based social work distinctly offers and how this aligned with the corporate direction of the organisation.

In general, partners were frustrated by the governance and funding arrangements for prison-based social work services. The MoU was not delivering the desired results. There was therefore a strong consensus across all partners that the funding



and commissioning arrangements for prison-based social work required review. Indeed, as part of the criminal justice sector Pre-Budget Scrutiny 2024-25 responses to the Scottish Government, a [joint submission by Social Work Scotland and COSLA](#) suggested that:

“...Consideration should be given to including prison-based social work services within the Section 27<sup>2</sup> financial allocation...rather than a service commissioned by SPS...while taking account of the changing nature of the prison population in some areas”.

They argued that this would serve to address the “backlog of parole reports within the system, due to under funding and workforce issues”.

It was noted by social work leaders that the MoU was to have been reviewed following its inception, but this did not happen. SPS leaders confirmed that there were no plans to review the MoU at present due to the view that a more fundamental reform of prison-based social work arrangements was required.

Commissioning arrangements were viewed as more effective by some partners with experience of operating in a private prison. Different contractual arrangements and performance reporting frameworks were noted, which were perceived to be clearer. Also worth noting were the MoU arrangements for the new community custody settings for women. This included an additional annexe within the MoU containing a “situation, background, assessment and recommendation” analysis not found in the standard MoU. This supported a more bespoke and responsive approach when additional resources were required to meet particular needs.

For the majority of partners however, the status quo was not viewed as an option. There was an appetite for further review to inform a fundamental reform of current arrangements. Given its responsibilities for national justice policy and strategy and the allocation of funding, the Scottish Government was identified as uniquely placed to co-ordinate and oversee any agreed reforms. This would include the co-ordination of cross-cutting strategic groups such as the funding review group<sup>3</sup>, the transformational change programmes<sup>4</sup>, and the prison population leadership group<sup>5</sup>.

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<sup>2</sup> Section 27 of the [Social Work \(Scotland\) Act 1968](#) covers the “Supervision and care of persons put on probation or released from prisons etc.” Section 27 and subsequent sections make provision for the related grant funding. This is the key funding received annually from Scottish Government which is allocated to local authorities to pay for justice social work services

<sup>3</sup> Established by the Scottish Government in 2021, this group considers issues relating to community justice funding and how it is distributed. It includes consideration of the impact of Covid-19 on justice social work services and the third sector, and will recommend possible improvements.

<sup>4</sup> The [transformational change programmes](#) reflect the priorities of Scottish Government ministers and the wider justice sector as a subset of work which aims to deliver some of the outcomes set out in the Vision for Justice (2022). One of the programmes includes “shifting the balance between custody and community”.

<sup>5</sup> This group was established in 2023 by the Scottish Government. It comprises senior representatives from the justice sector and beyond. It aims to identify long- and short-term options to address the challenges presented by the increased prison population and ensure a collective response.



## Policies, procedures and guidance

The arrangements for delivery of social work services in Scottish prisons are set out in the Circular SEJD 12/2002 (revised May 2004): [Throughcare provision for long term prisoners and prisoners subject to supervised release orders](#). The function of prison-based social work is described here as providing continuity of risk and need assessments, and the sharing of relevant information between prison and the community and across disciplines and agencies.

The Scottish Government produces standards that are intended to support the quality and consistency of social work practice. The [National Outcomes and Standards for Social Work in the Criminal Justice System](#) (2010) updated some elements of prison-based social work practice. However, prison-based social work continues to rely on the significantly outdated National Objectives for Social Work Services in the Criminal Justice System: Standards – Throughcare (2004). These are currently being updated. The Scottish Government is also currently working with stakeholders to scope a review and update the 2010 standards, which is welcomed.

In addition, there is a wide range of policies, procedures and guidance covering key processes involving prison-based social work services. This includes, but is not limited to:

- [Integrated Case Management Guidance](#) (2007)
- [Framework for Risk Assessment, Management and Evaluation](#) (2011)
- Process for LS/CMI use in Prison and Throughcare and Alignment with Integrated Case Management Guidance Manual (2012)
- [Standards and Guidelines for Risk Management](#) (2016)
- [Risk Management, Progression, and Temporary Release Guidance](#) (2018)
- [Throughcare Assessment for Release on Licence](#) (2021)
- [Multi-Agency Public Protection Arrangements \(MAPPA\): National Guidance](#) (2022)
- [Parole Board for Scotland - Guidance for Members](#) (2023).

Over the past two decades, various addendums and amendments had been made to this suite of guidance. However, there had been no systematic review to evaluate their alignment and efficacy in promoting rehabilitation and reintegration. Some partners felt that prison-based social work relied too much on outdated guidance and circulars that were no longer fit for purpose.

In addition to national legislation and guidance, each prison-based social work team was governed by its own local authority's policies and procedures. This included child and adult protection responsibilities. The majority of staff reported that they were familiar with these local expectations and confident in fulfilling them.

Progression of people from custody back into the community relied on effective multi-agency collaboration between key partners as laid out in relevant guidance. Prison-based social work staff were generally clear on their roles and responsibilities for risk assessment, management, and progression. In this regard, they were informed by more appropriate guidance and frameworks. That said, despite the Risk Management, Progression, and Temporary Release Guidance (2018) outlining the respective roles of prison-based social work and prison psychology, there remained some uncertainty within these services as to who held responsibility for key tasks.

There were also issues with the consistency of language when considering risk. At times, this had contributed to a lack of consensus about the measures required to manage risk and need in the community, and a lack of assurance on practice. This was commensurate with the findings of HMIPS' thematic review of prisoner progression (soon to be published). As the Care Inspectorate also commented in the Community Justice Social Work: Throughcare Review (2021), maintaining a shared understanding of the language of risk in accordance with the framework for risk assessment, management and evaluation (FRAME) was crucial to best practice. The Risk Management Authority had recently announced a review of FRAME, which was welcomed by all partners.

There was recognition across all partners with a role in progression that the various policies, procedures, and guidance were driven by critical dates based on the length of a person's sentence. This contributed to peaks in demand within prison-based social work services which impacted upon their ability to respond quickly. This was often despite prison-based social work being aware of these critical dates in advance. This created delays in the completion of risk assessments in some establishments for some people. For example, a recent SPS prisoner journey audit recorded that out of 30 cases reviewed, 17 did not have the Level of Service/Case Management Inventory (LS/CMI) completed for the initial integrated case management case conference. Delays in the LS/CMI being completed at this stage can impact on other key processes, including access to programmes and progression. A greater emphasis on individualised risk and needs-based planning was viewed as offering opportunities for potentially more effective targeting of resources and aiding progression.

Social Work Scotland and other partners developed and introduced the new throughcare assessment for release on licence (TARL) process in 2021. This process produces an integrated parole board report prepared jointly by prison-based and community-based social work for people serving long-term sentences. The intention of this was to increase collaboration and joint working between prison and community-based social work. The timescale for producing the TARL report was also increased from six to 12 weeks. This was to strengthen risk assessment, risk management and the overall quality of parole reports. As yet, there had been no evaluation of whether it had achieved these aims. Prison-based social work welcomed the potential improvements to joint working with community-based social work. However, the process was viewed as having brought additional workload pressures which had not been reflected by any increase in resources.

The Parole Board for Scotland's Guidance for Members (2023) was comprehensive and detailed, and included reference to the role of social work. It also highlighted the application of the ['Osborn' ruling](#) (2013). The judgment in this case

fundamentally changed the way the parole boards across the UK must view the concept of oral hearings. It therefore significantly broadened the circumstances in which the law requires them to be held. This ruling had contributed to a significant increase in the number of oral hearings requested by the board. This had implications for prison and community-based social work staff who were regularly required to attend and give evidence at oral hearings, sometimes without sufficient notice. This increased workload was not supported by an increase in resources and was having an adverse impact on staff morale. Social work staff in prison and community settings were required to commit significant time, and often experienced hearings as adversarial in nature. This was also a finding in the Care Inspectorate's Throughcare Review report (2021). Although these issues were regularly raised with social work, SPS and parole board leaders, there had been no real change.

Additionally, the forthcoming [Bail and Release from Custody \(Scotland\) Act 2023](#) will place a duty on partners, including local authorities, to extend their engagement in release planning. This will include people on remand and serving short-term sentences, as well as those serving long-term sentences. This represents a significant shift in policy and practice for both prison-based and community-based social work. The Act also contains provisions for the creation of new guidance in this regard, as well as throughcare support standards for all relevant agencies. Social work leaders remained uncertain and concerned about what further impact the new Act might have on prison-based social work resources.

## 5. Leadership

### Strategic vision for prison-based social work services

As previously mentioned, the Vision for Justice (2022) makes no explicit reference to the work of prison-based social work services or their contribution to delivering on the intended outcomes. The MoU had yet to be updated to reflect the new vision.

It was positive that the majority of respondents to our prison-based social work staff survey agreed that there was a clear vision for their service at a local level. In contrast, there was consensus amongst respondents and partners that there was no clear national vision for prison-based social work services.

Many social work leaders held a holistic vision across social work and the wider justice system, including prison-based social work. Having a prison in their local authority area was viewed as an asset by some managers. They felt this provided opportunities for social work services to contribute meaningfully to a person's journey through the justice system and make a difference to their personal outcomes. However, overall, prison-based social work leaders were not routinely involved or consulted on the development of strategy, direction planning or decision-making for prison-based social work at national or local levels.

Most partners, including people in custody and prison-based social work staff, were of the view that the role of prison-based social work was often not well understood. Services were not sufficiently visible within many establishments. This was compounded by the lack of overall vision for the service.

All partners were of the view that realignment of the vision and purpose for prison-based social work was required to shift focus on to shared objectives. There was a consensus that this realignment should be driven by the collective efforts of the Scottish Government, the SPS, and justice social work representatives.

### Strategy and direction

There was a significant gap in ownership of strategy and direction for prison-based social work services at a national level. This was despite a range of national bodies involved in leadership. All partners agreed that prison-based social work (and justice social work services more widely) lacked a collective voice or real influence.

In terms of shaping strategy and direction, Section 6 of the MoU formally lays out principles of joint liaison and leadership between SPS, Social Work Scotland, and the local authority. Social Work Scotland was recognised and valued for its commitment and dedication to representing justice social work and prison-based social work services. This was at a national level and within regular meetings with SPS headquarters personnel. However, all partners recognised the limitations of Social Work Scotland's role. This was both in terms of resource constraints and the lack of a statutory basis by which to influence strategy and service delivery across 32 local authorities. Social Work Scotland was viewed by the SPS as having more of a brokering role rather than being able to instruct strategic direction and delivery of services.

There was consensus that current leadership roles were not sufficiently defined or linked. The Scottish Government directs legislation and policy that impacts on partners, their staff and people receiving a service. Other national bodies including Community Justice Scotland, the Risk Management Authority, and the Scottish Social Services Council (SSSC) also had leadership responsibilities and set expectations for prison-based social work. The office of the chief social work adviser within the Scottish Government was viewed as a potentially influential role in representing the interests of prison-based social work but needed to be more visible in this regard.

The role of the Risk Management Authority in leading the direction of risk practice, assurance and training for the sector was particularly recognised and highly valued by partners. However, as noted earlier, all partners expressed concern that the application and understanding of FRAME among relevant partners was not always consistent. This contributed to difficulties in collaborative working across establishments.

SPS leaders experienced challenges in their attempts to work collaboratively and consistently across 32 local authorities, 29 community justice areas, and 17 establishments to achieve consistency in practice. This was due to them being a national organisation, with no equivalently influential national body to negotiate with. Where there had been disputes or disagreement between SPS and prison-based social work or justice social work more widely, these at times had to be escalated to the Scottish Government. Partners reported inconsistencies in the messages from leadership at SPS headquarters level and leadership at a local establishment level. Social work leaders advised that they tended to address issues through local SPS leadership, often through heads of offender outcomes.

All partners were in agreement that the changing demographics of the prison population and resultant increased demands on prison-based social work services were not routinely taken into account by leaders. There was a perception among some social work leaders that they were viewed as an add-on service and therefore not prioritised by the SPS in strategic planning. Changes were therefore experienced as reactive, rather than as a result of informed and collaborative planning by leaders to address new developments or emerging concerns. This was compounded by a perception that prison-based social work services were continuously having to justify their role and required resources to the SPS. Social work leaders felt that the role and identity of prison-based social work needed to be clearer and better understood. They believed this would allow them to be a full partner in the development of strategy and direction.

Positively, in the most recent developments across the women's estate, the SPS and social work leaders had engaged in some joint strategic planning on what was expected and required for effective social work practice in these settings. This had usefully informed early service design considerations, the effectiveness of which was demonstrated at an operational level in the women's community custody units. Nonetheless, key SPS strategies such as those relating to women and [young people](#) did not specifically mention the role of prison-based social work. There was an implicit assumption that social work was involved in the key processes such as progression. However, there was a general absence of meaningful social work involvement and consultation in the development of these strategies. This was

despite the bearing they had on the day-to-day practice of prison-based social work. At a local level, some SPS and social work leaders reported good relationships between leaders and managers in establishments. These were characterised by strong communication and a shared understanding of expectations. Justice social work service managers retained clear leadership for their prison-based social work teams. They strived to ensure that prison-based social work had parity of professional identity with their community-based justice social work colleagues.

Social work leaders advised that most community justice partnership arrangements included local SPS leaders but that prison-related activity was not a significant component of community justice outcome improvement plans. The focus of community justice partnerships was seen to be early intervention, community disposals, and effective resettlement and reintegration, including housing, which relied on local authority resources and strategy. This resulted in a view that prison-based social work services were not prioritised at a local strategic level. Justice social work service managers reported mixed experiences in terms of the level of involvement of their chief social work officers in prison-based social work and wider justice social work matters. Some found them to be very involved and supportive, while others did not. This echoed the views of some other justice partners in that there did not seem to be the same priority focus given to prison-based social work services that other social work services were given across partnerships.

There was a consensus across all partners that there was a lack of collective leadership and influence for prison-based social work at a national level. This meant there was a lack of shared vision and aims and a lack of consistency in the translation of national strategies and policies at an operational level. This ultimately contributed to the potential for inequitable outcomes for people in custody.

### **Collaborative leadership and planning**

Most prison-based social work staff recognised their team managers and senior justice social work managers as being responsible for leadership of the service and brokering partnership working. There was also some recognition of staff's own individual responsibilities in supporting and developing partnership working.

Central to collaborative leadership was a sense of shared values, vision, and purpose between partners, or at least an understanding of these. The majority of respondents to the prison-based social work staff survey believed there was a shared purpose, vision, and values between: prison-based social work and SPS management; programmes staff; integrated case management teams, the risk management team; prison psychology; offender management colleagues; and substance use colleagues. This contributed to a perception of strong partnership working with these partners. The Parole Board for Scotland also believed it shared a vision and understanding with prison-based social work. It noted their professionalism and that the quality of reports were generally of a high standard. Nevertheless, other partners identified a need for improvement in the overall quality of reports and consistent quality assurance of these.

Less robust connections were experienced between prison-based social work services and health services in prisons. The majority of survey respondents disagreed that they shared a purpose, vision, or values. Less than half believed that



the work of prison-based social work was valued by health services.

A shared purpose, vision and values between prison-based social work and community-based justice social work services was noted by almost all respondents to the staff survey. This was a significant strength and indicated confidence in their respective roles and responsibilities in collaboratively working with people in custody. Most respondents to the survey also believed that the prison-based social work role was valued by their community-based justice social work colleagues. A majority felt well-connected to their local community-based social work service. This was in contrast to less than half of respondents feeling well-connected to justice social work services at a national level. This supported the view that there was a stronger vision for prison-based social work services at a local level than at a national level.

There was consensus that prison-based social workers were generally managing to maintain their core social work values. Respondents viewed themselves as having a responsibility to advocate for people in custody when any clashes in values with other professionals had an impact on people. Working in a secondary setting, prison-based social work staff and leaders recognised the challenges of upholding social work values in a prison. Clashes of values with some SPS colleagues was, at times, a barrier to collaborative working.

Collaborative leadership between SPS and prison-based social work was often dependent on the relationship and communication between key SPS personnel within establishments, including deputy governors and governors. However, difficulties arose when there were personnel changes. There had previously been a lead within SPS for social work. Social work partners felt that this role fostered a stronger sense of collaborative working between SPS and prison-based social work. This post was no longer in place and social work leaders experienced this as a significant gap. However, SPS leaders were less certain of the usefulness of this role, advising that it was not something that they intended to fund in the future.

At a strategic level, partnership working had been impeded by a lack of mutual understanding of the respective roles and responsibilities between partners. Existing mechanisms for joint strategic planning, such as meetings between SPS headquarters and Social Work Scotland, had limitations. For example, in the development of consistent implementation of agreed strategies across the prison estate and all local authorities.

An example of where a lack of collaborative strategic planning had an impact on the delivery of prison-based social work services was the limited communication of changes in the management of the prison population. Prison-based social work services had not always been informed with sufficient notice of intentions to move prisoners with different gender, need or risk profiles between prisons. This resulted in insufficient time to consider and jointly plan for the demands on services. This included consideration of the specialist skills and staff numbers required.

## 6. Accountability

### Effective use and management of resources

All partners recognised that the prison-based social work role was complex and multifaceted, with many essential and interlinked responsibilities. A key priority for most social work staff was collaborating with partners on public protection by assessing risk through relationship-based practice, including consideration of actual and potential victims. Some partners, including some social work leaders, believed the role of prison-based social work was to primarily undertake risk assessments and reports. There was recognition that this did not necessarily align with the aspirations held by all prison-based social work leaders and staff. Otherwise, there was no real consensus among partners on what the key role and aims of prison-based social work services should be.

Significant pressure on resources impacting on the ability of prison-based social work to complete tasks effectively and timeously was a strong and repeated theme from all partners. In a few prison-based social work services, there had been delays in the delivery of critical work such as LS/CMI assessments and parole reports. This impacted on decision-making for the progression of people in custody.

The majority of social work staff intimated that they did not have sufficient time to build relationships with people. Social worker activity was focused on priority assessment, caseload management, and report-writing. For some, this compromised relationships with prisoners and impacted negatively on effective contributions to key case management and progression processes. Social work also highlighted the insufficiency of in-house IT systems, and a continued reliance on paper files. This was viewed as significantly hampering the capacity of both SPS and social work to jointly contribute to case management, report on activity outcomes, and undertake informed workforce planning. A specific example was the migration of prison-based social work IT to a web-based system, which was perceived to be not fit for purpose and impacting on day-to-day work.

Where teams and individual workers were successfully creating opportunities to work more frequently with people on a planned basis, this was acknowledged in the positive experiences we heard from some people in custody.

As mentioned, prison-based social work services form part of a wider system, with each part impacting the other. The pressures experienced by other services, such as prison psychology, were also highlighted. Combined, these inevitably impact on the capacity of the whole system to efficiently contribute to effective progression management for people in custody.

### Potential expansion of the prison-based social work role

Despite the increasing pressures, some partners suggested that there were opportunities to broaden the social work role in prisons in order to achieve better outcomes for people in custody. This was in line with some wider policy drivers. For example, the role of social work in prisons being enhanced to better address people's wider health and social care needs. [A New Vision for Social Care in](#)



[Prisons](#) (University of Dundee, 2018; commissioned by the Scottish Government) and the [Integrated health and social care in prisons tests of change: workstream findings and recommendations](#) (Social Work Scotland, 2020) highlighted the case for the role of social work in prisons to be enhanced or extended due to the complex health and social care needs of the prison population. A key recommendation was:

“The Memorandum of Understanding between SPS and the local authorities on prison-based social work and the connections with the integrated authority, as well as the role of social work within prisons more widely, should be reviewed to establish and promote a more cohesive approach to social work in prisons in the future”.

The report was published during the pandemic, which made it challenging for the recommendations to be implemented. However, the findings from the report were incorporated to some extent in the provisions around social care in prisons in the proposed [National Care Service \(Scotland\) Bill](#) (2022)<sup>6</sup>. Relatedly, the Scottish Government’s Prison Social Care Improvement Programme 2023 – 2025 seeks to establish an integrated, consistent social care service in prisons equivalent to community provision. Exploration of the role of social work in prisons remains a key element of this workstream.

Ongoing considerations around the National Care Service ultimately offer opportunities to consider how social work practice in both community and custodial settings align to their counterparts in community health and across prison health and social care. All partners recognised, however, that any wholesale broadening of the prison-based social work role would require significant additional resource, as well as buy-in from leaders and staff.

That said, there were many examples provided in the staff survey of prison-based social work in some establishments already undertaking a range of tasks beyond risk assessments and the preparation of reports. These included:

- training prison officers in child and adult protection
- supporting prisoners in equality and diversity matters, including advocating for their rights and challenging discrimination
- supporting and monitoring pregnant women and women with children in custody
- involvement in local homelessness initiatives
- redeveloping a prison throughcare service.

These additional responsibilities were not all covered by the MoU nor included in key strategy or planning by leaders. Reviews of the changing requirements of prison-based social work were happening in a few individual establishments, but were limited by insufficient mechanisms to gather, report and analyse data. This meant that the resource impact of additional tasks beyond the MoU was not fully

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<sup>6</sup> The Bill establishes the National Care Service, which aims to improve the quality and consistency of social services in Scotland. The Bill allows Scottish Government ministers to transfer social care responsibility from local authorities to a new, national service. This could include adult and children’s services, as well as justice social work.

understood by the SPS.

There was recognition that prison-based social work services in the newer SPS establishments across the women's estate were better able to focus on relationship-based practice and work holistically and in trauma-informed ways to identify and address needs and risks. This was driven at a strategic level by the SPS' [Women's Strategy](#). While recognising that there were fewer women in custody than men, these new developments offered opportunities for improvement across the wider prison estate.

Social work and SPS leaders would welcome a shift in the focus for prison-based social work services to enable them to work more holistically with people in custody across the entire estate, supported by sufficient resources. Nonetheless, the SPS highlighted that the onus was not just on prison-based social work to provide support. The key role of the third sector in working with people in custody was emphasised. Further, the upskilling of SPS staff to work in person-centred ways was viewed as important in supporting people throughout their sentence.

Overall, the absence of a clear leadership and governance structure, where leaders have the specialist social work knowledge, responsibility, and authority to review and deploy resources nationally, was recognised by all partners.

### **Performance management and quality assurance**

Prison-based social work managers were expected to complete monthly data returns to evidence performance against the responsibilities outlined in the MoU. They reported they were in the main completing these. The collation and reporting of these quantitative measures were done manually by prison-based social work managers. This was due in part to the lack of functionality of the LS/CMI portal.

The [Report on the Review of Closed Cases](#) (2023) by the LS/CMI review group<sup>7</sup> made various linked recommendations to the Scottish Government. For example, that the LS/CMI IT system provider should ensure LS/CMI system reporting enables self-evaluation, quality assurance measures, and service planning for partners. The group updated the cabinet secretary for justice and home affairs in December 2023. The update confirmed that the system reporting functionality was being developed, alongside revised LS/CMI governance arrangements to guide future development work. This work is welcomed.

All partners were in agreement that the data gathered and submitted to the SPS by prison-based social work services was not useful. The accompanying data capture document was described as not fit for purpose. It did not support performance monitoring in any meaningful way. There was also an over-reliance on quantitative rather than qualitative data. As a result, the data gathered did not provide a true reflection of the range or quality of work undertaken by prison-based social work.

The MoU also included an expectation of monthly meetings between SPS heads of offender outcomes and prison-based social work managers. The purpose of this

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<sup>7</sup> This group was convened in 2022 by the Risk Management Authority at the request of the Scottish Government due to the identification of a national LS/CMI system issue.

was to review the data submitted by prison-based social work and identify any arising issues, in order to confirm payment for the service provided. These meetings were not happening consistently across all establishments. Where they did take place, in some establishments they were seen to facilitate positive communication between SPS and prison-based social work. However, they were universally not viewed as particularly meaningful by SPS and social work leaders. Where heads of offender outcomes and prison-based social work managers had a shared understanding of the expectations of the MoU, this was seen as offering more value.

Due to the reliance on prison-based social work self-reporting the data, neither the data nor the monthly meetings provided the anticipated assurance for the SPS and prison-based social work services. One establishment, by agreement between the SPS and the local authority, gathered additional data. This was used more meaningfully to inform collaborative decisions about resources required within that particular prison. This learning may be of interest to leaders across the wider sector in terms of agreeing meaningful, consistent approaches to performance reporting.

Periodic audits of prison-based social work performance were also expected in accordance with the MoU, but these were not happening with any consistency. This was due in part to ongoing resource pressures. There were no national audit templates or tools to assist this process, apart from those relating to specific risk assessments. Some prison-based social work services had developed their own audit tools, albeit based on outdated national guidance.

The SPS, the Risk Management Authority and other partners were not confident that management oversight and the quality assurance of risk assessments were being undertaken consistently in line with current guidance and standards. This was despite the existence of quality assurance tools for specific risk assessments. Robust quality assurance was also viewed as an important element of providing confidence in decision-making at risk management team meetings and other forums. To this end, the LS/CMI Review of Closed Cases (2023) report recommended that the Risk Management Authority should work with all relevant agencies to ensure that LS/CMI quality assurance templates are embedded within audit and evaluation processes to assist decision-making forums such as the risk management team. The Risk Management Authority recirculated the existing LS/CMI quality assurance templates to justice social work services in September 2023, with the intention to embed these across all relevant agencies.

Partners reported that SPS staff, particularly risk management team members and integrated case management staff, were not routinely trained in the principles of the LS/CMI assessment. This was despite the centrality of LS/CMI to social work's contribution to overall risk assessment, management, and planning. This was seen to limit some SPS staff's understanding and confidence in these assessments. This echoed the findings of the Care Inspectorate's Throughcare Review (2021). This noted that partners and groups with responsibility for the various aspects of LS/CMI should ensure training needs were appropriately addressed. This was also highlighted in HMIPS' forthcoming thematic review of prisoner progression in the context of risk management teams, where they recommended that the SPS and partners should develop a shared understanding of the use of risk assessment tools.

Performance frameworks and frequency of reporting in private prisons were viewed as more robust. Regular contract meetings assisted prison social work services to better evidence the demands on the service, and in successfully securing additional resources when required.

Significant case reviews were considered by some partners to be a driver for learning and subsequent improvement activity. These often led to recommendations at an operational level, but by their nature were reactive rather than embedding a culture of continuous improvement. Therefore, it was felt that they had little impact on driving improvement at a strategic level.

In the absence of a consistently used performance reporting mechanism, partners had no real assurance about the range and quality of the prison-based social work service being delivered. Improvements in this area would therefore be welcomed by all partners.

### **Improvement and change**

The review noted that there was a series of multi-agency workstreams and activities that may impact on the direction and delivery of prison-based social work services. For example, the review of the National Objectives for Social Work Services in the Criminal Justice System Standards: Throughcare, and HMIPS' forthcoming review of progression. At the time of writing, it was too early for these developments to demonstrate any effect or improvements for prison-based social work.

The regular engagement between the SPS, Social Work Scotland and other key partners at a national level to drive improvement was viewed as positive by all. This often involved a significant investment of time by justice social work service managers and staff to drive and implement change, which was appreciated by partners.

Social Work Scotland's justice social work standing committee had a number of subgroups, including one specifically for throughcare. This was attended by social work staff from both community and prison settings at all levels. The group's purpose was to drive strategic and operational prison-based and community-based throughcare matters forward to support national consistency and improvement. Examples included the implementation of the throughcare assessment for release on licence (TARL) which leaders felt contributed to improvements in communication between prison-based and community-based social work. The group continued to identify and address any issues with the TARL following its roll-out. Nonetheless, the SPS and other partners felt that a significant overall barrier to effecting real change was the lack of a national social work leadership body with the statutory power to direct the implementation of any ratified changes.

A further significant barrier to driving improvement was the fact that the MoU between the SPS and local authorities had not been revised or updated to reflect the increased pressures on prison-based social work services. For example, the ageing prison population was noted as a significant issue by the SPS and social work leaders. Therefore, partners were not adapting service delivery in a planned way in response to changing profiles. This issue was also highlighted in HMIPS' thematic review of prisoner progression. They found that there had been no meaningful

review of the impact of the changing prison population on prison-based social work. Furthermore, partners advised that SPS financial constraints and flatline budgets placed significant limitations on the ability to invest in targeted improvement actions.

All partners recognised that in order for improvements to be made, there must be buy-in and action at an operational level across establishments. Communication of changes was raised as an issue. For example, a recent pilot process whereby the Risk Management Authority provided external secondary assurance for complex first grant of temporary release cases referred by the SPS. Social work leaders stated that this was not communicated well to them or their staff at operational levels, which led to implementation issues. Some prison-based social work leaders noted that capacity for improvement at a local level was limited without agreed priorities at a national level. An exception was the developments across the women's estate. These were generally viewed as a clear strength in terms of improvement, by responding to the specific needs of women in the justice system in line with national vision and strategy.

A forum for prison-based social work managers took place biannually, chaired by Social Work Scotland. This was viewed by some as very positive, and seen as assisting in driving improvement across the sector. That said, many prison-based social work managers were not aware that the forum continued to take place. In general, prison-based social work staff and leaders felt there was a lack of opportunities for peer support and mechanisms to share good practice across establishments and local authorities.

The role of Community Justice Scotland was highlighted, given their focus on improvement and change across the justice system and their role in providing training for prison-based social work staff. Some partners felt that Community Justice Scotland tended to focus on lower-level community interventions rather than driving improvement with people who might pose a higher risk, including those working with prison-based social work services. This was despite Community Justice Scotland's role in providing training and support in relation to risk assessment and interventions for people convicted of domestic and sexual offences.

All partners lacked clarity as to whether the development of the National Care Service would drive improvement for prison-based social work. A benefit of justice social work being included in the National Care Service was the potential for a 'national voice' for justice social work services. A potential benefit for the SPS was the possibility of streamlining communication to more effectively drive improvement and change. Relatedly, the proposed National Social Work Agency<sup>8</sup> was viewed by some partners as a potential solution to driving engagement, improvement and consistency for social work services at national and local levels.

There was a desire among partners for the Scottish Government to assume more direct leadership of improvement and change. Some partners reflected very positively on the effectiveness of a previous tripartite group. This was an

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<sup>8</sup> The Scottish Government's vision for the NCS includes provision in the Bill for the establishment of a National Social Work Agency, which will aim to provide national leadership, oversight, support, and opportunities for training and development for social work services ([National Care Service \(Scotland\) Bill: Policy Memorandum](#) (2022)).



arrangement between the SPS, local authorities through the former Association of Directors of Social Work (which became Social Work Scotland), and the Scottish Government. This was established in 2001 to consider ways of strengthening partnership working between the three partners in order to improve arrangements for the transition of people from custody to the community. However, the group was discontinued. Not all partners were of the view that it was able to effectively influence change.

Partners ultimately expressed the urgent need for a wholesale review of prison-based social work leadership, governance, and accountability arrangements. There was a consensus that this should be through a multi-partner working group led by the Scottish Government, in order to take ownership of improvement and change.

### **Recruitment, deployment and joint working**

Responses to the prison-based social work staff survey demonstrated an overall picture of committed staff who benefited from supportive supervision and strong team leadership. Prison-based social work teams comprised experienced practitioners, sometimes drawn from a range of other relevant social work backgrounds and equipped to deliver on their responsibilities.

All partners, including the SPS and the Parole Board for Scotland indicated that the wealth of skills, knowledge, and experience of prison-based social work in being able to address offending behaviour and reduce risk were not being fully deployed. Partners recognised that the role of prison-based social work in working with people serving long-term statutory sentences had become generally limited to risk assessment and report-writing. All partners felt that this contributed to prison-based social work staff feeling deskilled and undervalued. There were reports of elevated stress resulting from demands on capacity and the restrictive range of process-driven tasks taking up most of workers' time.

Despite the broad range of experience and skills noted within our survey, leaders found recruitment of prison-based social work staff to be challenging at times. There was a view from partners that prison-based social work was not always attracting suitably experienced professionals. This was due in part to a perception of limited opportunities to use social work knowledge and skills in the role. Bringing in new staff was seen as important in maintaining a positive culture within teams.

The SPS often expected rapid responsiveness and flexibility from prison-based social work services to meet the changing demands of the prison population. These expectations were not always mindful of the requirements of local authority recruitment processes and did not always give enough notice. The limitations of being able to move social work staff across local authority boundaries or within local authority justice social work services were at times unfavourably compared by the SPS to their greater flexibility as a national organisation.

### **Learning and development**

Community Justice Scotland and the Risk Management Authority hold responsibilities for most prison-based social work training. Prison-based social work staff noted that they generally had access to an appropriate range of core training to

support them in fulfilling their roles and responsibilities. However, staff did not always have timely access to particular training to undertake key tasks. Specifically, staff noted challenges in accessing training in specialist risk assessment tools, the Fundamentals of Risk Practice training provided by the Risk Management Authority, and risk practice refresher training. This reflected the findings of the Care Inspectorate's Throughcare Review (2021), which noted at that time that a clear learning and development pathway was required for staff with throughcare responsibilities, including access to risk practice training.

It was noted by some prison-based social work staff that, despite the positive developments across the women's estate commensurate training had not been provided. This was to account for the gender-specific specialist social work knowledge and skills required in these settings.

The Children and Young People's Centre for Justice (CYCJ) similarly highlighted the specialist knowledge and skills required for working with children and young people in custody. They had rolled out the [Whole System Approach](#) in HMP YOI Polmont and HMP YOI Stirling, and recognised opportunities for future joint training. This included exploring the possibility of increased prison-based social work staff involvement in initial custody reviews for young people up to the age of 21 entering custody. Staff survey respondents working in this setting demonstrated clear knowledge of the Whole System Approach in usefully informing their day-to-day work.

All partners recognised the benefits of joint multi-agency training to improve inter-agency communication, consistency of practice, and understanding of respective roles. Some areas had collaborated on strategies to deliver this locally. In some establishments, the Risk Management Authority had delivered joint training to multidisciplinary risk management team members. Partners reported that this improved alignment to guidance and a shared language when communicating risk. It was felt by partners that if this training were to be delivered to all risk management teams across Scotland, it could improve consistency.

While training opportunities on compiling parole reports and giving evidence at oral hearings and tribunals were available, awareness of their existence was limited among some prison-based social work staff. For example, staff from two local authorities had worked jointly with the Parole Board for Scotland to develop training videos for giving evidence at hearings and tribunals. The Parole Board for Scotland also responded to requests for training in preparing parole reports but noted that these requests mostly came from community-based social work. Overall, the publicising and sharing of available training and good practice occurring at local levels was limited.

The absence of an agreed strategic approach to national prison-based social work training limited opportunities to maximise learning and development. This gap was noted as relevant for further consideration by the strategic training provision group, led by Community Justice Scotland. This group included key partners such as Social Work Scotland, the Risk Management Authority, and the Scottish Government. It offered a strategic forum for formulating policy and operational responses to training needs for justice social work staff and other community justice practitioners. Community Justice Scotland intended to undertake a training needs

analysis of the justice social work services workforce, which would include a separate analysis of the specific training needs of the prison-based social work workforce. This intention was welcomed. The findings of this thematic review will also further inform the work of the group.

Relatedly, the LS/CMI review group report on the Review of Closed Cases (2023) recommended that the Risk Management Authority work with Community Justice Scotland and all agencies represented on the LS/CMI review group to analyse training needs relating to the application of the FRAME approach. This was being progressed by a recently-formed Risk Management Authority multi-agency training strategy yet to be published.

In addition, the development work around the proposed National Social Work Agency included a workstream relating to workforce, education, and training. This had a focus on recruitment, retention and enhanced training options and opportunities for social work in Scotland. Resources to support these system improvements were still to be quantified and identified. Further, the Scottish Government's office of the chief social work adviser, the Social Work Education Partnership, and partners including the SSSC were developing an advanced social work practice framework. This aimed to establish developmental pathways for all social workers in Scotland, operating in any setting. These workstreams offered opportunities for the specific needs of prison-based social work services to be taken into account as part of future workforce development activities.

### **Operational support for prison based social work**

Effective line management ensured that almost all staff survey respondents were supported and appropriately held accountable for their work. Access to professional supervision assisted them to understand and meet the expectations of their role. The robust approach to line management was commended by the SPS and highlighted as an example of good practice which they would wish to emulate.

For prison-based social work managers, having a service manager with direct knowledge and experience of the challenges of operating in a prison setting was noted as a strength. This was viewed as providing well-informed support and focus on the service.

There were examples at a local level of justice social work services promoting opportunities to encourage staff to work in both community and prison-based settings. This was either as a hybrid role, or on a rotational basis. A few of the staff survey respondents noted that their role was split between community-based and prison-based social work teams. Partners perceived that this served to improve knowledge and understanding of both roles. This was seen as contributing to more effective planning for people during their sentence and preparing for release.



## 7. Impact and experience of prison-based social work services

Gathering the views and experiences of people with living experience of prison-based social work services was central to our review. It must be noted that the views outlined were based on people's own personal experiences and perceptions of the service they received. Scrutiny of the quality of prison-based social work practice was outwith the scope of this phase of the review. As such, we were unable to validate these experiences at an individual level. Future scrutiny will focus on the efficiency and impact of social work practice.

The strengths and areas for improvement noted at strategic levels and by prison-based social work staff were strongly echoed by the people in custody and on licence that we consulted. This was significant.

Some people in custody found their prison-based social worker very accessible, characterised by frequent contact and good, open, supportive, and caring relationships. This was a particularly strong finding from the women's community custody units. In these settings, prison-based social workers often checked in with the women on an ad hoc basis, rather than initiating contact only at critical dates. This allowed more meaningful relationships to develop and a perception from women that there were fewer barriers to progression. In these settings, people reported that prison-based social workers also tended to have useful links with their personal officers. This provided more holistic support and continuity.

Where collaborative practice was working well, people in custody told us that they felt well-informed about the management of their sentence. They believed this fostered mutual trust, contributing to better overall outcomes for them. The majority of prison-based social work staff across all establishments reported that they felt valued by the prisoners they were working with.

That said, the majority of people with experience of prison-based social work services that we spoke with did not feel they had enough contact with their prison-based social worker. Some people were unsure how to contact prison-based social work services. Most felt there was a significant lack of visible, accessible information around establishments about the service.

Many people felt their prison-based social worker did not have enough time to build a relationship. Other than staff leaving the team or them moving establishments, it was difficult for them to understand why they could not retain the same allocated worker throughout their journey in custody. As a result, people felt that they had to repeat their personal stories several times to different workers.

Most people advised that they usually only had contact with their prison-based social worker when critical dates or processes were approaching. They reported that they would value more regular check-ins. They echoed the perception of other partners, including social work services themselves, that they were task-oriented. They expressed surprise that social workers in prisons were not operating in the way that they would expect 'traditional' social workers to work, for example having less emphasis on their overall welfare. Many people felt this was because there were not enough social workers in prisons. People expressed a view that prison-based social

work should also be involved in programme work with them to help address waiting lists. Some people expressed their perceptions of major differences between establishments in terms of the level and quality of the service they received.

There was also significant conflation of the prison-based and community-based social work role. People were not always clear about the distinct roles and who was responsible for what. They had not heard of key developments in collaborative report-writing such as the throughcare assessment for release on licence (TARL). Some people had had positive experiences of their prison-based and community-based social worker working together effectively throughout their sentence. Others had fewer positive experiences and felt there was no connection or consistency between prison-based and community-based social work.

Most people felt risk assessments and release plans were not properly explained to them. Some people reported that the lack of contact with their prison-based social worker throughout their sentence meant that information about them within reports or at risk management team meetings often came as a surprise.

Some people felt prison-based social work held a significant amount of power and this was not always balanced. As such, they often felt unable to raise or address issues. They believed it might lead to them being perceived as anti-authority or hostile, and therefore hinder their progression.

The importance of addressing trauma was recognised. People with living experience of custody felt prison-based social workers should be better equipped to deal with the impact of trauma. This was particularly when discussing adverse experiences for the purpose of reports. The SPS expressed its commitment for all staff to become trauma-informed.

Particular challenges were highlighted for prisoners who were foreign nationals awaiting deportation. They tended not to be allocated a community-based social worker in some areas but were allocated a prison-based social worker. They felt the prison-based social work role could have offered them support, but the very limited contact with them was a barrier to this.

Overall, the reported impact of these less positive experiences was an increase in stress, adding to mental health difficulties, and decreased motivation for some prisoners. Reflecting some of what we heard from partners, people with experience of prison-based social work services felt that areas for improvement related to:

- more prison-based social workers
- more contact with prison-based social workers to allow increased opportunities to build relationships
- greater transparency in their role and risk assessments
- better communication and following up on actions
- being able to challenge reports or decisions more equitably

- opportunities to provide feedback on the service they receive
- greater awareness of and access to social work support in prisons.

SPS leaders referred to an ongoing workstream to introduce targeted integrated case management. This aimed to focus resources on people who would benefit from increased support, based on assessed risk and need. HMIPS' review of prisoner progression (2024) noted that a more targeted approach to integrated case management case conferences may be more purposeful. This approach might also mean less frequent contact with prison-based social workers for people subject to these arrangements. A more targeted approach to case conferences may offer the potential to be more purposeful. In light of the findings from this review, the SPS and partners recognised the importance of not decreasing opportunities for prison-based social workers to build and sustain relationships with people in custody throughout their sentence.

## **Families**

In terms of prison-based social work services' role with prisoners' families, most partners reported that they had a limited role but that more could be made of this. People in custody and other organisations would value prison-based social work introducing themselves to family members and maintaining more contact in order to keep them informed. This was in recognition of the important role in supporting people's transition from custody that families can often have. Partners felt that the impact of imprisonment of children should also be recognised and addressed more directly by prison-based social work services and leaders. Where there was family involvement, contact with them was viewed as particularly pertinent when setting realistic licence conditions. It was noted by partners that contact with families was usually undertaken by the person's allocated community-based social worker, as per guidance and practice. Just under half of the prison-based social work survey respondents felt their work was valued by prisoners' families. This highlighted opportunities to better understand this issue with a view to improving families' perception and experience of the service.

## **Value of prison-based social work**

SPS strategic leaders demonstrated strong understanding, respect, and support for prison-based social work services and their role and value in prisons. It was recognised by all partners that prison-based social work services had specialist skills, knowledge, and experience that was an asset to their work. The SPS was supportive of prison-based social work being able to utilise these skills in programme work. However, it recognised that these opportunities had become limited due to the MoU and the ever-increasing pressure on prison-based social work resources.

Positively, prison-based social work staff agreed that their work was valued by most key stakeholders. This included the SPS, psychology colleagues, the Parole Board for Scotland, and people in custody. However, only a third of staff agreed that the work of prison-based social work was valued by the Scottish Government.

Despite some of the positive staff survey results, some social workers and prison-based social work managers still perceived that the service was not valued equitably

with other services in the prison, such as prison psychology. Examples provided to illustrate this sense of inequity were a lack of access to meeting spaces in some establishments, poor environmental conditions, and differential IT systems. These were viewed as having a significant negative impact on their day-to-day work and efficiency. Further, some social work leaders noted that at an establishment level, the SPS at times made unfavourable comparisons to other prison-based social work services. This eroded morale and created division and tension.

As previously noted, the absence of clear assurance mechanisms also contributed to challenges in prison-based social work services being able to demonstrate the range and quality of their work and ultimately, a more tangible sense of value.

## 8. Conclusions

National and local leaders responsible for prisons and social work services face difficult choices if they are to successfully deliver on the intention to shift the balance between the use of custody and community justice. This review considered the direction of prison-based social work services within the context of the changing prison population, resource constraints, and competing, often increasingly complex, demands.

Prison-based social work services were seen as essential to protecting the public and supporting change for people serving sentences and subject to statutory social work supervision upon release. Prison-based social work staff were strongly committed to protecting the public and fulfilling their statutory responsibilities through the provision of effective services. This was an important strength. Nevertheless, prison-based social work services and their justice partners faced considerable pressures working within fragmented systems, to outdated and ineffective guidance, and with a lack of sufficiently clear leadership. A key area of improvement related to how prison social work services were commissioned and the limitations and inconsistencies with the MoU arrangements.

The inadequacies of these arrangements became particularly acute when faced with a record high prison population, increasingly complex needs and risks, and funding arrangements not being routinely reviewed and updated to keep pace with change. Existing assurance mechanisms were of limited use and offered very little assurance to national or local partners with responsibility for monitoring and improving prison-based social work performance. The quality assurance process and measures that did exist were not used consistently or routinely. This made it difficult for prison-based social work services to demonstrate their value and professional standing within the secondary setting of a prison. As a result, the MoU was no longer seen as fit for purpose.

Where things were working well, this was often in spite of the governance arrangements and the MoU, with some exceptions. Well-established relationships between prison-based social work and the SPS resulted in some positive collaboration at a local level. More recent arrangements across the women's estate were viewed as more efficient and effective. This offered opportunities to do things differently and better.

Gaps remained in national strategic workforce planning and training for prison-based social work, including joint training. It was recognised by all partners that the skillset of such a specialised and often highly experienced staff group was not being used to best effect to support rehabilitation and desistance from offending. There were ambitions and aspirations to expand the prison-based social work role to meet the wider needs of people in prison, their families and children. This is unlikely to be realised without a fundamental review to reach agreement on the vision, role and responsibilities of a contemporary prison-based social work service.

There was a universal consensus across all partners that fundamental reform was required in order to strengthen and improve the governance, leadership, and accountability arrangements for prison-based social work. A disconnect between

national and local arrangements meant change was not always effectively managed. As a result of a fragmented strategic landscape, there was a clearly held view that the necessary transformational change could only be delivered through better direction and co-ordination. Further, the needs of prison-based social work cannot be considered in isolation from the cross-cutting policy developments impacting wider justice social work services and prisons. As such, the Scottish Government was viewed by partners as having the appropriate authority and oversight to adopt a lead role in transformational change for prison-based social work services and justice social work services more widely.

Cultural change will be necessary if partners are to achieve their ambitions. This will require goodwill, flexibility, and an openness to doing things differently to the ultimate benefit of people in the justice system, their families, and people and communities affected by crime.

## 9. Areas for improvement

To better co-ordinate and direct improvements in the governance, leadership and accountability of prison-based social work, the Scottish Government, the SPS, and justice social work leaders should do the following.

- Agree the mechanism by which the necessary changes identified within this report and other related developments can be delivered. These include, but are not limited to:
  - reviewing the current funding and commissioning arrangements for prison-based social work, including a complete review of the MoU between the SPS and local authorities as a priority
  - reviewing the requested prison-based social work data to ensure this is fit for purpose and provides assurance on accountability and quality for all stakeholders. This includes collaboration on the development of nationally agreed, consistent quality assurance and audit tools for prison-based social work services and embedding these in relevant guidance
  - agreeing a clear national vision and aims for prison-based social work supported by a national structure to oversee the consistent delivery of services. This includes within any revision of relevant standards and guidance
  - taking account of and including prison-based social work and wider justice social work services in all relevant policy, strategy and direction planning that impacts on the delivery of prison-based social work services and their work with people in custody
  - identifying and communicating clear lines of accountability for continuous improvement and change for prison-based social work.
- With a view to increasing the visibility of their service and understanding of their role within establishments and more widely, local social work leaders should collaborate with the SPS to improve the professional standing of prison-based social work.
- To ensure a competent, confident, and well-trained workforce, the needs of prison-based social work staff should be reflected within any strategic approach to training and workforce planning. This also includes the establishment of opportunities for peer learning and support for prison-based social work staff and managers to reduce isolation.
- To support robust performance reporting and quality assurance, partners at a national and local level should ensure electronic recording systems are fit for purpose and used consistently to produce reliable data through which quantitative and qualitative results can be demonstrated.

## 10. Next steps

Having reviewed the strategic context in which prison-based social work services are operating, the next phase of our review will focus on the efficiency and effectiveness of prison-based social work practice. It will include looking at the collaboration between prison-based and community-based justice social work and the related outcomes for people in custody, their families, people affected by crime, and communities.

To this end, we will seek to establish a multi-partner steering group to inform our approach to the future scrutiny and assurance of prison-based social work. As well as representation from national and local stakeholders, the involvement of people with living experience of custody and throughcare will be essential to both the design and delivery of any future methodology, and in listening to their experiences.

We are aware that some of the key standards underpinning prison-based social work's roles and responsibilities are currently under review. As scrutiny bodies, it will be of benefit for any future scrutiny and assurance work to use the revised standards as a baseline for any inspection or self-evaluation activity.

Findings from other related workstreams will also need to be taken into account in any future scrutiny or reforms. For example, there are ongoing considerations around the National Care Service, the National Social Work Agency and the future arrangements for justice social work services (and therefore prison-based social work services) in this context. The findings and recommendations from HMIPS' thematic review of prisoner progression are also likely to bring about changes in the operational delivery of progression processes that will affect prison-based social work.

The prison-based social work staff survey we conducted was invaluable in providing detail on the range and complexity of the prison-based social work task. Our findings from the survey will therefore be key to informing the next phase of scrutiny activity. A fully anonymised summary of our survey findings will also be shared with justice social work leaders following the publication of this review report.



## Appendix 1

### How we conducted this review

#### Scoping meetings

We held scoping meetings with Social Work Scotland, the Risk Management Authority, Community Justice Scotland, the Scottish Government, and the Children and Young People's Centre for Justice. This was to gain an initial overview of the strengths and challenges for prison-based social work and to help shape the direction of the review.

#### Desktop review

We examined relevant documents pertaining to prison-based social work services. This included strategies, policies, procedures, guidance, findings from other relevant scrutiny and reviews, and quality assurance materials.

#### Staff survey

We distributed a link to our online staff survey to all prison-based social work team leaders, senior social workers, social workers, paraprofessionals, and business support staff across all establishments. We received 68 survey responses.

#### Focus groups and interviews with key partners

We held focus groups and interviews over MS Teams with SPS colleagues at strategic and operational levels, prison psychology, all justice social work service managers with a prison in their local authority, prison-based social work senior managers, the Parole Board for Scotland, and a third sector organisation. In total, 46 colleagues across these partner organisations contributed to seven focus groups and four interviews.

#### Consultation with people with living experience

Support from HMIPS and SPS colleagues enabled our review team to engage with people who had experience of working with prison-based social work services. In total, 32 people currently serving a long-term sentence contributed to six focus groups across four establishments. We also conducted a telephone interview with one person released on licence.

#### Final report

This report summarises the overall findings across the relevant quality indicators to highlight strengths, challenges and areas for improvement that may have national relevance. The quality indicators informing this report are outlined below (please also see Appendix 2).

- 2.1 Impact on people accused or convicted of offences
- 6.1 Policies, procedures and legal measures

- 6.2 Planning and delivering services collaboratively
- 6.4 Performance management and quality assurance
- 7.1 Recruitment, retention and joint working
- 7.2 Staff development and support
- 8.1 Effective use and management of resources
- 8.2 Commissioning arrangements
- 9.1 Vision, values and aims
- 9.2 Leadership of strategy and direction
- 9.3 Leadership of people and partnerships
- 9.4 Leadership of improvement and change

### **Guide to quantitative terms used in the report**

Almost all	90% or more
Most	75% to 89%
Majority	50% to 74%
Less than half	35% to 49%
Some	15% to 34%
A few	14% or less

### **Limitations of methods used**

Our focus was high-level and on direction with a view to reporting on the clarity of purpose, leadership and strategy for prison-based social work services in achieving their aims. As such, scrutiny of operational practice was outwith the scope of this phase of the thematic review. This will be central to any future scrutiny and assurance focused on the efficiency, effectiveness, and impact of prison-based social work services.

The views from colleagues across partner organisations and people with living experience reflect only those who responded to the staff survey and took part in focus groups and interviews.

We sought to gather the views of a range of third and voluntary sector services by arranging focus group dates through the criminal justice voluntary sector forum, however organisations were unable to attend focus groups due to time pressures.

## Appendix 2

### The quality improvement framework

This report summarises the overall findings of the review across the quality indicators highlighted below.

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?
<b>1. Key performance outcomes</b>	<b>2. Impact on people accused or convicted of offences, and people affected by crime.</b>	<b>5. Delivery of key processes</b>	<b>6. Policy, service development and planning</b>	<b>9. Leadership and direction</b>
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 and partnerships 9.4 Leadership of improvement and change
	<b>3. Impact on staff</b>		<b>7. Management and support of staff</b>	
	3.1 Impact on staff		7.1 Recruitment, retention and joint working 7.2 Staff development and support	
	<b>4. Impact on the communities</b>		<b>8. Partnership working</b>	
	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	
<b>10. What is our capacity for improvement?</b> Overall judgement based on an evaluation of the framework of quality indicators				

## Appendix 3

### Terms we use in this report

**Accountability:** assurance that an individual or organisation is evaluated on its performance or behaviour related to something for which it is responsible.

**Best value:** Local authorities in Scotland have a statutory duty to demonstrate best value, introduced by the [Local Government in Scotland Act 2003](#). This means ensuring there is good governance and effective management of resources, with a focus on continuous improvement to deliver the best possible outcomes for the public.

**Care Inspectorate:** the independent scrutiny, assurance and improvement support body for social care and social work in Scotland. Further information is available at: <https://www.careinspectorate.com/>

**Chief social work adviser:** leads the office of the chief social work adviser within the Scottish Government, advising ministers and policy teams with an interest or responsibility for aspects of social work services and practice across children and families, adult social care and justice social work.

**Chief social work officer:** a post held in every local authority to ensure the provision of effective, professional advice to elected members and officers in authorities' provision of social work services.

**Children and Young People's Centre for Justice (CYCJ):** an organisation that works towards ensuring Scotland's approach to children and young people in conflict with the law is rights-respecting and contributing to better outcomes for children, young people and communities. Further information is available at: <https://www.cycj.org.uk/>

**Community custody units:** accommodation for women in custody to support the specific needs of women. The units allow closer community contact and access to local services to create and sustain independence in preparation for successful reintegration into the community.

**Community justice outcomes improvement plans:** plans setting out how community justice partners are achieving national and local outcomes.

**Community justice partnerships:** these comprise community justice partners as defined in the Community Justice (Scotland) Act 2016. They come together locally to assess the community justice-related needs of people and communities in their area and ensure that appropriate services and interventions are in place.

**Community Justice Scotland:** the national body with responsibility to promote the National Strategy for Community Justice. It is responsible for monitoring, promoting and supporting improvement in the performance, quality, and range of community justice, and keeping Scottish Government ministers informed about this. It also promotes public awareness of benefits arising from community justice. Further information is available at: <https://communityjustice.scot/>

**Convention of Scottish Local Authorities (COSLA):** a councillor-led, cross-party organisation that champions the work of Scotland's local authorities and their 1,226 elected councillors. Further information is available at: <https://www.cosla.gov.uk/>

**Criminal justice voluntary sector forum:** a collaboration of voluntary sector organisations working in criminal justice in Scotland. Further information is available at: <https://www.ccpscotland.org/cjvsf/>

**European Framework for Quality Management (EFQM) model:** the globally recognised management framework that supports organisations in managing change and improving performance. Further information is available at: <https://efqm.org/>

**First grant of temporary release:** the process by which SPS risk management teams apply to Scottish Government ministers on behalf of people serving life sentences, who are otherwise prohibited from temporary release, to be released temporarily. For example, for work placements, unescorted day release, and home leave.

**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.

**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.

**Health and social care partnerships:** 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.

**HMIPS (His Majesty's Inspectorate of Prisons for Scotland):** responsible for the inspection and monitoring of Scotland's 17 prisons and custody centres. Further information is available at: <https://www.prisoninspectorscotland.gov.uk/>

**HMP & YOI Polmont:** Scotland's national holding facility for young people aged between 16 - 21 years.

**Initial custody review:** a meeting held within 10 working days for children and young people entering custody on remand or who have been sentenced. The purpose of the review is to ensure that a plan is developed for the child or young person throughout their stay, including a plan for their release.

**Integrated case management:** a case management structure used by the Scottish Prison Service that brings together the prisoner and other key staff and agencies to assess the prisoner's progress through custody and to plan for release.

**Leadership:** a set of behaviours used to help people align their collective direction, to execute strategic plans, and continually renew an organisation.

**Level of Service/Case Management Inventory (LS/CMI):** a comprehensive risk/need assessment and management planning method for general offending used by justice social work services across Scotland.

**Licence:** certain people are released from prison into the community under conditions. Being on licence means they are still serving their sentence in the community and are subject to social work supervision.

**MAPPA:** the acronym for multi-agency public protection arrangements put in place to manage the risk posed by people subject to sex offender registration and notification requirements, and other people who pose a high risk of harm to people and communities.

**Memorandum of understanding (MoU):** the governance framework that details the arrangements for use of Scottish Government funding allocated to the SPS to pay for statutory social work services in prisons provided by relevant local authorities. It provides a comprehensive list of prison-based social work responsibilities, SPS responsibilities and any that are shared.

**Office of the chief social work advisor:** part of the Scottish Government, led by the chief social work adviser. They advise Scottish Government ministers and policy teams with an interest or responsibility for aspects of social work services and practice across children and families, adult social care and justice social work.

**Parole Board for Scotland:** a tribunal non-departmental public body, members of which are appointed by Scottish Government ministers. Its main aim is to ensure that people in prison who are no longer regarded as presenting a risk to public safety may serve the remainder of their sentence in the community on licence under the supervision of social work. The Parole Board for Scotland operates independently from the Scottish Government. Further information is available at: <https://www.scottishparoleboard.scot/>

**Parole report:** a report provided by prison-based and community-based social work to the Parole Board for Scotland to inform its decision-making about a person's release from custody.

**Reintegration:** upon release from custody, a person enhances social inclusion through maintaining supportive relationships and access to the opportunities and resources required to maintain desistance. As a result, the person is no longer a significant risk to others. A reduced risk of reoffending enables the person to focus on developing an offence-free lifestyle.

**Risk Management Authority:** a non-departmental public body established in 2005 by the Criminal Justice (Scotland) Act 2003. Its work is to reduce the risk of serious harm posed by violent and sexual offending. Further information is available at: <https://www.rma.scot/>

**Risk management team:** a multidisciplinary team of professionals representing a range of agencies involved in the management of people in custody. Its primary purpose is to consider the assessment, intervention and management needs of those referred through the integrated case management process. It is also the

decision-making body that considers progression to less secure conditions and/or community access.

**Scottish Social Services Council (SSSC):** the regulator for the social work, social care and children and young people workforce in Scotland. Further information is available at <https://www.sssc.uk.com/>

**Service level agreement:** in place between the SPS and local authorities before the introduction of memorandums of understanding. The document constituted a form of agreement between the local authority and the SPS in which they agreed to provide the services outlined in the service level agreement to the SPS on the terms set out within it.

**Significant case review:** a multi-agency process for establishing the facts and learning lessons from a situation where a child has died or been significantly harmed.

**The Social Work Education Partnership:** [The Social Work Education Partnership](#) is a national partnership of key stakeholders across social work and social work education dedicated to shaping the future of social work education in Scotland.

**Social Work Scotland:** the professional leadership body for the social work and social care professions. Further information is available at <https://socialworkscotland.org/>

**Third sector:** an umbrella term that covers a range of different organisations with different structures and purposes, belonging neither to the public sector nor the private sector. It includes voluntary organisations, charities, social enterprises, and community groups.

**Throughcare:** describes the range of social work services provided to people in prison, and their families, from the point of sentence or remand in custody, during the period of imprisonment and following return to the community.

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

**Whole system approach:** the Scottish Government's [programme](#) for addressing the needs of children and young people involved in offending.



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**East Dunbartonshire HSCP Performance, Audit & Risk (PAR) Committee  
Agenda Planner  
Meetings  
June 2024 – June 2025**

**Updated 24/05/2024**

<b>Standing items (every meeting)</b>
Minutes of last meeting (JC)
Internal Audit Update (GMcC)
HSCP Annual Delivery Plan Update (JC)
HSCP Corporate Risk Register Update (JC)
HSCP Performance Management Reports (AW / AC)
Committee Agenda Planner (JC)
Care Inspectorate Reports - as available
Relevant Audit Scotland reports - as available
Audit Scotland Report – NHS in Scotland (CS)
HSCP Directions Log Progress Update – twice yearly January & June meetings
<b>HSCP Committee Agenda Items – June 2024</b>
Annual Internal Audit Report 23/24 (GMcC)
Annual Audit Plan – External Audit (Mazars)
Unaudited Annual Accounts 2023/24 (JC)
Performance Management Update Qtr4 23/24 (AC / AW)
HSCP Directions Log Progress Update
HSCP Corporate Risk Register Update

Care Inspectorate Report – Care at Home Unannounced Inspection? TBC
<b>HSCP Committee Agenda Items – September 2024</b>
Final Audited Annual Accounts 2023/24 (JC)
Mazars Annual Audit Report (TR)
Care at Home Inspection Update (DP)
<b>HSCP Committee Agenda Items – January 2025</b>
Social Work Commissioning Update 2024/25
<b>HSCP Committee Agenda Items – March 2025</b>
Internal Audit Plan 2025/26 (GMcC)
Annual Audit Plan – External Audit (Mazars)
Performance Management Update Qtr3 24/25 (AC / AW)
<b>HSCP Committee Agenda Items – June 2025</b>
Annual Internal Audit Report (GMcC)
Final Internal Audit Follow Up Report (GMcC)
Unaudited Annual Accounts 2024/25 (JC)
Performance Management Update Qtr4 24/25 (AC / AW)
HSCP Directions Log Progress Update