For meeting on

Agenda 2018

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT** on **Thursday, 10th May 2018** at **9.30 am** to consider the undernoted business.

Ian Fraser, **Chair**
East Dunbartonshire Health and Social Care Partnership Integration Joint Board

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

A G E N D A

Seminar – Oral Health Directorate -9am to 930am

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting HSCP Board held on; 15th March 2018

Item	Contact officer	Description	Page
STANDING ITEMS			
1.	Ian Fraser	Expressions of Interest	
2.	Martin Cunningham	Minute of HSCP Board held on 15th March 2018	**1-8**
3.	Susan Manion	Chief Officer's Report	**Verbal**
GOVERNANCE ITEMS			
4.	Jean Campbell	Financial Performance Budget 2017/18	**Verbal**
5.	Jean Campbell	HSCP Budget 2018/19	**To follow**
6.	Fiona McCulloch	Review of the HSCP Winter Plan 2017-18	**9-26**
7.	Fiona McCulloch	Quarter 3 Performance Report 2017-18	**27-60**

8.	Wilma Hepburn	Health and Social Care Standards – My support, my life	**61-84**
9.	Martin Brickley	Public, Service User & Carer Representative Support Group of 19th March 2018	**85-88**
10.	Lisa Williams	East Dunbartonshire HSCP Clinical & Care Governance Group minutes of meeting of 28th March 2018	**89-96**
11.	Tom Quinn	East Dunbartonshire HSCP Staff Partnership Draft Forum minutes of 26th March 2018	**97-104**
12.	Paolo Mazzoncini	East Dunbartonshire HSCP Professional Advisory Group minutes of 20th December 2017	**105-110**
13.	Jean Campbell	East Dunbartonshire HSCP Audit Committee Group Minutes of 21st February 2018	**111-116**
14.	Jean Campbell	Register of Interests forms August 2018 to July 2019.	**117-122**
STRATEGIC ITEMS			
15.	Jean Campbell	Annual Business Plan 2018/19	**123-130**
16.	Jean Campbell	Assistive Technology Strategy – 2018 – 2023	**131-146**
17.	Lisa Williams	Update on Primary Care Development Plan	**Verbal**
18.	Caroline Sinclair	East Dunbartonshire Adult Learning Disability Strategy 2018-23	**147-182**
19.	Jean Campbell	East Dunbartonshire Health and Social Care Property Strategy	**183-192**
FUTURE HSCP BOARD AGENDA ITEMS			
20.	Susan Manion	HSCP Schedule of Topics/Business Plan	**193**
		Date (s) of next meeting **28TH June 2018 at 9.30am in the Council Committee Room, Southbank Marina**	

Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 15 March 2018.**

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

NHSGGC Non-Executive Directors **FRASER & FORBES**

Non-Voting Members present:

S. **Manion**	Chief Officer - East Dunbartonshire HSCP
W. **Hepburn**	Chief Nurse
A. **Jamieson**	Carer Rep - Substitute
A. **McCready**	Trades Union Representative
P. **Mazzoncini**	Chief Social Work Officer and Head of Children's Services
J. **Proctor**	Carers Representative
I. **Twaddle**	Service User – Substitute Representative
L. **Williams**	Clinical Director for HSCP
J. **Campbell**	Chief Finance and Resource Officer

Ian Fraser (Chair) presiding

Also Present:

D. **Aitken**	Joint Adult Services Manager / Dep CSWO
S. **Cairney**	Head of Strategy, Planning & Health Improvement
A. **Cairns**	Service Re-design Officer
M. **Cunningham**	EDC - Corporate Governance Manager
F. **McCulloch**	Planning Performance & Quality Manager
F.P. **McLinden**	General Manager, Oral Health Lead Officer Dentistry GG&C
T. **Quinn**	Head of People & Change

APOLOGY FOR ABSENCE

An apology for absence was submitted on behalf of Ian Ritchie, Adam Bowman and Gordon Thomson.

DECLARATION OF INTEREST

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

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
15 MARCH 2018

PRESENTATION – ADULT MENTAL HEALTH – Dr Michael Smith

The Chair invited Dr Smith to address the Board. The presentation covered:-

- A Brief history of Mental Health in Glasgow
- The strategies and plans culminating in the 2017 – 2027 MH Strategy
- The 10 strategy chapters
- Emphasis on Prevention, Recovery, Unscheduled Care, Community and Inpatient Beds
- A summary of the strategic approach, and the implementation challenges

The Board heard from Dr Smith in response to questions and thereafter thanked him for an informative strategic level presentation on the transformation of Adult Mental Health Services.

1. MINUTE OF MEETING – 11 JANUARY 2018

There was submitted minute of the meeting of the HSCP Board held on 11 January 2018. The Board approved the minute.

2. CHIEF OFFICER'S REPORT

The Chief Officer addressed the Board and summarised the national and local developments in relation to the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 since the last meeting of the Partnership Board. Details included:-

- Welcome to Derrick Pearce – new Head of Community Health and Care. Caroline Sinclair – new Head of Mental Health, Learning Disabilities & Addition Services would take up post on 25th April 2018.
- Thematic Review of Adult Support & Protection Services – Inspectors report is outstanding and this will be circulated once received.
- Notification has been received of an Inspection of Joint Adult Services, which will take place in October 2018. The Chief Officer remarked this was a significant piece of work and initial preparations were being made across the HSCP.
- Integration Scheme – Revisions caused by the Carers Act 2016 had been incorporated and have now been approved by both the Council and GG&C NHS Board.
- Adverse weather – Chief Officer paid tribute to the efforts of employees across the HSCP. The efforts of employees and partner organisations ensured that normal services were maintained despite the challenging conditions, both front line and back office staff had contributed to ensure that all customers received the care and welfare they needed.

Following consideration the Board echoed their thanks to all staff and thereafter noted the Report.

3. FINANCIAL PERFORMANCE BUDGET 2017/18

The Chief Finance and Resources Officer submitted a Report, copies of which had previously been circulated, which provided the Board with an update of the financial performance of the partnership as at period 10 of 2017/18.

Following discussion and questions, the Board:-

a. Noted the performance of the budget including a projected overspend for the year as at period 10 of 2017/18.

b. Noted the position in relation to the achievement of savings identified to as part of the budget settlement to the partnership for 2017/18.

c. Noted the updated reserves position for the partnership detailed in 1.27 of the report

d. Noted the risks associated with the delivery of a balanced budget as detailed in 2.0 of the report.

4. FINANCIAL PLAN 2018 / 19 - UPDATE

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the financial planning for the partnership for 2018/19.

The Chief Finance & Resources Officer was heard in response to members' questions and agreed to circulate an Appendix of Reserves and thereafter the Board:-

a. Noted the position on the financial planning assumptions for the partnership based on the latest known position for both the Council and the NHS Board for 2018/19.

b. Approved the areas for consideration identified to date to meet the financial challenge for the HSCP Board and agreed to progress the detail of these for further consideration by the HSCP Board.

5. MINISTERIAL IMPROVEMENT OBJECTIVES

A Report by the Chief Officer, copies of which had previously been circulated, provided the HSCP's Improvement Objectives that demonstrated the progress made under integration to the Ministerial Strategic Group for Health & Social Care (MSG). HSCPs were invited to prepare and share their 2018-19 local objectives around the six indicators agreed with the MSG.

Following further consideration, the Board agreed the objectives set for 2018/19 and thereafter noted the Report.

6. FAIRER SCOTLAND DUTY

A Report by the Head of Strategy, Planning & Health Improvement, copies of which had previously been circulated, informed the HSCP Board about the introduction of 'The Fairer Scotland Duty'

Following further consideration, the Board noted the emerging legal duties; and instructed the Chief Officer to establish mechanisms to evidence actions which would be outlined in forthcoming Interim Guidance.

7. FINAL DRAFT ELIGIBILITY CRITERIA FOR ADULT AND YOUNG CARERS SUPPORT

A Report, by the Head of Criminal Justice Services / Chief Social Work Officer copies of which had previously been circulated, presented the final draft of the Eligibility Criteria for Adult and Young Carer Support for approval by the Board. This fulfils the duty placed on Integration Boards by the Regulations to set local eligibility criteria for carer support in relation to adult services and where appropriate the delegated functions relating to children's services.

The Head of Criminal Justice Services / Chief Social Work Officer was heard in response to members' questions and thereafter the Board approved the Eligibility Criteria for Adult and Young Carer Support.

8. PUBLIC SERVICE USER & CARER REPRESENTATIVE SUPPORT GROUP

A Joint Report by the Service User Representative and the Carers Representative, copies of which had previously been circulated, outlined the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUCRSG)

Following discussion, and having heard the Service User and Carer Representatives in response to questions, the Board noted the report.

9. ED HSCP – CLINICAL & CARE GOVERNANCE GROUP – 7 FEBRUARY 2018 - MINUTES

The Board noted the draft Minutes of the Clinical Care & Governance Group meeting of 7 February 2018.

11. ED HSCP STAFF PARTNERSHIP FORUM – 22 JANUARY 2018 - MINUTES

The Board noted the draft Minutes of the ED HSCP Staff Partnership Forum meeting of 22 January2018.

12. ED HSCP FINAL DRAFT STRATEGIC PLAN 2018 - 2021

A Report by the Head of Strategy, Planning & Health Improvement, copies of which had previously been circulated, presented the Final Draft Strategic Plan 2018-21 for approval. 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.

Following discussion the Board approved both the final draft of the Strategic Plan 2018-21 and the Housing Contribution Statement Annex Paper.

14. WORKFORCE & ORGANISATIONAL DEVELOPMENT PLAN

A Report by the Head of Human Resources, copies of which had previously been circulated, provided the HSCP Board with an early version of the Workforce Plan which is absent of some further guidance from Scottish Government. The Workforce and Organisational development plan provided an overview of the key priorities and challenges for the workforce as we strive to achieve the commitments in the HSCP Strategic Plan. Section 5 of the plan provided the Action Plan and Section 6 of the plan advised of the Governance arrangements for the on-going monitoring arrangements. These would be the focus of future reporting to the Board

Following further consideration the Board noted the Report.

15. DRAFT JOINT STRATEGIC HEALTH IMPROVEMENT PLAN – 2018 - 2021

A Report by the Head of Strategy, Planning & Health Improvement provided the Board with the draft Community Planning Partnership Joint Health Improvement Plan 2018/21 consultation document for comment. The Plan which had been prepared by the HSCP on behalf of the Community Planning Partners and has been widely circulated for consultation to stakeholders and partners across East Dunbartonshire. The consultation concludes on 13th April 2018.

Following further consideration the Board noted the information.

16. SELF-DIRECTED SUPPORT STRATEGY – 2018 - 2021

A Report by the Planning Performance and Quality Manager, copies of which had previously been circulated, updated the Board on the range and provisions to be delivered under the Act and the preparations underway including Local governance arrangements in place and implementation approach; Draft Local Eligibility Criteria and the management of the key risks identified.

Following further consideration the Board noted the Report.

17. ADULT MENTAL HEALTH SERVICES TRANSFORMATION

A Report by the Clinical Director, copies of which had previously been circulated, updated the Board on the local impact of the new Scottish GP contract, as a draft was agreed between Scottish Government and the BMA and published on 13 November 2017. This contract is in response to the significant pressures being experienced across GP Practices and proposes a refocusing of the GP role as the expert medical generalist, building on the core strengths and values of general practice whilst enabling the GP to do the job they trained to do and thereby improve patient care.

The Board heard from the Clinical Director who confirmed that the results of the ballot of GPs was not concluded as yet. She confirmed that if approved this would be a 3 year contract with staging of key phases - Phase 1(commencing 1 April 2018) and following a further vote Phase 2 (2019). She commented on the challenges and opportunities for GPs, the pros and cons arising from the Inverclyde pilot and the

perceived positive benefits for service users, while noting that the proposed level of funding was less than that of the pilot project.

Following further consideration the Board noted the potential impact on the delivery of HSCP services in East Dunbartonshire and thereafter noted the report.

It was noted that the Board would be updated with regard to the local arrangements to support implementation.

18. LIFE CHANGES TRUST

A Report by the Chief Social Officer / Head of Children and Criminal Justice, copies of which had previously been circulated, summarised the Draft 5 Year Strategy for Adult Mental Health Services in Greater Glasgow & Clyde

Following discussion and questions, the Board noted the information.

19. CHILDREN & FAMILIES SERVICE – ORAL HEALTH - UPDATE

The Board noted the Minutes of the Strategic Planning Group meeting of 14 November 2017

19. UPDATED MANAGEMENT ARRANGEMENTS

20. HSCP BUSINESS PLAN / SCHEDULE OF TOPICS 2017/18

A Report by the Chief Officer, copies of which had previously been circulated, outlined the operational management and governance arrangements, which were in place for all the functions delegated to the Integration Joint Board. The assurance that these were in place was required to be provided by the Chief Officer as outlined in the HSCP Integration Scheme.

Following discussion the Board noted the updated management arrangements.

21. DATE OF NEXT MEETING – 10 MAY 2018

The HSCP Board noted that the next meeting would be held on Thursday 10 May 2018 in the Council Chambers.

Future dates were also provided as under:-

28th June 2018

Session 2018 / 19
6 September 2018
15 November 2018

The Board noted that Seminars would be held on 10 May18 - commencing at 9am before the main agenda business.

functions delegated to the Integration Joint Board. The Chief Officer as required by the HSCP Integration Scheme provided the assurance that these were in place.

Following discussion the Board noted the updated management arrangements.

19. HSCP BUSINESS PLAN / SCHEDULE OF TOPICS 2017/18

The Chief Officer provided an updated schedule of topics for HSCP Board meetings 2017/18.

Following consideration, the Board noted the information

20. DATE OF NEXT MEETING – 10 MAY 2018

The HSCP Board noted that the next meeting would be held on Thursday 10 May 2018 in the Council Chambers.

Future dates were also provided as under:-

28th June 2018

Session 2018 / 19
6 September 2018
15 November 2018

The Board noted that a Seminar would be held on 10 May18 - commencing at 9am before the main agenda business.

Chief Officer
Susan Manion

Agenda Item Number: 6

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 2018
Subject Title	Review of the HSCP Winter Plan 2017-18
Report By	Derrick Pearce Head of Community Health & Care Services
Contact Officer	Fiona McCulloch, Planning Performance & Quality Manager

Purpose of Report	To present the **Review of the HSCP Winter Plan 2017-18** to the HSCP Board. During the winter period, service activity increased across the whole system, as did delayed discharges. The HSCP monitored and responded to these increases. A thematic analysis is being undertaken to identify learning which can be applied to future planning. In addition, severe weather tested the implementation of the operational response to the winter planning process and teams worked well to ensure the continuation of services. Five key priorities which will be taken forward by the HSCP for 2018/19 winter planning are summarised in the final section of the document. This review has been submitted for collation with NHS GG&C Acute service's and the other HSCPs' reviews before being submitted to the Scottish Government.

Recommendations	The Partnership Board is asked to: a) Note the content of the Review of the Winter Plan

Relevance to HSCP Board Strategic Plan	The Winter Plan is part of a suite of Business Continuity plans that ensure the continued safe delivery of HSCP services to vulnerable service users.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

Health & Social Care: Local Review of Winter 2017/18

NHS Board, HSCP/s	East Dunbartonshire HSCP	Winter Planning Executive Lead	Fiona McCulloch fiona.mcculloch@ggc.scot.nhs.uk

Introduction

Last year we asked for local winter reviews to be shared with the Scottish Government. This was a beneficial exercise which helped to identify key pressures and performance, which fed into the 'National Health & Social Care: Winter in Scotland 2016/17 Report'. The lessons learned and key priorities for improvement were also used to help develop the 'Preparing for Winter 2017/18 Guidance' - http://www.sehd.scot.nhs.uk/dl/DL(2017)19.pdf

To continue to improve winter planning across Health & Social Care we are asking local systems to lodge a draft of their winter review for 2017/18 with the Scottish Government to support winter planning preparations for 2018/19. Local reviews should have senior joint sign-off reflecting local governance arrangements.

We expect this year's review to include:

- the named executive leading on winter across the local system
- key learning points and future recommendations / planned actions
- top 5 local priorities that you intend to address in the 2018/19 winter planning process
- comments on the effectiveness of the wider winter planning process and suggestions as to how we can continuously improve this process. We are particularly keen to hear the views of Health & Social Care Partnerships.

Completed reviews should be sent to **Winter_Planning_Team_Mailbox@gov.scot** by no later than close of play on **Friday 20 April.**

Thank you for your continuing support.

Alan Hunter
Director for Health Performance & Delivery

Geoff Huggins
Director for Health & Social Care Integration

1	**Business continuity plans tested with partners.** *Outcome:* *The local system has fully tested business continuity management arrangements / plans in place to manage and mitigate against key disruptive risks including the impact of severe weather.* *Local indicator(s):* *progress against any actions from the testing of business continuity plans.*

1.1	What went well?

All Departmental Business Continuity Plans routinely reviewed at the start of the winter planning period.

The severe weather tested the implementation of the operational response to the winter planning process. Teams demonstrated resilience and worked well together.

1.2	What could have gone better?

A detailed debriefing exercise will be undertaken to review all decisions and actions taken during the period of severe weather, and identify improvements that could be made. .

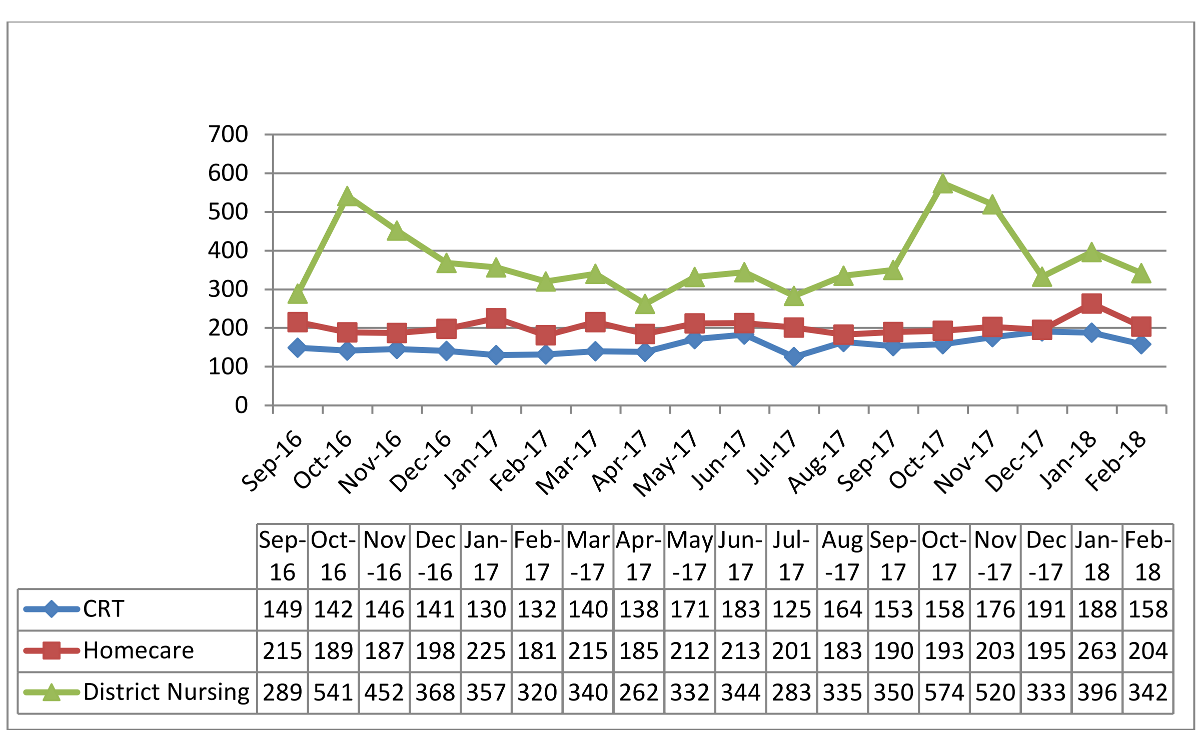
1.3	Key lessons / Actions planned

Lessons learned from review will be used to inform the 2018/19 Winter Plan.

2	**Escalation plans tested with partners.**
	Outcome: *Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.* *Local indicator(s):* • *attendance profile by day of week and time of day managed against available capacity* • *locally identified indicators of pressure (i.e.) % occupancy of ED, utilisation of trolley/cubicle, % of patients waiting for admission over 2, 4 hours* • *all indicators should be locally agreed and monitored.*

2.1	**What went well?**

Referrals to community services were monitored during the winter period. It was noted that referrals to Home Care, Rapid Response, DNs and CRT all increased in December, compared to the previous year. Increased activity was absorbed within existing resources.



	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
CRT	149	142	146	141	130	132	140	138	171	183	125	164	153	158	176	191	188	158
Homecare	215	189	187	198	225	181	215	185	212	213	201	183	190	193	203	195	263	204
District Nursing	289	541	452	368	357	320	340	262	332	344	283	335	350	574	520	333	396	342

(Please note, the DN Figures include home influenza vaccinations which are mostly undertaken in Oct/Nov)

2.2 What could have gone better?

2.3 Key lessons / Actions planned

Establish system to capture main reasons for increase in activity in order to inform future planning, and resourcing.

3	**Safe & effective admission / discharge continues in the lead-up to and over the festive period and also in to January.**
	Outcomes: • *Emergency and elective patients are safely and effectively admitted and discharged over the Christmas - New Year holiday period.* • *The numbers of patients receiving elective treatment reduces and the risk of boarding medical patients in surgical wards is minimised.* • *Patients do not have unnecessary stays in hospital; hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.* *Local indicator(s):* • *daily and cumulative balance of admissions / discharges over the festive period* • *levels of boarding medical patients in surgical wards* • *delayed discharge* • *community hospital bed occupancy* • *number of Social Work assessments including variances from planned levels.*

3.1 What went well?

91 referrals were received through Hospital Discharge Team over the months of December 17- January 18. (This compares to 45 over the same periods in 2016/17).
15 patients were discharged into intermediate care and complex palliative care.
39 patients were discharged safely from hospital

Weekly Delayed Discharge meetings enabled patients to be timeously discharged.

3.2 What could have gone better?

3.3 Key lessons / Actions planned

Thematic analysis of reasons for delayed discharge is being undertaken, along side trends analysis to ascertain any learning which can be applied to future planning. Reminders around early referral for assessment and continued development of robust discharge planning is ongoing.

4	**Strategies for additional surge capacity across Health & Social Care Services**
	Outcomes: • *The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised.* • *The staffing plans for additional surge capacity across health and social care services is agreed in October.* • *The planned dates for the introduction of additional acute, OOH, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment.* *Local indicator(s):* • *planned additional capacity and planned dates of introduction* • *planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds;* • *planned number of additional intermediate beds in the community and the planned date of introduction of these beds;* • *levels of boarding.* • *planned number of extra care packages* • *planned number of extra home night sitting services* • *OOH capacity* • *planned number of extra next day GP and hospital appointments*

4.1 What went well?

Each service reviewed their departmental business continuity plan at the start of the winter planning period to ensure they were prepared for events including surge capacity.

4.2 What could have gone better?

4.3 Key lessons / Actions planned

5	**Whole system activity plans for winter: post-festive surge / respiratory pathway.** *Outcomes:* • *The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. Hospital models will include flows between front doors, receiving units, and downstream wards.* • *Monthly Unscheduled Care Meetings of hospital triumvirate, including IJB Partnerships and SAS (clinical and non-clinical) colleagues.* *Local indicator(s):* • *daily number of cancelled elective procedures;* • *daily number of elective and emergency admissions and discharges;* • *number of respiratory admissions and variation from plan.*

5.1 What went well?

Regular data received from Acute services facilitated good while system working.

5.2 What could have gone better?

Further development and utilisation of Anticipatory Care Plans and the Emergency Care Summary.

5.3 Key lessons / Actions planned

An improved understanding of the HSCP contribution to Acute pressures to assist in the development of more evidence based planning and actions.

6	Effective analysis to plan for and monitor winter capacity, activity, pressures and performance
	Outcome: • *NHS Boards have, and use, a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.* *Local indicator(s):* • *Agreed and resourced analytical plans for winter analysis.* • *Use of System Watch*

6.1 What went well?

Planned availability of 4x4 vehicles put into action during severe weather to ensure vulnerable patients in the community could be accessed. Embedding mechanisms that identify vulnerable and at risk patients.

6.2 What could have gone better?

More staff being insured to drive 4x4 vehicles so they can be used more effectively.

6.3 Key lessons / Actions planned

A severe weather debrief session has been arranged to consider key lessons learned and planning for improved actions.

7 Workforce capacity plans & rotas for winter / festive period agreed by October.

Outcomes:

- *Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective health and social care. This should encompass all relevant health and social care services.*
- *Maintain discharges at normal levels over the two 4 day festive holiday periods.*
- *Right level of senior clinical decision makers available over the two 4 day festive holiday periods.*

Local indicator(s):

- *workforce capacity plans & rotas for winter / festive period agreed by October;*
- *effective local escalation of any deviation from plan and actions to address these;*
- *extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements;*
- *number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges.*

7.1 What went well?

All service leads provided assurance that staff rotas were completed and there was appropriate staff coverage over the festive period, including post holiday.

7.2 What could have gone better?

7.3 Key lessons / Actions planned

8	Discharges at weekends & bank holidays
	Outcome: • *Patients are discharged at weekends and bank holidays to avoid unnecessary stays in hospital and to improve flow.* • *Robust planning and decision making midweek to support discharges for patients over a public holiday weekend for example Immediate Discharge Letters (IDLs), Pharmacy Scripts, Transport and Equipment to minimise delays.* *Local indicator(s):* • *% of discharges that are criteria led on weekend and bank holidays;* • *daily number of elective and emergency admissions and discharges* • *discharge lounge utilisation*

8.1 What went well?

Single point of access to Home Care and DNs at weekends

8.2 What could have gone better?

8.3 Key lessons / Actions planned

9	**The risk of patients being delayed on their pathway is minimised.**
	Outcomes: • *Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream speciality wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge.* • *Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer.* • *Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.* *Local indicator(s):* • *distributions of attendances / admissions;* • *distribution of time to assessment;* • *distribution of time between decision to transfer/discharge and actual time;* • *% of discharges before noon;* • *% of discharges through discharge lounge;* • *% of discharges that are criteria led;* • *levels of boarding medical patients in surgical wards.*

9.1 What went well?

Intermediate Care unit supported the prevention of delays

9.2 What could have gone better?

Delayed discharges rose during festive period

9.3 Key lessons / Actions planned

Delayed discharges are being analysed for themes and lessons learned to inform the next winter plan.

10 Communication plans

Outcomes:

- *The public and patients are kept informed of winter pressures, their impact on services and the actions being taken.*
- *Effective local and national winter campaigns to support patients over the winter period are in place.*
- *Staff are engaged and have increased awareness of the importance of working to discharge patients over the two 4 day festive holiday periods.*

Local indicator(s) :

- *daily record of communications activity;*
- *early and wide promotion of winter plan*

10.1 What went well?

The HSCP Information Officer assisted in the organisation and delivery of public winter awareness events at various locations across East Dunbartonshire with partner agencies. Key messages for staff were provided through Our News bulletins.

Key messages for public included:

- Medicines management
- Know Who to Turn To
- Preventing falls

10.2 What could have gone better?

10.3 Key lessons / Actions planned

Public awareness events are well received by the community and are held annually.

11 Preparing effectively for norovirus.

Outcome:

- *The risk of norovirus outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17).*

Local indicator(s):

- *number of wards closed to norovirus;*
- *application of HPS norovirus guidance.*

11.1 What went well?

Local care homes received the national norovirus guidance

11.2 What could have gone better?

11.3 Key lessons / Actions planned

12 Delivering seasonal flu vaccination to public and staff.

Outcome:

- *CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance.*

Local indicator(s):

- *% uptake for those aged 65+ and 'at risk' groups;*
- *% uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO advice.*

12.2 What went well?

NHS employed staff vaccinations provided locally and also offered to social care staff.

12.3 What could have gone better?

Uptake of vaccinations requires to be improved.

12.4 Key lessons / Actions planned

Final data for 65+ and at risk group uptake not yet available.

13 Additional Detail

Include detail around when this review is likely to be considered by the Boards senior management team.

The information provided within this template has been collated with the templates from Acute services and the six HSCPs across GG&C to inform the final review submitted to the Board and returned to the Scottish Government.

14 Top Five Local Priorities for Winter Planning 2018/19

- Consider issues raised at local Severe Weather Debriefing Session in May and agree actions for improvement.
- Through the weekly HSCP Delayed Discharge Group, track reasons for delayed discharges to identify trends emerging themes that may inform future planning and actions.
- Continue to implement priority actions to reduce unscheduled admissions.
- Promote and improve uptake of influenza vaccinations by older people, at-risk groups, and HSCP staff.
- Continue to work with Acute services through the Whole System Planning and the Unscheduled Care Groups to jointly plan for winter 2018/19

15 Views on Wider Winter Planning Process & Suggestions for Improvement

HSCP represented at national events where Winter Planning issues are discussed and lessons learned are shared. However, there could be an improved focus on required processes that enable community and acute services to prevent unscheduled admissions at the Acute / Community interface.

Chief Officer
Susan Manion

Agenda Item Number: 7

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 2018
Subject Title	Quarter 3 Performance Report 2017-18
Report By	Jean Campbell Chief Finance and Resources Officer
Contact Officer	Fiona McCulloch, Planning, Performance & Quality Manager

Purpose of Report	The purpose of this report is to inform the Board of for progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period October - December 2017 (Quarter 3).

Recommendations	It is recommended that the Health & Social Care Partnership Board: Notes the content of the Quarter 3 Performance Report

Relevance to HSCP Board Strategic Plan	The quarterly performance report contributes to the ongoing requirement for the Board to provide scrutiny to the HSCP performance against the Strategic Plan priorities.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	The Integration Joint Board's performance framework will include performance indicators previously reported to the Council.

Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework will include performance indicators previously reported to the Health Board

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

QUARTER 3 2017/18 PERFORMANCE REPORT

SECTION 1
Introduction

1.1 Introduction

This HSCP Quarterly Performance Report provides an agreed suite of measures that report on the progress of the priorities set out in the Strategic Plan. Information is reported from national and local NHS sources and East Dunbartonshire Council sources to provide the most up to date information available. For clarity and ease of access, the data are set out in defined sections in accordance with where the data are sourced and reported. However, all the indicators set out in Sections 3-5 are inter-dependant, for example, good performance in social care targets contribute to improved performance in the health and social care targets.

Each indicator is reported individually. Charts and tables are provided to display targets, trend data, and where available, improvement trajectories. A situational analysis is provided to describe activity over the reporting period, and improvement actions are provided for all indicators that are below target.

The sections contained within this report are as listed and described below.

Section 2 Performance summary
This section provides a summary of status of all the performance indicators provided in this report by indicating which indicators have improved and which have declined.

Section 3 Health & Social Care Delivery Plan
The data for unscheduled acute care is historical and work is ongoing at a national level to report more recent information. This report provides the latest available data for those indicators identified as a priority nationally.

Section 4 Social Care Core Indicators
This is the updated report of the Social Care core dataset, provided by EDC Corporate Performance & Research team.

Section 5 NHS Local Delivery Plan (LDP) Indicators
LDP Standards refer to a suit of targets which are set annually by the Scottish Government, and which define performance levels which all Health Boards are expected to either sustain or improve.

Section 6 Children’s Services Performance
This is the updated report of Children’s Services performance, provided by EDC Corporate Performance & Research team.

Section 7 Criminal Justice Performance
This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8 Corporate Performance
This is the updated report on the monitoring of workforce sickness / absence, Knowledge & Skills Framework (KSF), Personal Development Plan (PDP) & Personal Development Reviews (PDR).

SECTION 2
Performance Summary

- Positive Performance (on target) improving (9 measures)
- Positive Performance (on target) declining (3 measures)
- Negative Performance (below target) improving (3 measures)
- Negative Performance (below target) declining (9 measures)

Positive Performance (on target & improving)

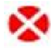
Ref.	
3.2	Number of unscheduled hospital bed days; acute specialities
4.1	The number of homecare hours per 1,000 population aged 65+
4.3	Percentage of service users 65+ meeting the target of 6 weeks from completion of community care assessment to service delivery
4.4	Number of people 75+ with a telecare package
5.2	Percentage of patients who started Psychological Therapies treatment within 18 weeks of referral
6.1	Percentage of Child Care Integrated Assessments (ICA) for Scottish Children Reported Administration (SCRA) completed within target timescales (20 days)
6.3	Percentage of first Child Protection review conferences taking place within 3 months of registration
6.5	Percentage of first Looked After & Accommodated (LAAC) reviews taking place within 4 weeks of the child being accommodated
6.6	Percentage of Children receiving 27/30 month Assessment

Positive Performance (on target but declining) is reported in

Ref.	
3.1	Number of Emergency Admissions
4.2	Percentage of people 65 or over with intensive needs receiving care at home
7.2	Percentage of CJSW submitted to Court by due date

Negative Performance (below target but maintaining/improving)

Ref.	
4.6	Number of people aged 65+ in permanent care home placements
4.7	Percentage of Adult Protection cases where the required timescales have been met
5.3	Percentage of people newly diagnosed with dementia accessing a minimum of one year's post-diagnostic support



Negative Performance (below target and declining)

Ref.	
3.3	Delayed Discharge bed days
4.5	Number of new permanent admissions to care homes 65+
5.1	Percentage of clients waiting no longer than 3 weeks from referral to drug or alcohol treatment
5.4	Number of alcohol brief interventions delivered
5.5	Smoking quits at 12 week post quit, 40% most deprived
5.6	18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services
6.2	Percentage of Initial Child Protection Case Conferences taking place within 21 days of referral
6.4	Balance of care for Looked After Children: Percentage of children being looked after in the community
7.1	Percentage of individuals beginning a work placement within 7 days

SECTION 3
Health & Social Care Delivery Plan

The following targets relate to unscheduled acute care and focus on areas for which the HSCP has devolved responsibility. They are part of a suite of indicators set by the Scottish Government, and all HSCPs were invited to set out local objectives for each of the indicators. They are reported to and reviewed quarterly by the Scottish Government Ministerial Steering Group for Health & Community Care (MSG) so that the Group can monitor the impact of integration.

3.1 Number of emergency admissions
3.2 Number of unscheduled hospital bed days; acute specialities
3.3 Delayed Discharge bed days

3.1 Number of Emergency Admissions

Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting.

Figure 3.1 Rolling year trend in number of Unplanned Acute Emergency Admissions

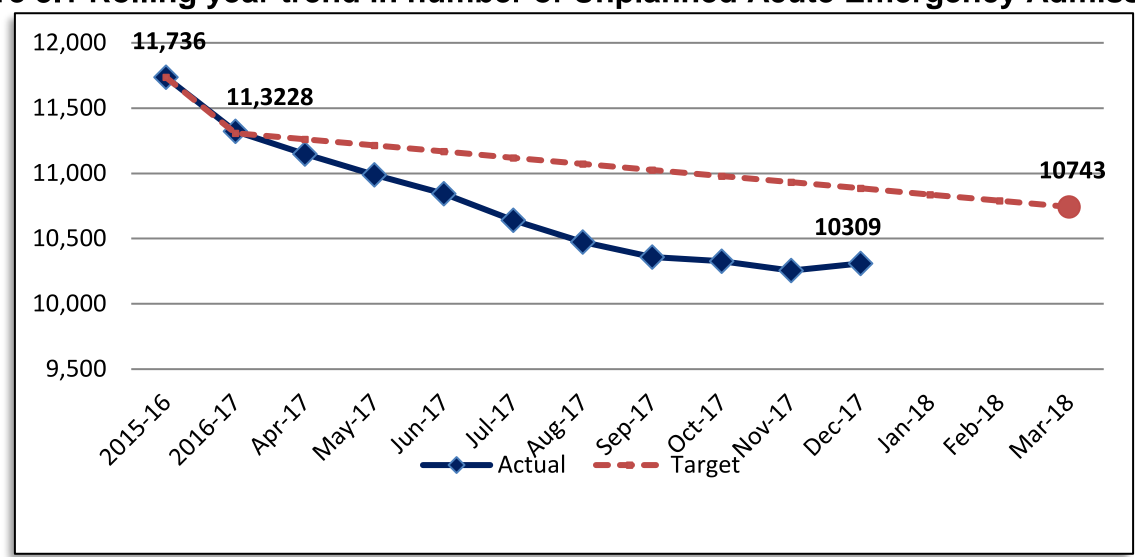


Table 3.1 Quarterly number of Unplanned Acute Emergency Admissions

Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Target (quarter)
2,547	2,537	2,528	2,697	2,698

Situational Analysis: The number of people being admitted unexpectedly to hospital is a key indicator of how we are doing to maintain people in their own homes. It is also, however, an indicator of the complexity of cases being managed in the community as evidence suggests the vast majority of unplanned admissions for East Dunbartonshire residents are clinically necessary. There has been a slight increase in Unplanned Emergency Admissions in the reported quarter. Performance is, however, still below our target level for the rolling year and for this quarter – demonstrating a significant improvement on last year.

Improvement Actions: We continue to deliver the full suite of community services

designed to support people to live independently in their community, particularly those who have a disability or long term condition. Programmes to support people to self manage conditions such as diabetes and COPD will continue to be expanded. We will increase our focus on ensuring people have Anticipatory Care Plans which can be communicated to secondary care services via the Emergency Care Summary so that necessary information to avoid admission and facilitate a speedy return home is readily available.

3.2 Number of unscheduled hospital bed days; acute specialities

Rationale: Unscheduled hospital bed days are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting.

Figure 3.2 Rolling year trend in number of Unscheduled Hospital Bed Days

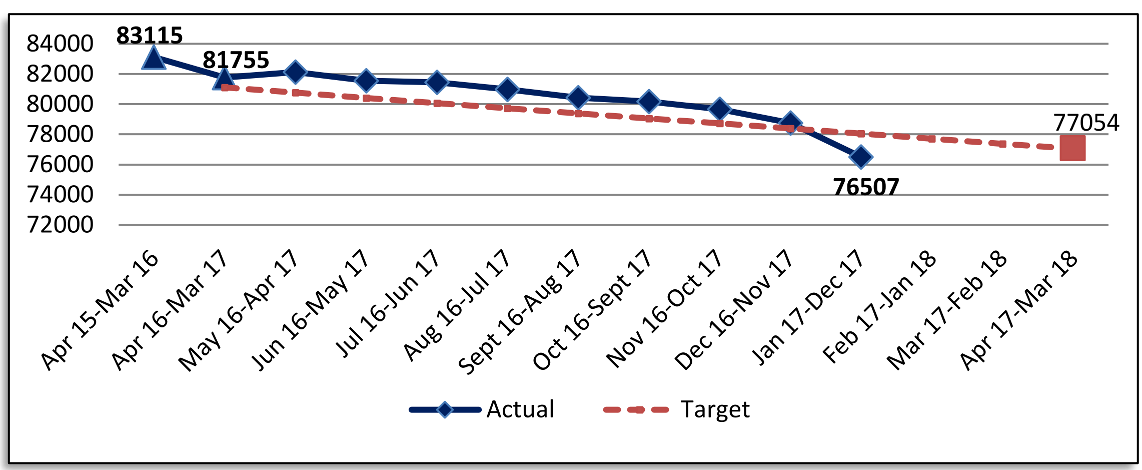


Table 3.2 Quarterly number of Unscheduled Hospital Bed Days

Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Target (quarter)
20,876	20,363	19,129	16,139	18,586

Situational Analysis: This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. There was a significant drop in bed days occupied by East Dunbartonshire residents at the reported quarter, well below our target level. This is largely due to the speed in which patients have been treated by secondary care, but also due to how rapidly community services have been able to respond with input to enable the patient to return home. This indicator relates to patients of all ages, however, so some will have returned home with no service input.

Improvement Actions: Our focus will remain on preventing admissions where possible so that any unnecessary accrual of bed days is avoided. Where patients are admitted unexpectedly, we will continue to support speedy discharge, whenever possible, via the delivery of robust community responses. We have processes in place to rapidly assess patent needs at home and ensure services are put in place or packages of care re-started promptly.

3.3 Delayed Discharge bed days

Rationale: People who are ready for discharge will not remain in hospital unnecessarily

Figure 3.3 Rolling year trend in number of Delayed Discharge Bed Days

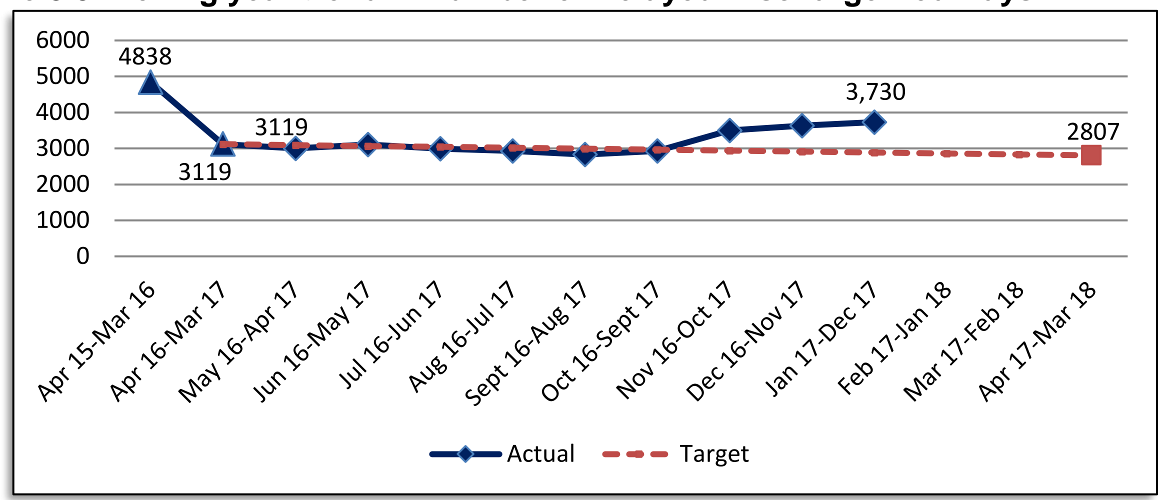


Table 3.3 Quarterly number of Delayed Discharge Bed Days

Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Target (quarter)
751	690	653	1,039	702

Situational Analysis: In the last reported quarter and in the rolling year our level of delayed discharges had increased, and is above our target level. This is not a desirable position. We, in common with the whole system, have experienced a prolonged and challenging period of increased activity due to poor weather and seasonal illness. This has significantly impacted on our ability to move patients through the system as quickly as desired. In addition a number of patients have presented with complex situations which take longer to resolve; such as incapacity and end of life care need which require to be met in an inpatient or residential settling for which there has been limited availability.

Improvement Actions: Efforts continue to ensure early referral of patients who are nearing fitness for discharge to our Hospital Assessment Team so that the process of discharge can start promptly. We are working with neighbouring partnerships to ensure fair and equitable use of continuation care bed provision. We are reviewing our use of intermediate care beds, particularly in relation to how patients move through that provision, and scoping the potential for intermediate care at home.

SECTION 4
Social Care Core Indicators

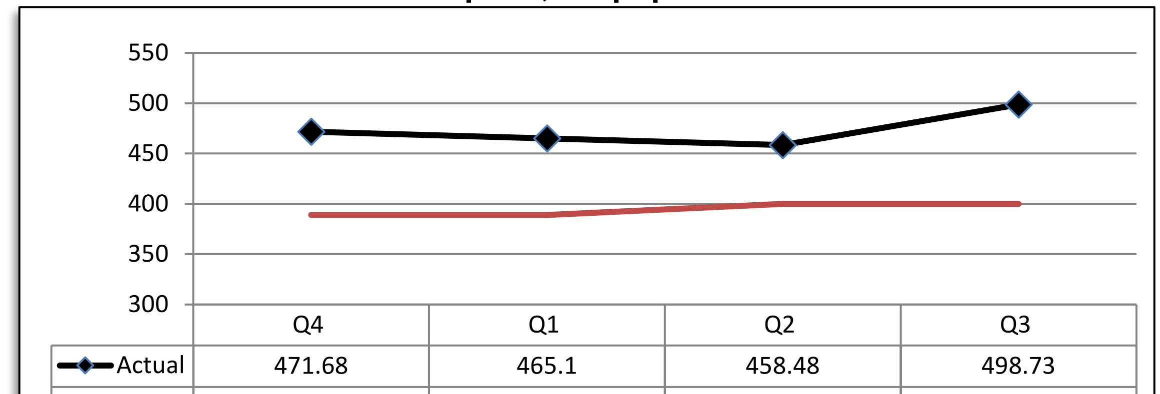
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in Health and Social Care Delivery Plan and HSCP Unscheduled Care Plan.

- **4.1** The number of homecare hours per 1,000 population aged 65+
- **4.2** Percentage of people 65 or over with intensive needs receiving care at home
- **4.3** Percentage of cases (service users over 65+) meeting the target of 6 weeks from completion of community care assessment to service delivery
- **4.4** Number of people 75+ with a telecare package
- **4.5** Number of new permanent admissions to care homes for 65+
- **4.6** Number of people in permanent care home placements
- **4.7** Percentage of Adult Protection cases where the required timescales have been met

4.1 The number of homecare hours per 1,000 population aged 65+

Rationale: Key indicator required by Scottish Government to assist in the measurement of Balance of Care.

Figure 4.1 No. of homecare hours per 1,000 population 65+



	Q4	Q1	Q2	Q3
Actual	471.68	465.1	458.48	498.73
Target	389	389	400	400

Situational Analysis: The number of homecare hours per 1000 population over 65 have increased again in quarter 3 to the highest level this year, following a dip in Quarter 2. The hours include hours from internal homecare services or those commissioned from external providers by the homecare service. It also includes hours of care at home supplied through supported living services. It does not include homecare services supplied through SDS option 1 direct payments following the guidance of the annual Social Care return.

Improvement Actions: Performance has shown to be continuing in a positive trend through this quarter and remains above target. We will continue to keep a focus on homecare as cornerstone service enabling people to remain safely living in their own homes and communities, and avoiding hospital or long term care admissions.

4.2 Percentage of people 65 or over with intensive needs receiving care at home

Rationale: It is a priority to ensure that home care and support for people is available, particularly those with high levels of care needs. As the population ages, and the number of people with complex care needs increases, the need to provide appropriate care and support becomes even more important.

Figure 4.2 Percentage of people with intensive needs receiving care at home

	Q4	Q1	Q2	Q3
Actual (%)	38.4%	38.2%	39.05%	37.6%
Target	32%	32%	35%	35%

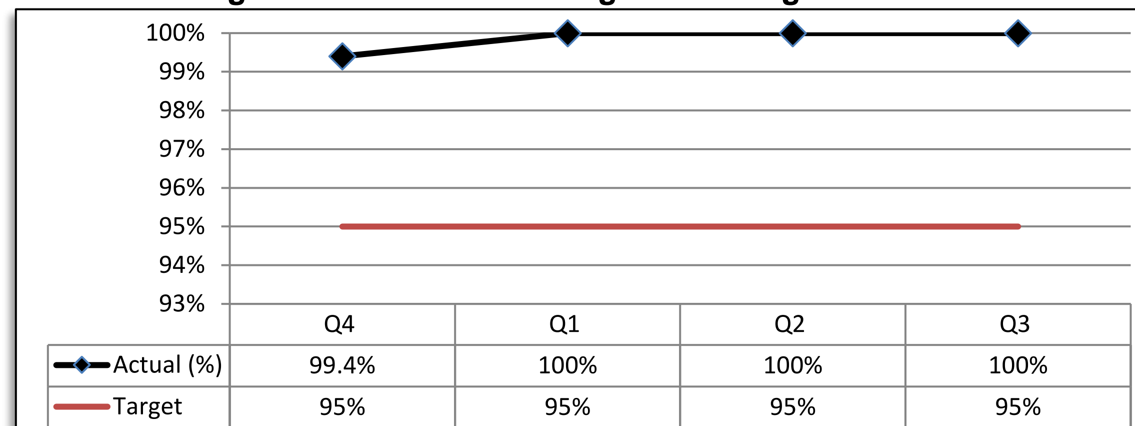
Situational Analysis: The indicator measures service users receiving 10 or more hours of homecare input per week. Our current homecare policy of reablement aims to reduce the number of hours that a user requires. The data presented for this indicator refers to mainstream homecare and does not include hours of homecare from supported living services. There has been a slight dip in this quarter in the performance but it remains above target.

Improvement Actions: We will continue to maximise intensive packages to support people at home. We will assess and monitor the impact on homecare service following changes in relation to service provision in the area of complex and continuing care, which is likely to result in increased demand for homecare particularly in respect of complexity following hospital discharge.

4.3 Percentage of service users 65+ meeting the target of 6 weeks from completion of community care assessment to service delivery

Rationale Local authorities have a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. Operating within target timescales encourages efficiency and minimises delays for service-users.

Figure 4.3 Percentage of service 65+ meeting 6 week target



	Q4	Q1	Q2	Q3
Actual (%)	99.4%	100%	100%	100%
Target	95%	95%	95%	95%

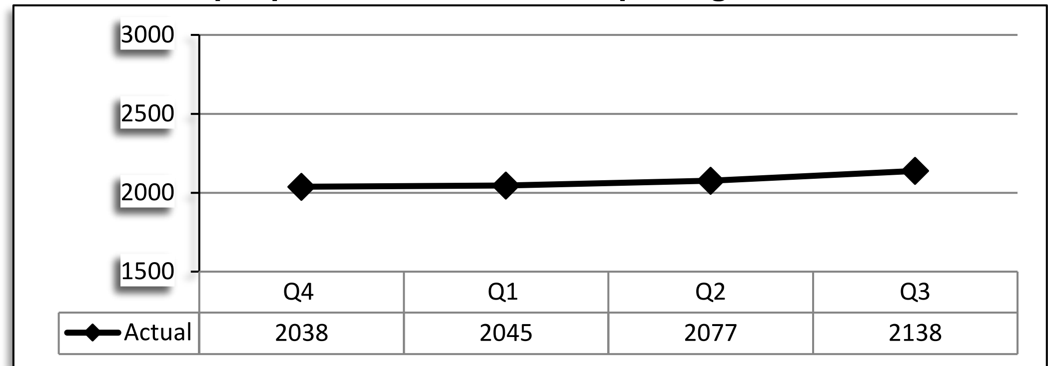
Situational Analysis: This indicator is reported to the Scottish Government for one quarter each year. The data depict our performance in relation to the Government target of 6 weeks from identification of need for service to delivery of first personal care service. The majority of this activity is delivered through homecare services. Performance continues to be strong in this area. East Dunbartonshire HSCP Homecare Services provide a 2 hour service response from hospital setting.

Improvement Action: Maintain current performance which sits above target.

4.4 Number of people 75+ with a telecare package

Rationale: Innovative approaches such as telecare, uses new technology helping people to remain at home and live as independently as possible.

Figure 4.4 Number of people 75+ with a telecare package



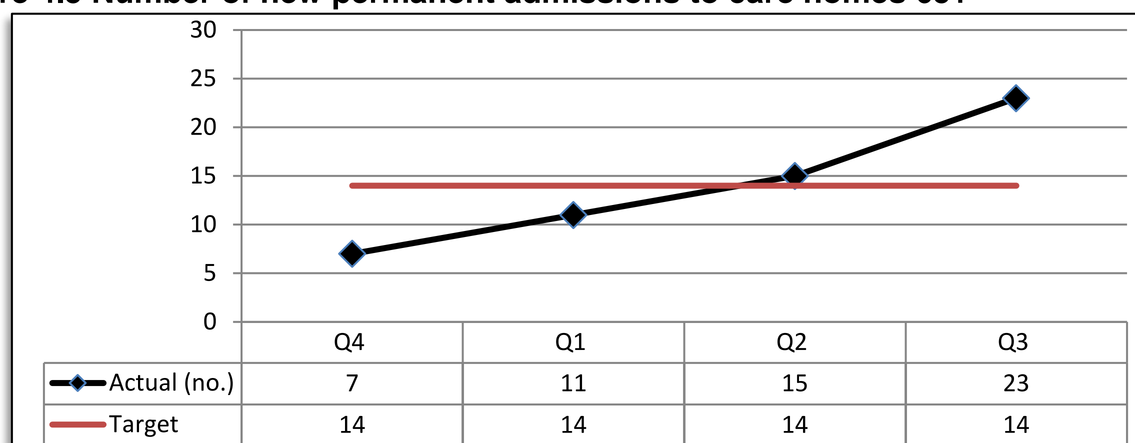
Situational Analysis: There has been an invigoration within the workforce and stakeholders in relation to Assistive Technology over the last 2 quarters resulting in improved performance. Consultation on the updated Assistive Technology Strategy 2018 - 2023 has been undertaken. We have increased our utilisation of the Assisted Living Show Flat to enhance service users and their families knowledge of technology that is available.

Improvement Actions: We will submit the Assistive Technology Strategy 2018-2023 to the Health and Social Care Partnership board in May. We will continue to support practitioners to consider the use of available technology to help service users achieve their personal outcomes. We will increase training and awareness sessions for all stakeholders.

4.5 Number of new permanent admissions to care homes for 65+

Rationale: Key Indicator required by Scottish Government. Avoiding new permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions.

Figure 4.5 Number of new permanent admissions to care homes 65+



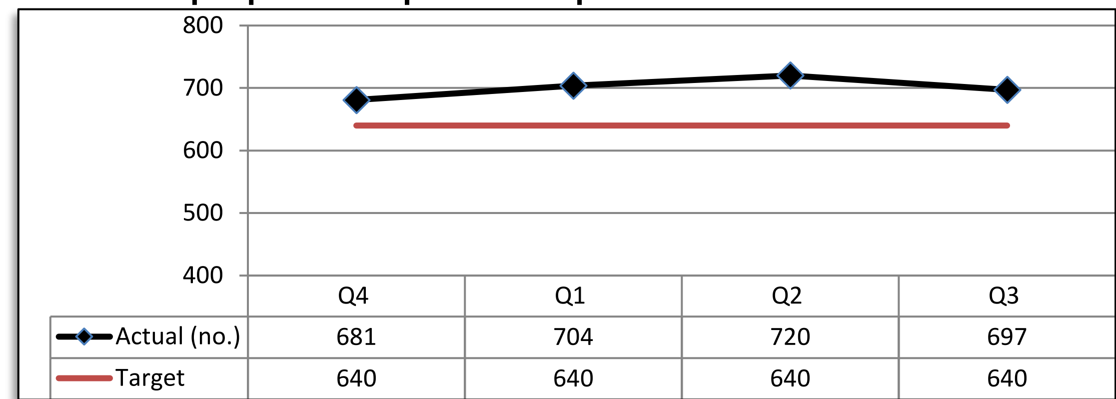
Situational Analysis: The reported data shows an increase in admissions over the quarter which can be attributed to data capture and reporting processes. A number of admissions from previous quarters are included in the quarter 3 figures. Service level intelligence in relation to the number of permanent care home places occupied shows a reduction for the same period. We anticipate that data capture and presentation will be resolved for reporting on quarter 4 of this year.

Improvement Actions: Ongoing improvement and development plan in place to improve the processing of paperwork and recording to ensure that system provided data is robust; thus ensuring good forward planning and real-time measure of activity at operational and strategic level.

4.6 Number of people aged 65+ in permanent care home placements

Rationale: Key Indicator required by Scottish Government. Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions.

Figure 4.6 No. of people 65+ in permanent placements



	Q4	Q1	Q2	Q3
Actual (no.)	681	704	720	697
Target	640	640	640	640

Situational Analysis: This indicator shows the total number of care home places occupied by East Dunbartonshire people. The issues with data capture and reporting noted in respect of 4.5 also apply to this indicator. Quarter 3 figures show an improvement in performance, which is consistent with service level intelligence. The number of care home places occupied by East Dunbartonshire people continues to fall albeit we continue to see an increase in the building of care homes in our area, suggesting an increase in net migration amongst older people as new homes are occupied by people who have moved here from elsewhere. Should these people require funded care in the future East Dunbartonshire becomes liable for this which poses a challenge for the partnership going forward.

Improvement Actions: We will continue to reduce care home placement where this is avoidable and undertake analysis on the net migration and qualify the impact. We will also continue to progress our improvement and development plan to address the processing of paperwork.

4.7 Percentage of Adult Protection cases where the required timescales have been met

Rationale: The Health & Social Care Partnership have a statutory duty to make inquiries and intervene to support and protect adults at risk of harm. It is crucial that such activities are carried out in a timely and effective fashion. This indicator measures and monitors the speed with which sequential ASP actions are taken against timescales laid out in local social work procedures.

Figure 4.7 Percentage of Adult Protection cases where timescales were met

	Q4	Q1	Q2	Q3
Actual (%)	81.5%	81.5%	87.5%	88.8%
Target	95%	95%	95%	95%

Situational Analysis: Quarter 3 figures show a modest improvement in performance compared to quarter 1. Referral numbers for this quarter are the highest recorded, being 32% higher than the previous 3 years.

Improvement Actions: An internal review of referral handling process has been undertaken, resulting in a new receiving system for police referrals and the piloting of amended recording standards for specific inquiry types. The impact of these initiatives on performance levels is expected to be more apparent in quarter 4.

SECTION 5
NHS Local Delivery Plan Indicators

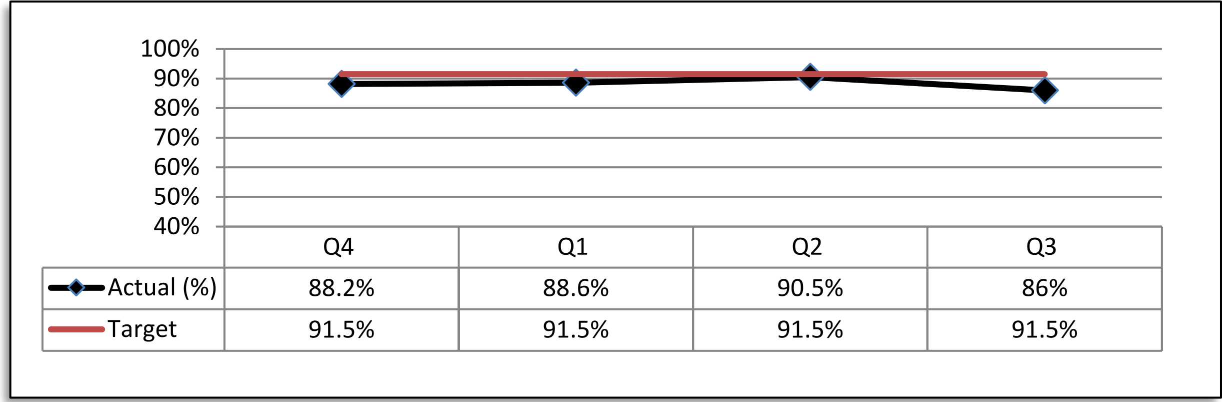
LDP Standards refer to a suit of targets which are set annually by the Scottish Government, and which define performance levels which all Health Boards are expected to either sustain or improve. The HSCP has devolved responsibility for a number of the LDP Standards, namely:

- **5.1** Drugs & Alcohol Treatment Waiting Times
- **5.2** Psychological Therapies Waiting Times
- **5.3** Dementia Post Diagnostic Support
- **5.4** Alcohol Brief Interventions
- **5.5** Smoking Cessation
- **5.6** CAMHS

5.1 Percentage of clients waiting no longer than 3 weeks from referral to drug or alcohol treatment

Rationale: Those with a drug or alcohol problem should wait no more than three weeks from referral to receiving appropriate treatment that supports their recovery. The target is 91.5% receive treatment within the timescale.

Figure 5.1 Waiting times - Drug & Alcohol Treatment



	Q4	Q1	Q2	Q3
Actual (%)	88.2%	88.6%	90.5%	86%
Target	91.5%	91.5%	91.5%	91.5%

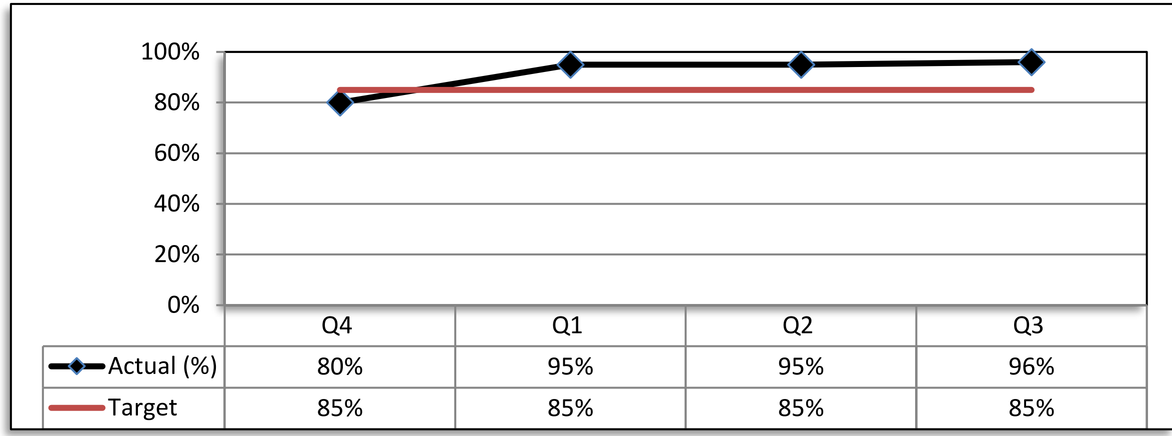
Situational Analysis: Performance is under target due to staffing pressures which have reduced team capacity. Also, a new recording system was implemented in Nov 2017 which impacted on the accuracy of recording of data during these early stages.

Improvement Actions: The EDADS team is undergoing a redesign of referral allocations to improve waiting times. Staffing issues are currently being addressed and should be resolved during coming quarter. Recording accuracy should improve to ensure accurate reporting of waiting times.

5.2 Percentage of patients who started Psychological Therapies treatment within 18 weeks of referral

Rationale: This target supports the Scottish Government's commitment that a patient will not have to wait any longer than 18 weeks from GP referral to the start of their treatment, and includes psychological services

Figure 5.2 Waiting times - Psychological Therapies



	Q4	Q1	Q2	Q3
Actual (%)	80%	95%	95%	96%
Target	85%	85%	85%	85%

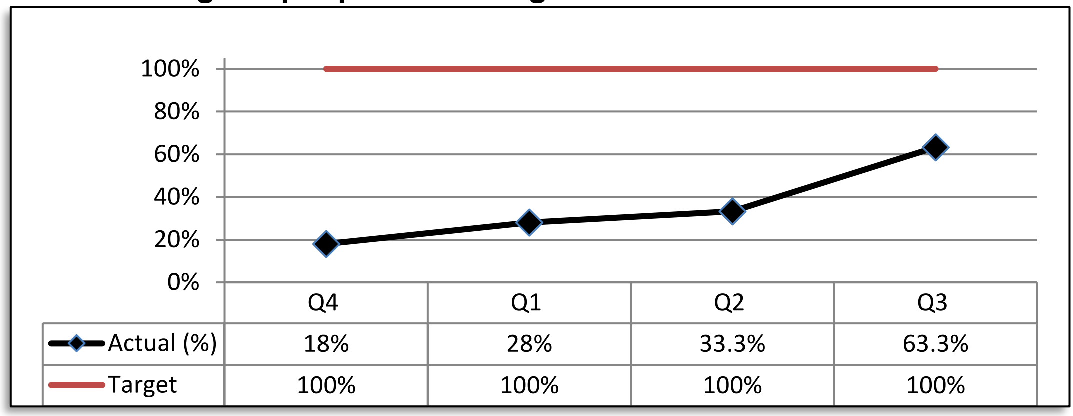
Situational Analysis: Performance remains above target and continues to be monitored on a regular basis so that any potential issues came be quickly identified and actioned.

Improvement Action: Maintain good performance against target.

5.3 Percentage of people newly diagnosed with dementia accessing a minimum of one year's post-diagnostic support

Rationale: The Scottish Government made a commitment to improving post-diagnostic support (PDS) for those who received a diagnosis of dementia.

Figure 5.3 Percentage of people accessing PDS



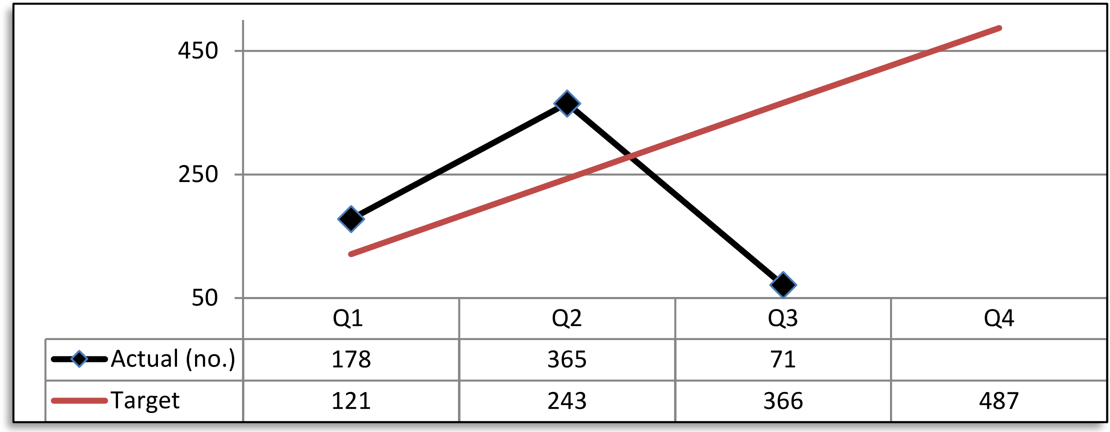
Situational Analysis: Service had been experiencing significant resource pressures due to delays in recruitment and requirement to reassign current caseloads. Staffing pressures have been resolved and they are now able to appoint new patients hence improvement in uptake. Current waiting times are around 4 weeks from referral to being offered an appointment. Pressures will continue within the service as new Dementia Strategy for Scotland 2017-2020 has extended this guarantee for as long as required or until a point when more intensive care coordination.

Improvement Action: Review current delivery model to improve sustainability and continued robust caseload management. Working with information services to cleanse data and ensure accurate reporting for East Dunbartonshire.

5.4 Number of alcohol brief interventions delivered

Rationale: NHS Boards and their Alcohol and Drug Partnership (ADP) partners have embedded and sustained alcohol brief interventions in a variety of settings including primary care, A&E, antenatal, to identify and support those whose alcohol intake is above recommended limits, and offer support to reduce their intake.

Figure 5.4 No. of ABIs delivered (cumulative)



	Q1	Q2	Q3	Q4
Actual (no.)	178	365	71	
Target	121	243	366	487

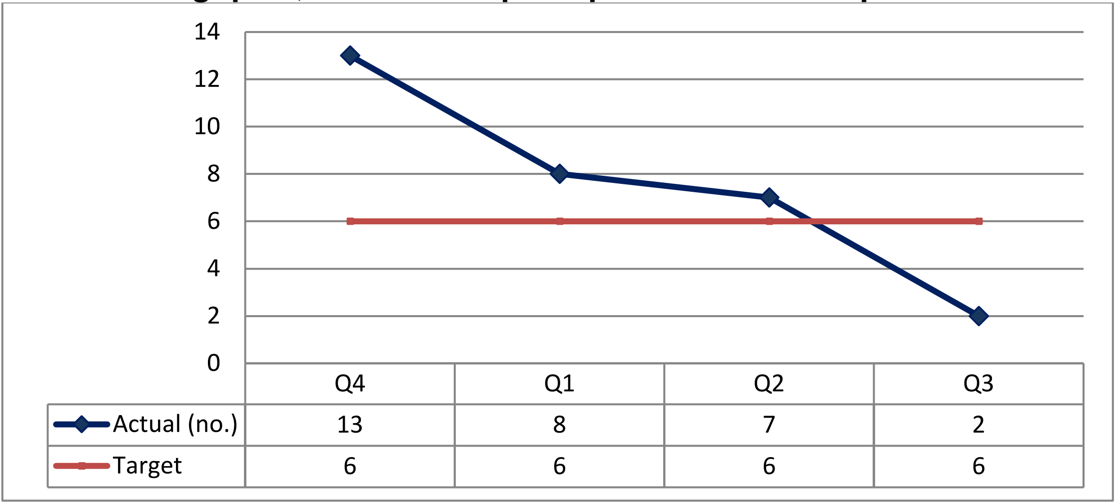
Situational Analysis: The HSCP continues to deliver a high volume of Alcohol Brief Interventions exceeding the target set by GG&C. This service is delivered within GP Practices and across wider community settings. While the completion rates from GP practices continues to be prove a challenge, there was an 100% increase in the number of ABIs completed from GPs this quarter compared to Q1 & Q2. The data from community settings has not been reported by the commissioned service, therefore the wider setting ABI's for Q3 will be included within the Q4 return and it is expected that the target for the year will be surpassed.

Improvement Action: The service is, principally, delivered through a contracted commissioned service. This contract is subject to review, with the aim to improving the Primary Care aspect of delivery.

5.5 Sustain and embed smoking quits, at 12 weeks post quit, in the 40% SIMD areas

Rationale: NHS Boards to tackle health inequalities by significantly reducing smoking rates amongst local communities, in line with the national target to reduce smoking prevalence to 5% or less by 2034.

Figure 5.5 Smoking quits, at 12 weeks post quit - 40% most deprived



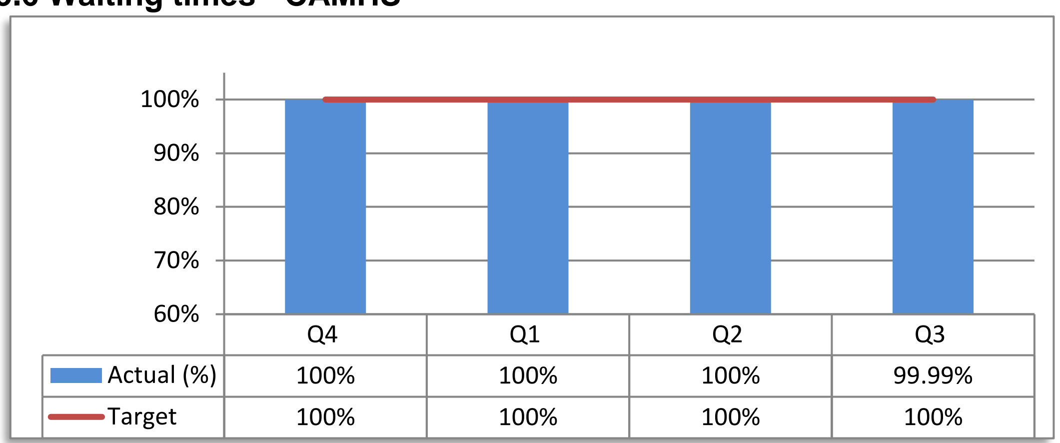
Situational Analysis: The HSCP community services continue to exceed their GG&C target for quit rates. However, the overall performance for Q3is below target because the Community Pharmacy data have not yet been provided.

Improvement Action: The service model is under review and its anticipated that future delivery will move from a local service to one a single service delivered by GG&C. Local performance will be monitored to ensure we continue to offer a service in East Dun, and one that continues to meet its target

5.6 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services

Rationale: Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services.

Figure 5.6 Waiting times - CAMHS



	Q4	Q1	Q2	Q3
Actual (%)	100%	100%	100%	99.99%
Target	100%	100%	100%	100%

Situational Analysis: The CAMHS teams involved with East Dunbartonshire children and young people had 2 children who breached the RTT target of 18 weeks, both by less than 1 week. This brings the actual achievement to 99.99%.

Improvement Actions: We continue to monitor the waiting lists and activity data in relation to the 18 week RTT target. The CAMHS teams continue to operate to the service model and ensure capacity and demand are in balance and access to the service is efficient. CAMHS continue to operate within the Scottish Government RTT HEAT target of 90% of children and young people will receive treatment within 18 weeks.

SECTION 6
Children's Service Performance

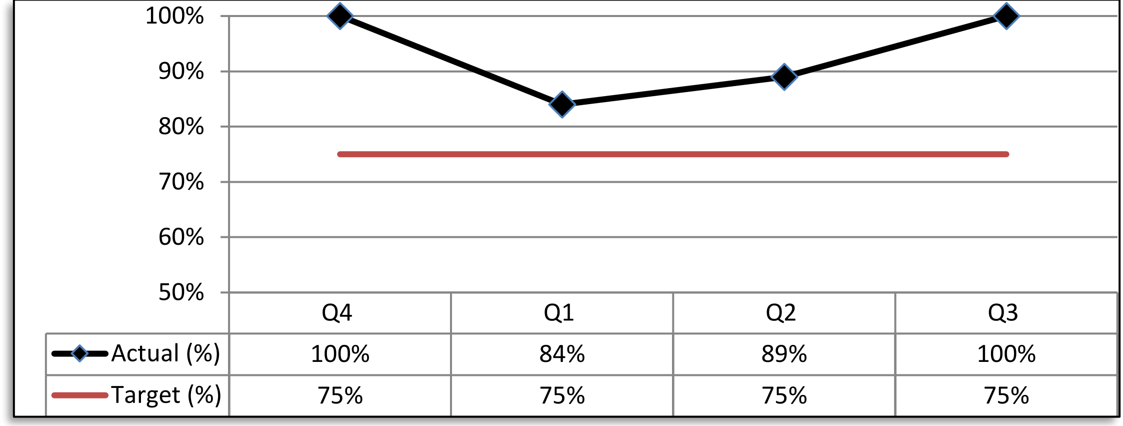
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

- **6.1** Percentage of Child Care Integrated Assessments (ICA) for SCRA completed within target timescales (20 days)
- **6.2** Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral
- **6.3** Percentage of first Child Protection review conferences taking place within 3 months of registration
- **6.4** Balance of care for Looked After Children: Percentage of children being looked after in the community
- **6.5** Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated
- **6.6** Percentage of Children receiving 27/30 month Assessment

6.1 Percentage of Child Care Integrated Assessments (ICA) for Scottish Children Reported Administration (SCRA) completed within target timescales (20 days)

Rationale: This is a national target that is reported to SCRA and Scottish Government in accordance with time intervals.

Figure 6.1 Percentage of Child Care ICA for SCRA Completed



	Q4	Q1	Q2	Q3
Actual (%)	100%	84%	89%	100%
Target (%)	75%	75%	75%	75%

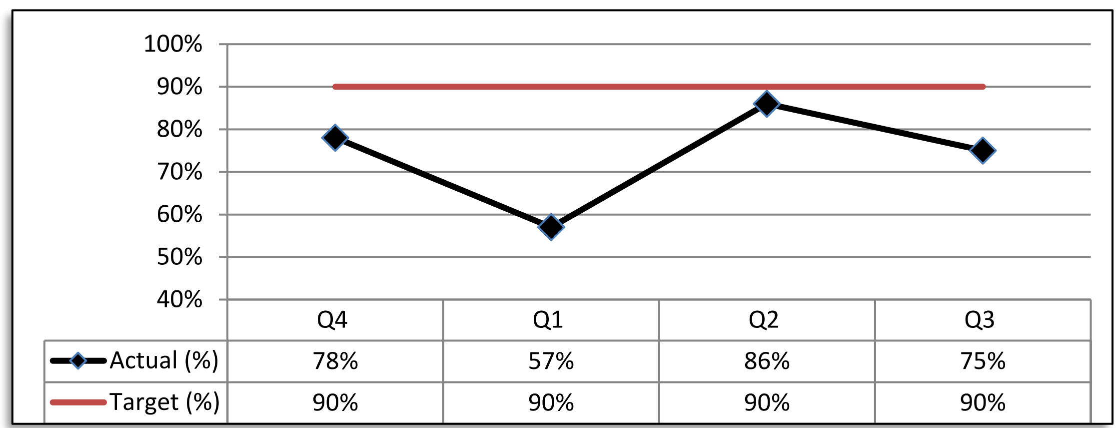
Situational Analysis: Actual Performance continues to surpass the Target Performance. This quarter 100% of Integrated Comprehensive Assessment Reports were submitted on time to the Scottish Children's Reporters Administration.

Improvement Action: Continue to achieve 100%

6.2 Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral

Rationale: Local standard set by East Dunbartonshire Child Protection Committee.

Figure 6.2 Percentage of Initial Case Conferences taking place within 21 days of referral



	Q4	Q1	Q2	Q3
Actual (%)	78%	57%	86%	75%
Target (%)	90%	90%	90%	90%

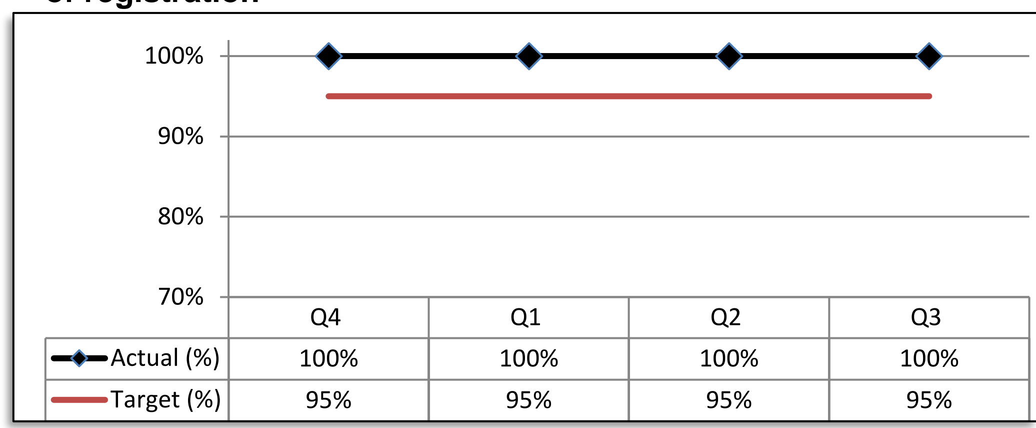
Situational Analysis: 75% of Initial Case Conferences have taken place within 21 days of referral. This is below the target of 90%.

Improvement Action: Strive to ensure Initial Case Conferences are taking place within 21 days. However, it should be recognised that the nature of risk is increasingly complex and initial risk assessments are now integrated, involve many partner agencies and gather more information. Throughout the Child Protection Investigation safe care plans are implemented and children are kept safe from further harm.

6.3 Percentage of first Child Protection review conferences taking place within 3 months of registration

Rationale: Local standard set by East Dunbartonshire Child Protection Committee.

Figure 6.3 Percentage of first review conferences taking place within 3 months of registration



	Q4	Q1	Q2	Q3
Actual (%)	100%	100%	100%	100%
Target (%)	95%	95%	95%	95%

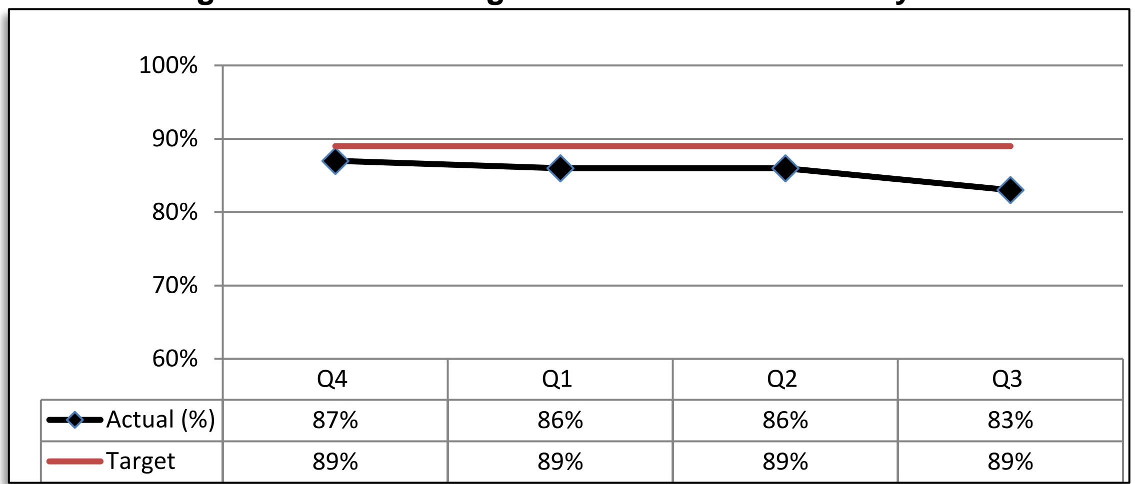
Situational Analysis: 100% of Review Case Conferences have taken place within 3 months of registration. This is above the target of 95%.

Improvement Action: Continue to achieve this high standard.

6.4 Balance of care for Looked After Children: Percentage of children being looked after in the community

Rationale: National performance indicator reported to Scottish Government and monitored by Corporate Parenting Bodies.

Figure 6.4 Percentage of Children being looked after in community



	Q4	Q1	Q2	Q3
Actual (%)	87%	86%	86%	83%
Target	89%	89%	89%	89%

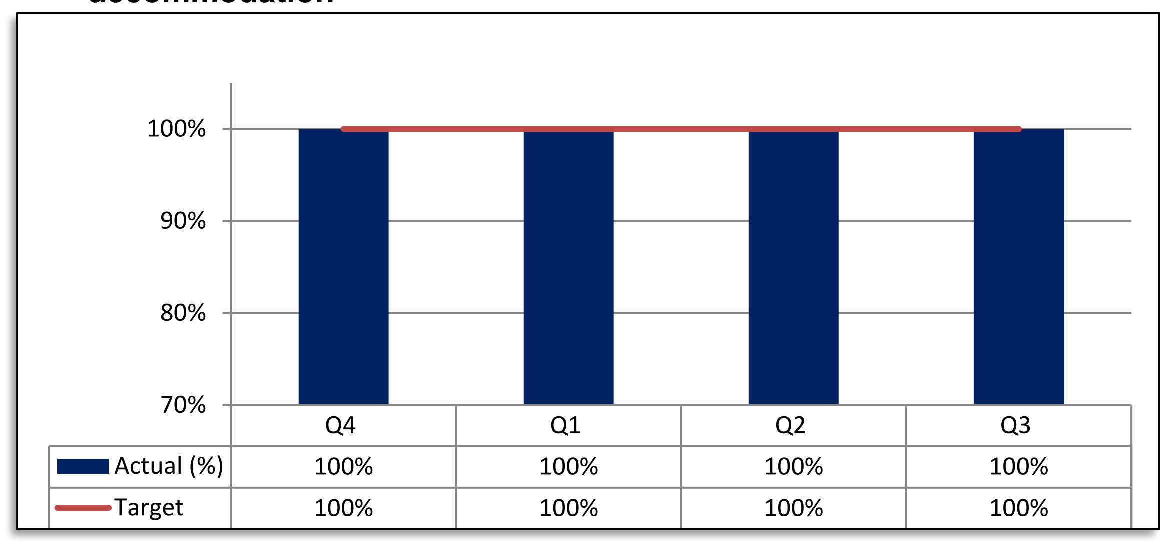
Situational Analysis: 83% of Looked After Children are looked after in the community, the target is 89%.

Improvement Actions: Continue to research alternative interventions and accommodation options which ensure vulnerable children are safe from harm and have their needs met whilst redressing the balance of care.

6.5 Percentage of first Looked After & Accommodated (LAAC) reviews taking place within 4 weeks of the child being accommodated

Rationale: This is a local standard reflecting best practice and reported to Corporate Parenting Board

Figure 6.5 Percentage of first LAAC reviews taking place within 4 weeks of accommodation



	Q4	Q1	Q2	Q3
Actual (%)	100%	100%	100%	100%
Target	100%	100%	100%	100%

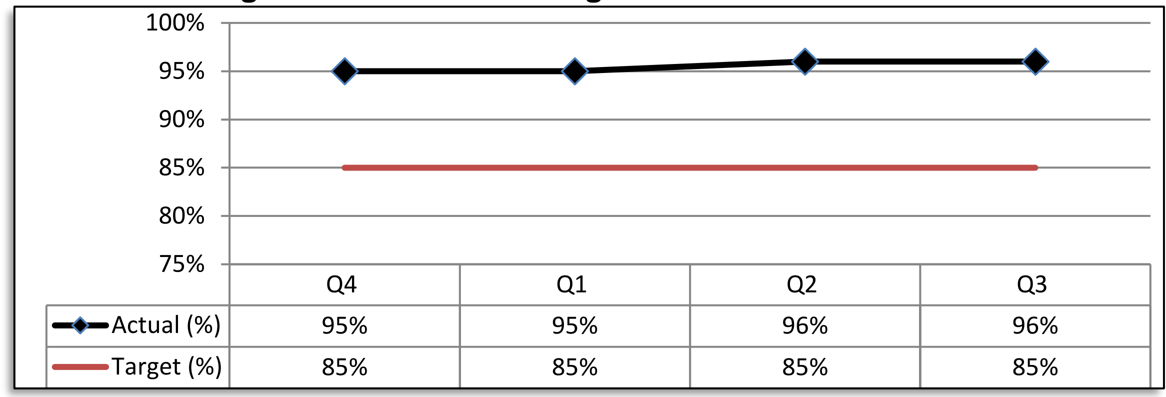
Situational Analysis: 100% of first reviews take place within 4 weeks of accommodation in accordance with the target.

Improvement Actions: Continue to achieve this high standard.

6.6 Percentage of Children receiving 27/30 month Assessment

Rationale: The Scottish Government set a target that by 2020, at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones at the time of their 27 – 30 month child health review.

Figure 6.6 Percentage of Children receiving 27/30 month assessment



	Q4	Q1	Q2	Q3
Actual (%)	95%	95%	96%	96%
Target (%)	85%	85%	85%	85%

Situational Analysis:
This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children will be referred onto specialist services. Performance for this quarter has remained at 96%. During Q3, 7.7% children were identified as requiring onward referral to specialist services.

Improvement Action:
Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be development if required.

SECTION 7
Community Justice Performance

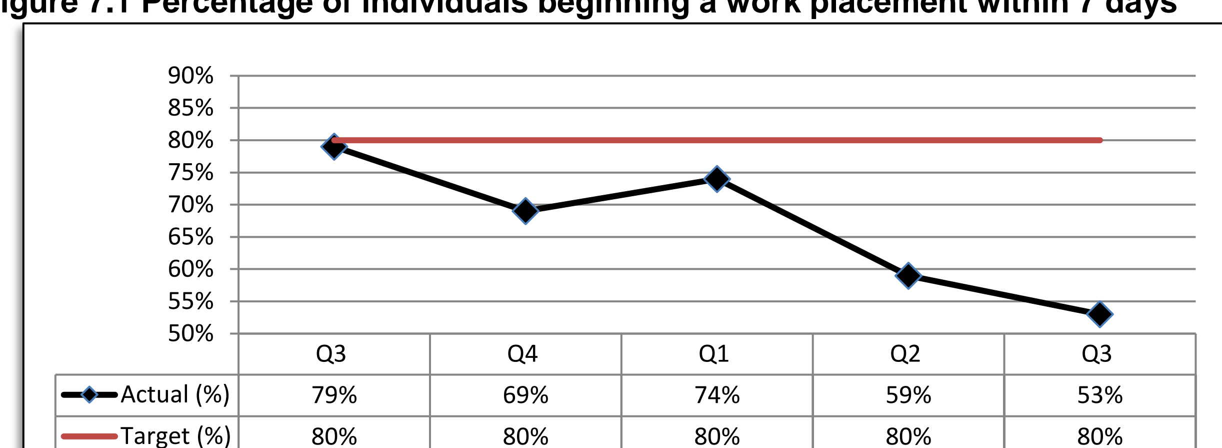
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

7.1 Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2 Percentage of CJSW submitted to Court by due date

7.1 Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order

Rationale: The CJSW service must take responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.

Figure 7.1 Percentage of individuals beginning a work placement within 7 days



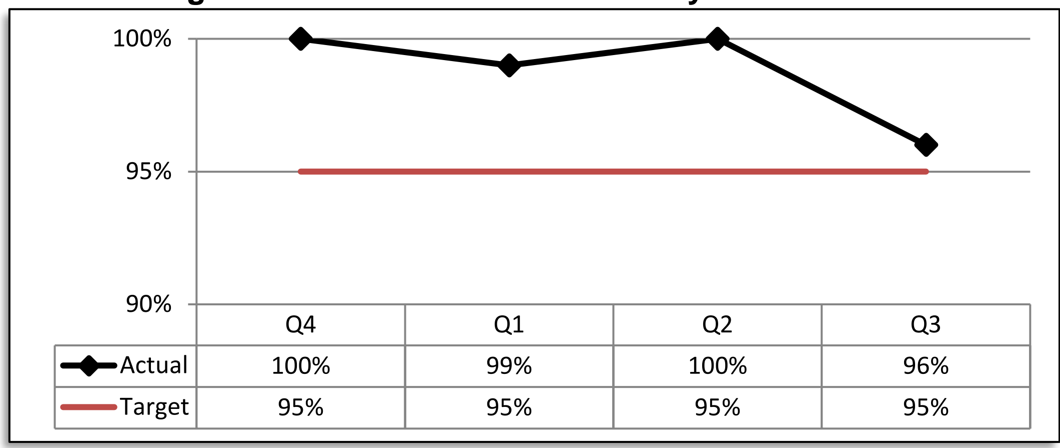
Situational Analysis: 17 out of 32 individuals started an unpaid work placement within the agreed timescale. However, the shortfall has overwhelmingly been a result of factors out with the service's control. Criminal Justice Services offered all 32 individuals a work placement within 7 days of the Order being made. Reasons as to why individuals didn't begin a work placement were as follows: 8 clients failed to attend; 1 was subject to custody; 3 currently undertaking unpaid work; 1 client was ill and submitted a medical certificate; 1 had a late notification from Court and 1 was transferred from another area.

Improvement Action: In relation to non-compliance (8 individuals) Justice Services have reviewed the 'first seen' signed instruction (at the CJSW report stage) and requesting that the local arrangement with Glasgow Sheriff Court is reinforced to ensue clients sentenced at Glasgow Sherriff Court present to EDC Criminal Justice Team.

7.2 Percentage of CJSW submitted to Court by due date

Rationale: National Outcomes & Standards (2010) states that the court will receive reports electronically from the appropriate CJSW Service or court team (local to the court), no later than midday on the day before the court hearing.

Figure 7.2 Percentage of CJSW submitted to Court by due date



	Q4	Q1	Q2	Q3
Actual	100%	99%	100%	96%
Target	95%	95%	95%	95%

Situational Analysis: This unmet target was a result of Court closures over the December/January festive period which brought due dates forward and created a great demand on staff to meet these deadlines.

Improvement Action: This dip in performance is unlikely to reoccur and Criminal Justice should continue to meet the target above. The department will raise this issue with the Court and continue to review workload management.

SECTION 8
Corporate Performance

The following data focus on corporate performance indicators, namely:

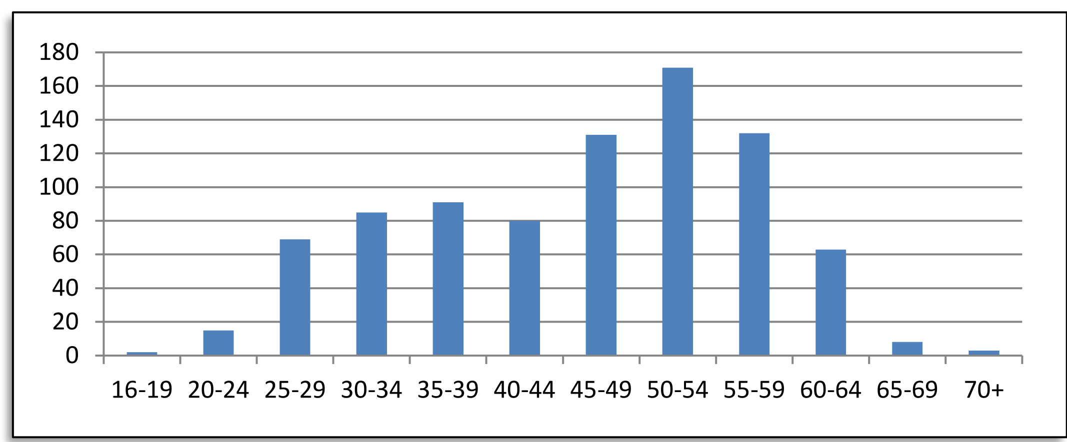
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount			WTE		
	Jun 2017	Sep 2017	Dec 2017	Jun 2017	Sept 2017	Dec 2017
NHSGGC	265	261	265	225	221.03	227.76
EDC	553	570	585	468	478.9	491.66
Total	813	831	850	693	699.93	719.42

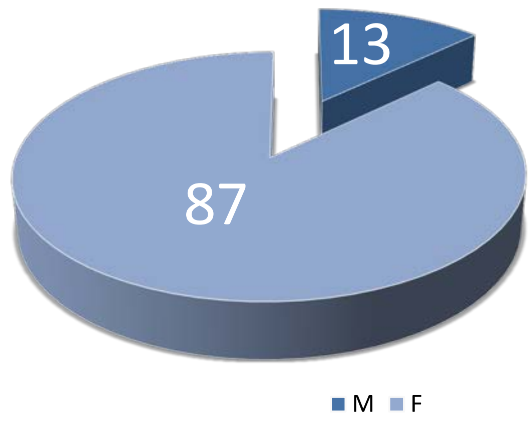
In relation to workforce number the NHS staff have revert back to the 265 in place in June whilst the EDC staff have increased to a high of 585 staff which is an increase of 37 staff since June 2017.

8.2 HSCP Staff by Age profile



The age profile shows that the majority of staff are aged over 45yrs and that we have a very low number of staff under 25yrs of age. This age range is not unexpected within the services that the HSCP provide.

8.3 Gender Profile by %



The gender ratio of female to male employed staff has remained constant over the last 6mths, with 87% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Month	EDC	NHS HSCP
April-17	7.76	2.4
May-17	7.16	4.86
June - 17	5.95	6.10
July 17	5.29	5.24
August 17	5.76	4.16
September 17	6.85	3.92
October 17	7.13	4.62
November 17	7.32	5.93
December 17	8.17	5.88
Average	6.82	4.79

Absence although increasing in the last quarter is well managed within the HSCP, the main issues in both Health and Social Care is aligned with staff moving from short term to longer term absence due to health conditions.

8.5 KSF / PDP / PDR

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
KSF %	65	65	64	65	54	57	55	56	63
PDP %	68	67	69	67	53	57	53	56	61
Trajectory %	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year.

8.6 Performance Development Review (PDR)

PDR	
Quarter	**% Complete on system**
Q1	36.15
Q 2	63.19
Q3	85.35

Performance, Development Review (PDR) is the Council process for reviewing staff performance and aligning their learning and development to service objectives and deliver requirements.

Agenda Item Number: 8

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 2018
Subject Title	Health and Social Care Standards – My support, my life
Report By	Wilma Hepburn, Chief Nurse Lisa Williams, Clinical Director Paolo Mazzoncini, Chief Social Work Officer
Contact Officer	

Purpose of Report	To update the Board on the Health and Social Care Standards

Recommendations	The Integration Joint Board is asked to:- a) Note the contents of the report

Relevance to HSCP Board Strategic Plan	Staff adherence to the new Standards will be integral to the work undertaken through the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	.None

Implications for East Dunbartonshire Council:	East Dunbartonshire Council will wish to ensure that staff fully embrace the new Standards.

Implications for NHS Greater Glasgow & Clyde:	NHS GGC will wish to ensure that staff fully embrace the new Standards.

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

1.0 MAIN REPORT

1.1 These new Health and Social Care Standards (the Standards) set out what individuals should expect when they become users of health, social care or social work services in Scotland**.** A copy of these Standards can be found at http://www.newcarestandards.scot/

1.2 The first National Care Standards for Scotland were introduced in 2002 and applied only to registered social care services, such as care homes and nurseries. There were 23 sets of these Capital Standards. The new Standards now apply across all of our care system which includes health care, social care, early learning and childcare and social work. The Standards are contained within one booklet. They do not replace previous Capital Standards and outcomes relating to healthcare that have already been produced under section 10H of the *National Health Service (Scotland) Act 1978* but they will replace the National Care Standards, published in 2002 under section 5 of the *Regulation of Care (Scotland) Act 2001*.

1.3 These new standards focus on people and the outcomes that matter to them. It should help everyone focus on what really matters and on improving the experience of the people that use care services.

1.4 It is important that the Standards are used in the context of the aims and objectives of the organisation as not all of the statements used will apply to everyone in every setting.

2 Development of Standards

2.1 In 2014 the Scottish Government announced that the National Care Standards would be reviewed in line with the change in expectations of compassionate, high quality, safe and effective care. The Care Inspectorate and Healthcare Improvement Scotland were asked to produce new Standards in consultation with service users, providers and other agencies. Standards were to be integrated, more accessible, meaningful and more flexible to support choice. They had to be innovative so they could respond as care changes and evolves in the future.

2.2 There were 3 public consultations carried out with a very high level of response from individuals and organisations. The first consultation related to the whole review process, the second consulted on underlying principles and the third on the draft Capital Standards. The Standards were produced in partnership, bringing together professionals, public partners, private and voluntary sector providers.

2.3 From 1st April, these Standards will be taken into consideration by scrutiny bodies when carrying out inspections and the registration of health and care services.

3 The Standards

3.1 All of the Standards start with "*I*" which is firmly locating the person at the centre of the conversation. It will promote a person-led approach and ensure our professionals work together to help support people to direct their own care.

3.2 The Standards are-

A) I experience high quality care and support that is right for me
B) I am fully involved in all decisions about my care and support
C) I have confidence in the people who support and care for me
D) I have confidence in the organisation providing my care
E) I experience a high quality environment if the organisation provides the premises.

After each of the Standards there are descriptive statements that explain what the outcome should look like in practice.

3.3 A set of five principles underpin the Standards and have which been written to reflect the way everyone should expect to be treated. These principles are-

A) Dignity and Respect
B) Compassion
C) Be included
D) Responsive care
E) Support and well being

3.4 These new Standards are more person-led and have changed to reflect how much expectations have moved in respect of human rights, compassion and wellbeing. They try to be more explicit about being valued and cared for and respecting the need for mutual negotiation.

Health and Social Care Standards

My support, my life

I am delighted to be able to introduce the new Health and Social Care Standards and commend all of the hard work that has gone into creating these new, human rights based Standards.

The new Standards are wide reaching, flexible and focussed on the experience of people using services and supporting their outcomes. One of the major changes to these Standards is that they will now be applicable to the NHS, as well as services registered with the Care Inspectorate and Healthcare Improvement Scotland.

Everyone is entitled to high quality care and support tailored towards their particular needs and choices. This might be in a hospital; a care home; a children's nursery; or within their own home. Each and every one of us at some point in our lives will use or know someone who uses a health or social care service. These Standards are therefore hugely important to ensure that everyone in Scotland receives the care and support that is right for them.

I would like to thank everyone across the health and social care sectors involved in creating these Standards. You have worked hard to make them innovative and aspirational. Contributions from professional bodies, people who use services, service providers, private and third sector organisations, have created Standards that are applicable to a wide range of health and social care services.

Moving forward, there is still work to be done to ensure that the Standards are implemented successfully. We will support health and care providers, commissioners of services and inspection agencies to ensure a full understanding of what is required to meet the Standards and improve levels of care and support in Scotland.

Shona Robison MSP
Cabinet Secretary for Health and Sport

Introduction

These Health and Social Care Standards (the Standards) set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care.

Why have these Standards been developed?
The standards and outcomes set out in the Standards are published in exercise of the Scottish Ministers' powers under section 50 of the Public Services Reform (Scotland) Act 2010 and section 10H of the National Health Service (Scotland) Act 1978. They do not replace previous standards and outcomes relating to healthcare that have already been produced under section 10H of the National Health Service (Scotland) Act 1978 but they will replace the National Care Standards, published in 2002 under section 5 of the Regulation of Care (Scotland) Act 2001.

From 1 April 2018 the Standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and care services.

What are the Standards?
Throughout this document, 'standards' is used as a collective term to describe both the headline outcomes, and the descriptive statements which set out the standard of care a person can expect. The headline outcomes are:

1: I experience high quality care and support that is right for me.
2: I am fully involved in all decisions about my care and support.
3: I have confidence in the people who support and care for me.
4: I have confidence in the organisation providing my care and support.
5: I experience a high quality environment if the organisation provides the premises.

The descriptive statements, set out after each headline outcome, explain what achieving the outcome looks like in practice. Not every descriptor will apply to every service.

The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. The principles themselves are not standards or outcomes but rather reflect the way that everyone should expect to be treated.

Who are these Standards for?

The Standards are for everyone. Irrespective of age or ability, we are all entitled to the same high quality care and support. The Care Inspectorate and Healthcare Improvement Scotland will take into account the Standards when carrying out their inspections and quality assurance functions, and when making decisions about care and health services which are, or are applying to be, registered. Our aim is that non-registered services also use the Standards as a guideline for how to achieve high quality care. The Standards can be applied to a diverse range of services from child-minding and daycare for children in their early years, housing support and care at home for adults, to hospitals, clinics and care homes.

The Standards do not replace or remove the need to comply with legislation which sets out requirements for the provision of services. Health and care services will continue to follow existing legislative requirements and best practice guidance which apply to their particular service or sector, in addition to applying the Standards. The Standards should be used to complement the relevant legislation and best practice that support health and care services to ensure high quality care and continuous improvement. Current best practice guidance can be found on the Care Inspectorate and Healthcare Improvement Scotland websites.

Principles

Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

Wellbeing

- I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse or avoidable harm.

1: I experience high quality care and support that is right for me

Dignity and respect

1.1 I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.

1.2 My human rights are protected and promoted and I experience no discrimination.

1.3 If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.

1.4 If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.

1.5 If I am supported and cared for in the community, this is done discreetly and with respect.

Compassion

1.6 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.

1.7 I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.

1.8 If I experience care and support in a group, the overall size and composition of that group is right for me.

Be included

1.9 I am recognised as an expert in my own experiences, needs and wishes.

1.10 I am supported to participate fully as a citizen in my local community in the way that I want.

1.11 I can be with my peers, including other people who use my service, unless this is unsafe and I have been involved in reaching this decision.

Responsive care and support

Assessing my care and support needs

1.12 I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

1.13 I am assessed by a qualified person, who involves other people and professionals as required.

1.14 My future care and support needs are anticipated as part of my assessment.

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

1.16 As a child or young person needing permanent alternative care, I experience this without unnecessary delay.

Choosing my care and support

1.17 I can choose from as wide a range of services and providers as possible, which have been planned, commissioned and procured to meet my needs.

1.18 I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.

Experiencing my care and support

1.19 My care and support meets my needs and is right for me.

1.20 I am in the right place to experience the care and support I need and want.

1.21 I am enabled to live in my own home if I want this and it is possible.

1.22 I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

1.24 Any treatment or intervention that I experience is safe and effective.

Wellbeing

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

1.26 I can choose to spend time alone.

1.27 I am supported to achieve my potential in education and employment if this is right for me.

1.28 I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.

1.29 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.

1.30 As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.

1.31 As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.

1.32 As a child, I play outdoors every day and regularly explore a natural environment.

Eating and drinking

1.33 I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.

1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.

1.35 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.

1.36 If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.

1.37 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.

1.38 If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.

1.39 I can drink fresh water at all times.

2: I am fully involved in all decisions about my care and support

Dignity and respect

2.1 I can control my own care and support if this is what I want.

2.2 I am empowered and enabled to be as independent and as in control of my life as I want and can be.

2.3 I am supported to understand and uphold my rights.

2.4 I am supported to use independent advocacy if I want or need this.

2.5 If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.

2.6 I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.

2.7 My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.

Compassion

2.8 I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.

Be included

2.9 I receive and understand information and advice in a format or language that is right for me.

2.10 I can access translation services and communication tools where necessary and I am supported to use these.

2.11 My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

2.13 If a decision is taken against my wishes, I am supported to understand why.

2.14 I am fully informed about what information is shared with others about me.

2.15 I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.

2.16 If I am fostered, my foster family is supported to fully include me in family life.

Responsive care and support

2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

2.18 I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.

2.19 I am encouraged and supported to make and keep friendships, including with people my own age.

2.20 If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change.

Wellbeing

2.21 I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.

2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.

2.23 If I need help with medication, I am able to have as much control as possible.

2.24 I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.

2.25 I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.

2.26 I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish.

2.27 As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity.

3: I have confidence in the people who support and care for me

Dignity and respect

3.1 I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.

3.2 If I experience care and support where I live, people respect this as my home.

3.3 I have agreed clear expectations with people about how we behave towards each other, and these are respected.

3.4 I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.

3.5 As a child or young person, I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships.

Compassion

3.6 I feel at ease because I am greeted warmly by people and they introduce themselves.

3.7 I experience a warm atmosphere because people have good working relationships.

3.8 I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.

3.9 I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.

3.10 As a child or young person I feel valued, loved and secure.

Be included

3.11 I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.

3.12 I can understand the people who support and care for me when they communicate with me.

3.13 I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.

Responsive care and support

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

3.15 My needs are met by the right number of people.

3.16 People have time to support and care for me and to speak with me.

3.17 I am confident that people respond promptly, including when I ask for help.

3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

3.19 My care and support is consistent and stable because people work together well.

Wellbeing

3.20 I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

3.21 I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.

3.22 I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.

3.23 If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me.

3.24 If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.

3.25 I am helped to feel safe and secure in my local community.

4: I have confidence in the organisation providing my care and support

Dignity and respect

4.1 My human rights are central to the organisations that support and care for me.

4.2 The organisations that support and care for me help tackle health and social inequalities.

Compassion

4.3 I experience care and support where all people are respected and valued.

4.4 I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

Be included

4.5 If possible, I can visit services and meet the people who would provide my care and support before deciding if it is right for me.

4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop.

4.7 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.

4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

4.9 I can take part in recruiting and training people if possible.

4.10 As a child or young person unable to live with my immediate family, I can live with wider family members alongside my brothers and sisters if I want this and where it is possible and safe.

Responsive care and support

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

4.12 I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.

4.13 I have enough time and support to plan any move to a new service.

4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

4.15 I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.

4.16 I am supported and cared for by people I know so that I experience consistency and continuity.

4.17 If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.

4.18 I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

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

4.20 I know how, and can be helped, to make a complaint or raise a concern about my care and support.

4.21 If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

4.22 If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative.

Wellbeing

4.23 I use a service and organisation that are well led and managed.

4.24 I am confident that people who support and care for me have been appropriately and safely recruited.

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

4.26 If I have a carer, their needs are assessed and support provided.

4.27 I experience high quality care and support because people have the necessary information and resources.

5: I experience a high quality environment if the organisation provides the premises

Dignity and respect

5.1 I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

5.2 I can easily access a toilet from the rooms I use and can use this when I need to.

5.3 I have an accessible, secure place to keep my belongings.

5.4 If I require intimate personal care, there is a suitable area for this, including a sink if needed.

Compassion

5.5 I experience a service that is the right size for me.

5.6 If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.

5.7 If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.

Be included

5.8 I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.

5.9 I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate.

5.10 If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet.

5.11 I can independently access the parts of the premises I use and the environment has been designed to promote this.

5.12 If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.

5.13 If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible.

5.14 If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment.

5.15 If I am an adult living in a care home I can choose to see visitors in private and plan for a friend, family member or my partner to sometimes stay over.

Responsive care and support

5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

Wellbeing

5.17 My environment is secure and safe.

5.18 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

5.19 My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.

5.20 I have enough physical space to meet my needs and wishes.

5.21 I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.

5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

5.23 If I live in a care home, I can use a private garden.

5.24 If I live in a care home and want to keep a pet, the service will try to support this to happen.

5.25 As a child or young person living in a care home, I might need or want to share my bedroom with someone else and I am involved in this decision.

5.26 As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend.

5.27 As an adult living in a care home, I have enough space for me to sit comfortably with a visitor in my bedroom.

5.28 As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people.

Glossary

Below is a list of terms and phrases commonly used across health, social work and social care sectors, along with a description of how these apply for the purposes of the Standards.

Term	Description
24 hour care	Where people are cared for and supported throughout the day and night.
advocacy/advocate	Independent advocacy ensures that people know and better understand their rights, their situation and systems. Independent advocates help people to speak up for themselves and speak for those who need it. An independent advocate is someone who helps build confidence and empowers people to assert themselves and express their needs, wishes and desires. Collective advocacy happens when groups of people with a shared agenda, identity or experience come together to influence legislation, policy or services.
assessment	A health, social work or social care assessment will find out what help and support a person needs, such as healthcare, medication, advocacy, equipment, care at home, housing support or a care home.
capacity	Capacity refers to an individual's ability to make decisions about their care and support. This may change over time and may be different in particular aspects of their life. For people who have been medically assessed as having incapacity there is legislation to protect them.
care home	A care service providing 24 hour care and support with premises, usually as someone's permanent home. See also 'small care home' below.
care plan	See 'personal plan' below.
carer	A carer is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will be unpaid.
child	Although legal definitions vary, for these Standards a child is aged 0 to 16 years.
communal areas	An area in a care service such as a living or dining room, activity room, hairdresser, library, café, garden or quiet area that everyone can use.

Term	Description
communication tools	These help people to communicate in a range of ways. For example, visual prompts, talking mats (system of simple picture symbols) or mobile phone apps.
confidentiality	This means that information that is kept about someone by an organisation will not be shared with anyone else unless the person gives their consent for it to be shared. Confidentiality may only be broken if it avoids or reduces the risk of harm to a person.
creativity	Includes artistic activities, such as arts, crafts, music, drama and dance.
emergency or unexpected event	This is an incident or emergency that could require immediate action, such as the premises being evacuated.
emotionally resilient	Someone's ability to cope with, or adapt to, stressful situations or crises.
evidence, guidance and best practice	Written guidelines for agreed ways to provide care, support or carry out treatment. Often these are put together by professionals based on the best available evidence at the time. These guidelines often change so that they remain up to date.
human rights	Human rights are based on the principle of respect for the individual and they are the rights and freedoms that belong to every person, at every age. They are set out in international human rights treaties and are enshrined in UK law by the Human Rights Act 1998.
intimate personal care	This relates to activities which most people usually carry out for themselves, such as washing, brushing teeth, going to the toilet, dressing or eating.
open ended materials	Open ended materials (also called loose parts) are play materials that can be used in numerous ways indoors and outdoors by children. They can be moved, carried, combined and redesigned in any way the child decides.
permanent alternative care	Care provided to children to ensure they have stable, secure, nurturing relationships, normally within a family setting, that continues to adulthood.
personal plan	A plan of how care and support will be provided, as agreed in writing between an individual and the service provider. The plan will set out how an individual's assessed needs will be met, as well as their wishes and choices.
planned care	The term used to describe care, support or treatment which is carried out as detailed in someone's personal plan (see above).

Term	Description
positive risks	Positive risks means making balanced decisions about risks; it is the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day to day life.
premises	When an organisation providing care and support also provides premises, such as a nursery, hospital or care home. It does not apply when someone using a service is responsible for the premises, including housing support or care at home.
professional and organisational codes	These codes set out standards of conduct and competence, as well as the personal values, which people working and volunteering in health and care services are expected to follow.
representative	This may include someone appointed to have power of attorney, a guardian, family member, friend, neighbour or an agreed person who can speak on the individual's behalf. A representative may be formal or not formal.
restrictions to my independence, control and choice	Involves any restriction to independent movement or freedom of choice, such as a physical barrier. In some exceptional circumstances, this could involve searches and physical or chemical restraint. If physical detention, restraint or searching is used, the individual concerned will usually be subject to a formal legal order authorising this.
small care home	A care home for 6 people or less.
small group living	Small groups, usually numbering fewer than ten people, provided with their own lounge and dining facilities for their own group use in a homely environment. Small group living sometimes takes place within a larger care service such as a care home or hospital.
technology and other specialist equipment	Specialised equipment that helps people in their day to day life, such as telecare, telehealth or telemedicine, alarm call system, remote support and advice or mobility aids.
therapy	A specialised treatment or intervention, such as physiotherapy, occupational therapy, speech and language therapy, counselling and talking therapies.
young person	For these Standards, a young person is aged 16 to 21 years. And anyone over 21 will also be a young person for these Standards while they are being provided with continuing care by a local authority if they have been looked after by the local authority between the ages of 16 and 19.

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Chief Officer
Susan Manion

Agenda Item Number: 9

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 2018
Subject Title	Public, Service User & Carer Representative Support Group – 10th March 2018
Report By	Martin Brickley (Service User Representative) / Jenny Proctor (Carers Representative)
Contact Officer	David Radford Health Improvement & Inequalities Manager David.radford@ggc.scot.nhs.uk 0141 355 2391

Purpose of Report	The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUCRSG)

Recommendations	It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.

Relevance to HSCP Board Strategic Plan	The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0	**Main Report**
1.1	The attached report details the actions and progress of the PSUCRSG, highlighting their progress as detailed in **Appendix 1**.
2.0	**SUMMARY**
2.1	In total 11 meetings have taken place, the most recent was on 19 March 2018. Where members received a presentation from the NHS GGC Patient and Public Involvement Manager.
2.2	The group were the first service users and carers group to receive and comment on the proposed Moving Forward Together transformational programme, local engagement processes.
2.3	The members noted the Draft Joint Health Improvement Plan and welcomed the opportunity to share its content with their peers
2.4	The members reviewed their draft report, collating local service user's experiences of patient discharge from hospital.
3.1	It is recommended that the HSCP Board: ▪ Note the progress of the Public, Service User & Carer Representatives Support Group.

Appendix 1

Public Service User and Carer Support Group - 19 March 2018 – Room F33a, KHCC.

Attending; Gordon Cox, Martin Brickley, Avril Jamieson, Jenny Proctor, Isobel Twaddle, Karen Albrow and Claire Taylor.

Apologies; Susan Manion, David Radford, Linda Jolly, Fiona McManus, Marion Menzies, David Bain, Sandra Docherty

HSCP Staff in attendance; John Barber (NHS GGC) and Anthony Craig

Action points agreed at meeting;

Action	By who	When	G	A	R
Provide an overview to PSUC, detailing the 'volunteer expenses reimbursement arrangements.	DR	Next meeting 14/05/18			
Complete the collation of hospital discharge case studies/stories paper, returning to members for noting. Discuss paper with appropriate HSCP SMT officer.	PSUC members	By next meeting 14/05/18 29/05/18			
PSUC group will collate case studies / stories of service users experiences who have attended Woodlands	PSUC members	By next meeting 14/05/18			
MFT Presentation from John Barber (19/03/18) to be distributed to members	AC	By 23/03/18			
Invitation to be extended to Derrick Pearce to attend next meeting	DR / AC	By next meeting 14/05/18			
Develop an aide memoir, to support members to further explain the role and function of HSCP at their wider service user and carer engagements	AC	By next meeting 14/05/18			

Chief Officer
Susan Manion

Agenda Item Number: 10

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 2018
Subject Title	Clinical & Care Governance Minutes 28th March 2018
Report By	Lisa Williams, Clinical Director, Tel: 0141 304 7425
Contact Officer	Lisa Williams, Clinical Director, Tel: 0141 304 7425

Purpose of Report	To provide the Board with an update of the work of the Clinical & Care Governance Sub Group.

Recommendations	The Integration Joint Board is asked to: a. Note the contents of the minute of the Clinical & Care Governance Sub Group held on the 28th March 2018 (draft)

Relevance to HSCP Board Strategic Plan	This group support the clinical & care delivery aspects of the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	To oversee clinical & care services provided to service users and carers of East Dunbartonshire and ensure all are treated fairly and equally.

Financial:	None.

Legal:	None.

Economic Impact:	None

Sustainability:	None

Risk Implications:	Group has a responsibility to review complaints received and manage any appropriate outcomes, review all incidents to ensure learning and change is taken forward to manage risk and maintain proper governance arrangements.

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	N/A

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

MAIN REPORT

East Dunbartonshire
Health and Social Care Partnership

Chief Officer: Susan Manion

Clinical & Care Governance Sub Group
28th March 2018, 2.30pm
F33A, Kirkintilloch Health & Care Centre

Members Present

Name	**Designation**
Lisa Williams	Clinical Director
Leanne Connell	Senior Nurse, Adult Nursing
Susan Manion	Chief Officer
Michael McGrady	Consultant in Dental Public Health Clinical Effectiveness Co-ordinator
Lorna Hood	Senior Nurse, Children & Families
Raymond Carruthers	Operational Service Manager, Oral Health
Andrew Millar	Clinical Effectiveness Co-ordinator
Lorraine Currie	Operations Manager, Mental Health
Fiona Munro	Manager, Rehab & Older Peoples Services

In Attendance

Name	**Designation**
Dianne Rice	Clinical Governance Support Officer

Apologies

Name	**Designation**
Wilma Hepburn	Professional Nurse Advisor
Claire Carthy	Fieldwork Manager
Fraser Sloan	Clinical Risk Analysis
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Derrick Pearce	Inverclyde HSCP
Paolo Mazzoncini	Head of Children's Services / Chief Social Work Officer
David Aitken	Joint Adult Services Manager
Alex O'Donnell	Criminal Justice Service Manager
Gillian Notman	Change & Redesign Manager

No.	Topic	Action
1.	**Apologies and attendance**	
	Apologies and attendance are detailed on page 1 Lisa Williams welcomed all attendees to the group. Lisa stated that there were a large number of apologies noted for today's meeting and that all members agreed the Terms of Reference and membership for the group which states that if a member is unable to attend, then a representative should attend in their place. If a representative is not available, a written report / update should be submitted prior to the meeting.	
2.	**Minutes of Previous Meeting – 7th February 2018**	
	The minutes of the 7th February 2018 were agreed as correct.	
3.	**Matters Arising**	
	Adult Support & Protection Review The group were advised that following the above review the HSCP have received a verbal update which was largely positive but did make some recommendations. Once finalised the group will receive a copy of the full report to review and consider. Susan Manion asked that all reports from services be brought to the Clinical & Care Governance Group. These should include all inspections carried out by the Care Commission. A recent inspection took place within the Fostering and Adoption service. Dianne Rice will ask Paolo Mazzoncini to provide the report on this inspection for discussion at the next meeting.	**DR/PM**
	Governance Leads Update / Reports	
4(a)	Core Audit Reports Core Adult reports were submitted for CMHT, PCMHT, Woodlands Resource Centre & District Nursing. With the exception of District Nursing, all core audits were 100% compliant. District Nursing received 97% compliance in relation to Record Keeping and 94% compliance in relation to medication. Action plans have been compiled and are being implemented. Leanne advised that the Safety Cross report is no longer completed and stated that this only showed a small percentage of compliance problems. Leanne informed the group that she will now submit their CQI report which shows overall compliance in relation to Pressure Ulcers.	
(b)	LD Governance No update available.- no one in attendance to provide update and no verbal or written report submitted.	
(c)	Mental Health Governance Lorraine Currie advised that group had not met since the previous Clinical & Care Governance meeting.	
(d)	Primary Care & Community Partnerships Governance Group update (PCCPG) No update available - Lisa Williams advised that the group had not met since the previous Clinical & Care Governance meeting.	
(e)	Board Clinical Governance Forum update No update available. Lisa Williams advised that group had met since the previous Clinical & Care Governance meeting, but she had not received any update at this time.	

	Risk Management	
5(a)	Care Home Update Leanne Connell advised that at present both District Nursing and Older People's Mental Health Team are awaiting approval of Care Home Liaison post(s). Susan Manion asked that this proposal be highlighted at the Senior Management Team meeting for approval. Lisa advised that following an inspection by the Care Commission, there have been concerns around the level of care provided to residents at Clachan of Campsie Care Home in Lennoxtown. Regent Gardens Medical Practice initially provided GP support via a LES agreement, however, as of March 2018 they have withdrawn from the LES and now provide only standard GMS for the residents in their care. Negotiations are ongoing between the Care Home Management Team and the HSCP with regard to support for the home and the best way to provide GP support to residents. Leanne highlighted that the Care Home experiences a high turnover in staff which leads to inconsistencies and that perhaps one way the HSCP could help is to support the Care Home in securing permanent members of staff. The situation will continue to be monitored closely to ensure adequate care is provided to the residents. Derrick Pearce is currently reviewing the difficulties. Lisa informed the group that another Care Homes has opened recently in Milngavie, and is being managed under standard GMS provision by the 2 local GP practices. Plans are in place for another 2 homes, one within Bishopbriggs and the other in Canniesburn. Michael McGrady stated that oral health for Care Homes are managed in the community through GDPs and also the Caring for Smiles Team. This is covered within the Oral Health Improvement Plan. Michael will send this to Dianne for inclusion in the May meeting. Raymond Carruthers explained that safety reporting is similar to the previous year reports. It was noted that there were issues around categorisation within the system; however, analysis of this is currently underway which should provide a clear picture of issues once complete. Michael noted that there is a desire to improve learning within OHD through quality improvement and that this may give the opportunity to share learning.	MMcG/ D R
(b)	Clinical Risk Update This meeting falls outwith the reporting timeframe of the Clinical Risk Update.	
(c)	Incident Report – 01/02/18-12/03/18 The group reviewed the incident report. Lisa noted that she has concerns around the amount of incidents reporting threats of physical violence and that in some disciplines tolerance levels will be higher, however, this does not mean that this behaviour is acceptable. NHSGG&C have a zero tolerance policy again violent & aggressive behaviours but it was noted that if the behaviours persists staff are maybe unsure of next steps. Leanne advised that all pressure ulcer incidents reported during this period were all unavoidable. Dianne will now include Oral Health Incidents within the report. This will be provided by the Oral Health Team.	RC/DR

	Public Health Reports / Prescribing Updates	
6	There were no reports to note however, it was noted that there are issues around risk sharing arrangements with regard to the overspend on the Prescribing budget. This has been caused by a range of issues, and applies across all of GGC. This will be discussed at the next GP Forum.	
	Clinical Effectiveness / Quality Improvement	
7	Quality Improvement Workplan Andrew Millar updated the group on the new projects, progress against current pilots and completed projects made within the QI Workplan.	
	Scottish Patient Safety Programme	
8(a)	Scottish Patient Safety Programme (SPSP) Lisa advised there was no current update at this time.	
(b)	Clinical Governance Related Guidance Newsletter This meeting took place outwith the reporting period for the newsletter.	
(c)	SPSO Update – February 2018 For noting	
	Enabled to Deliver Person Centred Care	
9(a)	Complaints Report – 01/02/18 – 12/03/18 There were no Health complaints to note. It was noted that during this period Social Work received a total of 5 complaints. Two complaints were partially upheld, 1 was upheld, 1 was not upheld and 1 was still to be completed.	
(b)	GP Complaints Report The report was reviewed by Lisa who advised the group that there were no concerns to note.	
(d)	Pharmacy Complaints Report Complaint reports for Pharmacy are now available on an annual basis but will remain on the agenda.	
(e)	Optometry Complaints Report No report was available for the time of this meeting.	
10	Mental Health SCI Update This paper was circulated previously with the agenda. Lorraine Currie gave a brief overview of the documents embedded and progress to date. Lorraine advised that one of the actions detailed within the action plan was in relation to GPs advising services of deaths. Lorraine will take this to the next GP Forum. Lisa noted that GPs may not be aware of other services involved in the patients care if they have self referred.	

11.	**Vulnerable Children and Adults**	
(a)	Child Protection There was no update was available for this meeting.	
(b)	Child Protection Case Conference Attendance – Q3 An update Q3 was presented to the group for information. It was noted that GP attendance remains low. Lisa expressed concern at the lack of GP reports noted. Dianne had met with the Child Protection coordinator to express concern around the number of reports not being noted. Dianne and Lisa will discuss process and highlight this at the next GP Forum.	**DR/LW**
(c)	Looked After & Accommodated Children There was no update was available for this meeting.	
(d)	Child protection Forum Minutes – 01/08/17 The minutes were unavailable at the time of this meeting.	
(e)	Adult Protection This item was covered previously under matters arising.	
12	**Infection Control Minutes – 18th January 2018**	
	The minutes were circulated previously with the agenda for noting.	
	General Business	
13	AOCB Clinical & Care Governance Annual Report Lisa urged the members of the group to send Dianne updates for inclusion with the Clinical & Care Governance Annual Report 2016. Dianne will recirculation the template. Lisa suggested that Oral Health should appear as a standing item on the agenda under Governance Updates.	**DR**
14	Schedule of meetings 2018 The schedule is for noting.	
15	**Date and time of next meeting** **Wednesday 30th May, 2pm, F26, KHCC**	

Chief Officer
Susan Manion

``Agenda Item Number: 11

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10 May 2018
Subject Title	Minutes of Staff Partnership Forum - 26 March 2018 (Draft)
Report By	Tom Quinn
Contact Officer	Tom Quinn

Purpose of Report	To provide assurance that Staff Governance is monitored and reviewed within the HSCP. Key topics covered within the minute include: - The introduction of TURAS and SOARS for NHS as the main platforms for staff appraisal and review. TURAS replacing the eksf platform and SOARS being the Scottish online Appraisal System for Dentists and medics. - An overview of the recently launched Oral Health Plan for Scotland and the potential implications for the way the Public Dental Service might work in the future - An overview of the changes taking place within Childhood Immunisation and what this would mean for East Dunbartonshire

Recommendations	Note for information

Relevance to HSCP Board Strategic Plan	

Implications for Health & Social Care Partnership

Human Resources	Information is cascaded to staff through the partnership via Our News

Equalities:	N/A

Financial:	N/A

Legal:	Meets the requirements set out in the 2004 NHS Reform legislation with regard to Staff Governance

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	N/A

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	Included within the overall Staff Governance Framework

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

1.0 MAIN REPORT
1.1 Minute of meeting of 26 March 2018 attached.

Draft Minutes of East Dunbartonshire Staff Forum Meeting
Monday 26 March at 2pm in F33A&B, Kirkintilloch Health & Care Centre

PRESENT

Andrew McCready (AMc)	Unite Rep (Chair)
Anne McDaid (AMcD)	RCN SPF Joint Secretary
Linda Tindall (LT)	Senior Organisational Development Advisor
Jean Campbell (JCa)	Chief Finance & Resource Officer
Lorna Hood (LH)	Senior Nurse Children & Families (items 11 & 17 only)
Robert McIlreavy (RMc)	Senior Learning & Education Advisor
Tom Quinn (TQ)	Head of People & Change
Frances Mclinden (FMc)	General Manager Oral Health (from item 7 only)
Margaret McCarthy (MMc)	Unison Rep
Esther O'Hara (EO)	Unite Rep
Derrick Pearce (DP)	Head of Community Health & Care
Caroline Smith (CS)	HR Case Advisor
Margaret Hopkirk (MK)	People & Change Manager
David Radford (DR)	Health Improvement Manager
Lyndsay Ovenstone (LO)	British Dental Association Area Representative
Paolo Mazzoncini (PM)	Head of Children's Services
Karen Gillespie (KG)	HSCP Administrator – Minute Taker
Sarah Hogg (SH)	Clerical Officer (shadowing KG)

No	Topic	Action by
1.	**Welcome and Apologies** AMc opened meeting by welcoming everyone present and requesting roundtable introductions for the benefit of those attending for the first time. Apologies were recorded for Susan Manion, Diane McCrone and Stephen McLeod. AMc advised agenda items were being re-shuffled to allow LH to give updates and leave to attend to prior commitments.	

Chief Officer
Mrs Susan Manion

2.	**Minutes of Meetings** Minutes of meeting held on 22 January 2018 were agreed as correct with the following amendments noted • Point 9 – Title should read Chief Social Work Officer/Head of Children and Criminal Justice Services report. • Point 6 Staff Governance / Adverse weather – LO requested clarity on the use of the adverse weather policy to ensure consistency of application. TQ agreed to discuss this issue with LO outside the meeting and to get a response from the service.	
3.	**Matters Arising** Nil.	
4.	**School Aged Children Update** School Nurse review ongoing, currently three staff nurses have commenced course at University of West of Scotland. MMc asked when review would be concluded, PM advised no end date has been confirmed but review is moving forward. AMc requested confirmation on who represents staff side; TQ will take forward to ensure invites are issued to appropriate people.	**TQ**
5.	**Childhood Immunisations** LH advised that seven full day clinics per month have been scheduled across the HSCP commencing initially in KHCC in coming weeks and rolled out to Milngavie Clinic/Lennoxtown early summer. MMc expressed her concerns that staff may become deskilled if the focus is purely on immunisations – LH spoke about the service being provided to the children and parents and expanded on the skills required to provide these immunisations clinics. PM spoke about his shadowing experience with the school nurses; he found this to be a very positive experience and was highly impressed with the show of attention, care and engagement to both children and parents.	

6.	**Management Update** Derrick Pearce is now in his third week as Head of Community Health and Care, he is currently familiarising himself with the business of the HSCP. A warm welcome was extended to Derrick by the SPF. Caroline Sinclair commences her role as Head of Community Mental Health, LD & Addictions with the HSCP on Wednesday 25 April 2018 Sandra Cairney has now left her role as Head of Health Improvement and Planning, there are no plans to recruit to this position and the duties will be undertaken by other members of the Senior Management Team.	
7.	**Finance Update** JC spoke to the papers that had been presented to the IJB Board on 15 March and had also been circulated with the agenda for this meeting. The papers covered financial performance for period 10. JC informed that the Board had been advised of the budget pressures facing the HSCP and that these will be closely monitored as the year progresses. It was noted that the IJB has yet to consider formally the proposed allocations to the IJB and East Dunbartonshire Council and NHS Greater Glasgow and Clyde. This will be acknowledged the IJB meeting on the 10th of May 2018.	
8.	**HSCP Strategic Plan 2018-2021** Plan was circulated with agenda for information purposes was approved by the IJB on 15 March and will form the business for HSCP in coming years.	
9.	**Workforce & Organisational Development Plan 2018-21** The plan is still in draft format, the plan details staffing requirements to fulfil content of Strategic Plan.	

	Oral Health Plan FMc spoke about Oral Health plan which covers service for the next 10 years across Scotland. Plan was previously circulated with the agenda for information and comment. MMc raised concerns on behalf of Dental Health Nurses who feel this plan might impact on the services being provided. FMc stated that she had been at numerous events/meetings with staff and has always been clear that some of these options have been discussed. FMc spoke about the current situation within Out of Hours Dentistry; in that you are directed to the area in which your Dentist is registered, however a pilot has been set up to look at sending patients to their nearest centre out of hours. FMc state she feels this is a fairly ambitious set up and may take some time to formalise. LO stated staffs are anxious waiting on PDS review which is taking a long time to be published. No firm details have been agreed as yet. FMc suggested that she met with staff to discuss any concerns they may have. MMc requested to be involved in the meeting as she represents the local staff. There are Unison reps but from Acute and Argyll /Clyde.	
10.	**HR Updates** The paper previously circulated with the agenda reported on HR activity during January 2018. CS spoke to the report looking at trends rather than actual figures. It is difficult to compare EDC and NHS figures as they are reported in different ways. The main reasons recorded for absence during January were stress, anxiety/WRS and musculoskeletal disorders. Recent HR road shows with both NHS & EDC ensuring staff were aware of support and staff benefits, feedback from sessions has been positive PDR – no update in this report. KSF – on hold until TURAS introduced.	
11.	**TURAS/SOAR/PDR Update** Core brief was previously circulated to staff to advise that TURAS will email login and temp password will be set, week beginning 3 April 2018. Reference guides will also be issued to both staff and managers. SOARS (Scottish Online Appraisal Reports System) has just been made	

	available to Dentist, in Public Dental Service. FMc highlighted scrutiny issues. LO stated some staff are awaiting training on system. TQ referred to staff needing to access system when alerted. LO requested clarification on where staff can get additional support, FMc stated they should speak to admin support or team lead to gain extra support. LO closed by saying this roll out year is a huge learning curve for staff.	
12.	**Statutory & Mandatory Learning NHSGGC** Attachment was not circulated with agenda; TQ will arrange this following meeting. Nine statutory/mandatory modules have been agreed and staff are to be encouraged to complete by end of April 2018.	
13.	**5yrs Mental Health Strategy** PM spoke to paper on behalf of David Aitken who was unable to attend. Paper had previously been submitted to the IJB at meeting held on 15 March 2018. AMcD advised paper was also presented at Area Partnership Forum, there was concern that paper was not completed in conjunction with Staff side representation. Programme has now been set to look at partnership input and AMcD will update at future meetings.	
14.	**Staff Stress Survey** The survey is a key component to maintaining the gold HWL award. Both the H&S sub group and HWL working group have approved the content of survey and it is anticipated it will run for two weeks from late August 2018. Recommendations and action plan will be brought back to future SPF meetings.	

	iMatter LT spoke to paper which updated on the HSCP iMatters. Work is underway to support staff for the next run, which will take place April 2018. Awareness raising sessions will be taking place over coming weeks. Home Care had an article published highlighting the positive experience and outcomes from the initial run last year.	
15.	**Smoking Cessation Review** DR commented on the paper that had previously been circulated with the agenda. DR confirmed that only one member of staff within East Dunbartonshire HSCP has been affected by this review, however this member of staff is currently on secondment to the Scottish Prison Service. DR advised on the timelines for next steps and that the review should be concluded by end of April 2018.	
16.	**Staff Governance** TQ advised report was missing from the previously circulated papers and he would rectify this following the meeting. Discussions are ongoing to decide if Oral Health and HSCP should report findings separately or jointly, decision will be brought to future meeting.	
17.	**Specialist Children's Services Forum** Stephen McLeod was not present to provide an overview of discussions at the meeting. Minutes of meeting held on held on 7 December 2017 were circulated for information purposes.	
18.	**Health and Safety Minutes HCSP** Minutes of meeting held on 20 February 2018 were circulated for information purposes.	
19.	**Oral Health and Health and Safety** Minutes of meeting held on 6 December 2017 were circulated for information purposes.	
20.	**Date & Time of next meeting** 21 May 2018, F33 A&B, Kirkintilloch Health & Care Centre	

Agenda Item Number: 12

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 2018
Subject Title	Professional Advisory Group minutes of 20th December 2017
Report By	Paolo Mazzoncini, Chief Social Work Officer & Head of Children and Criminal Justice Services.
Contact Officer	Paolo Mazzoncini, Chief Social Work Officer & Head of Children and Criminal Justice Services. 0141 232 8266 Paolo.Mazzoncini@eastdunbarton.gov.uk

Purpose of Report	• To provide the HSCP Board with the minute of the Professional Advisory Group Meeting of 20th December 2017 (attached at Appendix 1).

Recommendations	• To note the contents of the minute attached.

Relevance to HSCP Board Strategic Plan	The Professional Advisory Group is an important multi senior staff group, whose role is to ensure that people who use health and social care services are safe from harm.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

Chief Officer: Susan Manion

HSCP PROFESSIONAL ADVISORY GROUP MEETING
WEDNESDAY 20th December 2017, ROOM F33A, KHCC

Present:	Paolo Mazzoncini	**(PM)**	Chief Social Work Officer & Head of Children's Services (Chair)
	Susan Manion	**(SM)**	Chief Officer
	Lisa Williams	**(LW)**	Clinical Director
	Morven Campbell	**(MC)**	Lead Optometrist
	Fiona Munro	**(FM)**	Team Manager
In attendance:	Lorraine Arnott	**(LA)**	Minutes

No	Topic/Subject	ACTION
1.	**Welcome & Apologies**	
	Apologies received on behalf Carolyn Fitzpatrick, Wilma Hepburn, Adam Bowman, David Aitken, and Stephen McDonald. PM opened the meeting and informed those present that the meeting would take a more informal format due to the various apologies. He also advised of the need to hold another meeting slighter sooner than the scheduled date in April, in order for more detailed discussion to take place around the new GP Contract and the development of a Local Plan to support this. Therefore it was agreed to canvas members for a date in February 2018. **ACTION** – LA to identify suitable date in February for additional PAG meeting.	**LA**
2.	**Previous Minutes**	
	Minutes approved as an accurate record.	
3.	**Matters Arising**	
	Matters arising from the previous minute are for discussion within the agenda.	
4.	**Draft PAG Terms of Reference**	
	PM reviewed the draft amended Terms of Reference with those present. The overall consensus was that the wording within the document was now relevant, and as a result it was agreed that a copy of the Terms of Reference would now be circulated to the full membership for their approval, with a deadline date of confirmation the 31st January. **(ACTION)**	**LA**
5.	**Duty of Candour**	
	PM informed members of the paper circulated from Healthcare Improvement Scotland and Scottish Government with regard to Duty of Candour legislation. He further advised that all staff should be aware and familiar with the legislation and the processes in place. LW commented that the legislation is	

	focused around the formalising of complaints, and responses to complaints, and ensuring a consistent approach. She also advised of an upcoming event focussing on Duty of Candour legislation: Supporting Feedback and Complaints and Duty of Candour Incidents across health and social care, whic is on 21st March and it was agreed that this information would be forwarded to the PAG members to ensure that relevant staff were represented. LA advised that there are possibly online learning modules in relation to the new legislation, which may be suitable for further dissemination. **ACTION** – event information email circulated to SMT members to be forwarded to all PAG members for attention, and also to ensure that all key operational leads from all services are represented. All information from event to be reported back at the PAG April meeting. **ACTION** – Contact Robert McIlreavy and Moira McDonald to determine whether there are learning modules associated with this currently online.	**LA/ALL** **LA** **LA**
6.	**Review of updated SCI Policy**	
	PM informed the meeting that Wilma Hepburn was scheduled to lead the discussion in relation to the updated SCI Policy, however was unable to attend the meetings. LW advised that SCI toolkit was available through Staffnet under the Clinical Governance section and commented that this item was more to update members. No need for any further discussion.	
7.	**Update – Optometry Services**	
	MC attended and updated on issues ongoing within optometry services. Of note she commented on referral pathways and recent incident where patient was referred to GP by the optometrist, as opposed to a direct referral into secondary care service. Ophthalmologists should refer directly to local hospital services when required. Routine referrals are still processed through SCI gateway. MC will speak directly to Optometrist in question to determine details surrounding specific incident. Correct information on referral processes to be circulated to Optometrists by MC, however there are still some difficulties obtaining contact email details for all local practitioners. **ACTION** – email to be circulated to all optometrists again to ask for contact details to be forwarded to Gillian Notman/Lorraine Arnott, at the request of the Chief Officer. This information to be forwarded to MC once available. MC further advised of the current medications pilot; NHS posters now contain contact details for Optometrists. A process is required within East Dunbartonshire to get medications/prescriptions supplied by GPs upon request from the Optometrists. Some practitioners will have prescribing status, but there is a waiting list for training so there is still a significant gap in this service. **ACTION** – LW, MC & Gillian Notman will discuss this further. Meeting date to be arranged.	**LA/GN** **LW/MC/GN**
8.	**Unscheduled care – update from Primary/Secondary Care Interface**	
	FM highlighted some areas that were discussed at recent meeting; eKIS Summary – useful information that needs robustly recorded and updated to allow for data sharing between primary and secondary care services. Mental Health – 8 week pilot ongoing with two CPN's available within Accident & Emergency Departments. Geriatricians – GP colleagues can make direct contact with senior clinician from DOME, however there have been some difficulties with phone reception within GRI and this is something being worked on currently. Any new contact details will be fed out via LW once available.	

	West Minor Injuries unit to re-open at Yorkhill, however currently there is no timescale for this. LW also updated and informed that Alasdair Ireland is leading on various unscheduled care issues, and is aware of the challenges that primary care colleagues are facing. **ACTION** – Unscheduled Care & Admissions to be added to the next GP Forum agenda.	**LW/LA** **LW/LA**
9.	**Update – Unaccompanied Asylum Seeking Children & Syrian Families**	
	PM provided brief background in relation to East Dunbartonshire's responsibility in regard to the unaccompanied asylum seeking children and Syrian families. East Dunbartonshire had agreed to accommodate four unaccompanied asylum seeking children, with expectation that they would be accommodated within the Ferndale facility, however to date have only taken one case, 17 year old Syrian with family still overseas. PM informed that he has been accommodated in supported children's home and has been allocated and registered with appropriate GP services. Currently in settling in phase but indications are positive. Plans in place to connect him with the Syrian families already settled within the area. LW informed that no concerns or difficulties had been raised by any of the GPs affected and all feedback positive so far.	
10.	**Strategic Plan**	
	SM advised that at this time no update was required.	
11.	**Update on Board Transformation Plan**	
	This item will be added to the February meeting agenda for further discussion.	
	Date of next meeting:	
	February 2018, date to be confirmed. 4th April 2018, Room F33A, Kirkintilloch Health & Care Centre	

Chief Officer
Susan Manion

Agenda Item Number: 13

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 2018
Subject Title	East Dunbartonshire Audit Committee Minutes of 21st February 2018
Report By	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221
Contact Officer	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221

Purpose of Report	To provide the Board with an update on the business of the Audit Committee held on the 21st February 2018.

Recommendations	The Integration Joint Board is asked to: a. Note the contents of the minute of the Audit Committee held on the 21st February 2018.

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

Implications for Health & Social Care Partnership

Human Resources	none

Equalities:	N/A

Financial:	None.

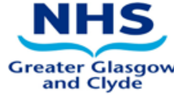
Legal:	None.

Economic Impact:	None

Sustainability:	None

Risk Implications:	N/A

Implications for East Dunbartonshire	N/A



Council:	

Implications for NHS Greater Glasgow & Clyde:	N/A

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

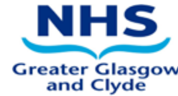
Chief Officer
Mrs Susan Manion

Minutes of
East Dunbartonshire Health & Social Care Partnership Audit Committee Meeting
held at 2:00pm on Wednesday 21st February 2018
in S1, Kirkintilloch Health & Care Centre

Present:	**Susan Murray (Chair)**	**(IF)**	**Jean Campbell**	**(JC)**
	Sheila Mechan	**(SMe)**	**Susan Manion**	**(SMa)**
	Peter Lindsay	**(PL)**	**Kenny McFall**	**(KM)**
	Ian Ritchie	**(IR)**	**Gillian McConnachie**	**(GM)**
	Jacqueline Forbes	**(JF)**		

In attendance: **Lorraine Arnott (Minutes) (LA)**

No.	Topic	Action by
1.	**Welcome and Apologies**	
	Susan Murray welcomed those present. Ian Fraser's apologies were noted.	
2.	**Minutes of previous meeting – 26th September 2017**	
	The minute of the meeting held on 26th September 2017 was approved as an accurate record.	
3.	**Revised Terms of Reference – ED HSCP**	



	Ms Campbell • Adding "Risk" to the title of the Committee – therefore, Performance, Audit & Risk Committee. • Committee provides opportunity to reduce work for the IJB – performance reports will continue to be submitted to the IJB Board but the Audit Committee will be used as a forum to consider service areas in more detail, however this will not impact or reduce the work of the IJB but will provide greater assurance over the performance monitoring function. The outcomes from this meeting are merely recommendations to be highlighted to the IJB, specifically areas that require more in depth detail and information. • Mrs Manion – the function of the Committee is to support the role of the IJB, providing assurance that robust processes are in place. The Terms of Reference needs to focus on a broad spectrum of functions. • Chair – IJB need to familiarise themselves with the Terms of Reference for the Committee. • Mrs McConnachie – in reference to paragraph 6.1.1; minimum number of meetings for the Committee to be set to a minimum of two per annum. Ms Campbell specified an expectation of three per year, with anywhere between two and five being a reasonable expectation. Provisional dates for diaries to be suggested. In summary the Chair reflected the discussion as changes to the title of the group, minor amendments to the text, otherwise happy to accept. The Committee noted the report.	
4.	**Audit Scotland – Audit Plan 2017/2018**	
	Mr Peter Lindsay gave an overview of the Audit Scotland – Audit Plan for 2017/2018. Same format as last year, and discussed in brief detail the content therein, specifically potential audit risks, transitional arrangements to remain in place for the 2017/2018 financial year, audit fee for the year for all IJB's and the financial statements timetable for the coming year. PL questioned on the processes in place for agreeing with the NHS what will be allocated to the HSCP budget for the coming year, as Council have received allocation from SG. Ms Campbell advised that she is currently in discussion with the Director of Finance for NHS GG&C Board and the Chief Executive and offer will be formalised in a letter to the HSCP/IJB detailed what the Board will be offered. Mrs Manion advised that she will meet with Jane Grant, and has also discussed position with GC regarding current position. Chair informed that current underspend potentially identified significant risks for the HSCP thereby raising concerns. She suggested that a report be produced highlighting the effects and implications for said underspend, in respect of the importance in maintaining public transparency.	
5.	**Internal Audit Progress Update 2017/2018**	

	Mrs McConnachie gave an overview of the Internal audit annual report 2017/18, focusing particularly on the outputs from July to December. Internal audit plan for 2018/19 is in draft format at present. Shelia Meechan noted Self Directed Care being an area most at risk, need to identify how the HSCP is prioritising high risk areas. Ms Campbell informed members that there are ongoing transformation processes currently being looked at, and suggestions will be made regarding improvements. SM commented that it reflects retrospectively to previous discussion in respect of recognising risks, and actions taken to mitigate said potential risks. Jacqueline Forbes advised that the language of the report had caused her some concern. She commented that it required being more specific in how the information was explained to the reader. Discussion ensued regarding various aspects of this. SM informed that she would look at this with Mrs McConnachie as there also requires to be some form of clarity surrounding governance arrangements, and the need for accountability to ensure that the HSCP is delivering collectively. Ms Campbell also advised that all actions raised from the audit will form part of a management action plan. The Committee noted the update.	
6.	**NHS GG&C CPWC Internal Audit Activity to December 2017**	
	Mrs McConnachie advised that updates have been provided on the reports. Chair noted the data was much to be expected. Ms Campbell advised some areas that are NHS wide however particular areas that will be addressed locally where these are an issue. Mrs Manion – Any issues from this will be picked up and addressed. The Committee noted the update.	
7.	**EDC Interim Follow Up Audit Report**	
	Mrs McConnachie informed that the EDC Interim Follow Up Audit Report is carried out twice a year to follow up on any outstanding actions. She advised that she will contact management for an update in respect of the delay in responding to the current outstanding actions. Chair – highlights the challenges that are faced; substantial amount of ongoing work that needs to be continued and maintained. The Committee noted the report.	
8.	**A.O.C.B.**	
	Nothing further to be noted at this time.	
9.	**Date of Next Meeting**	
	Next meeting of the group is scheduled to take place on 21st June 2018.	

Chief Officer
Susan Manion

Agenda Item Number: 14

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 20918
Subject Title	Register of Interests forms - August 2018 to July 2019.
Report By	Jean Campbell Chief Finance and Resources Officer
Contact Officer	Jean Campbell 0141 232 8237 Jean.campbell@ggc.scot.nhs.uk

Purpose of Report	To record IJB members Register of Interests

Recommendations	IJB members complete form

Relevance to HSCP Board Strategic Plan	None

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	.None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0 MAIN REPORT
1.1 ED HSCP IJB members to complete and return the Register of Interests form for period **August 2018 to July 2019**.

Received	
Date Entered	

East Dunbartonshire Integration Joint Board

Ethical Standards in Public Life Etc (Scotland) Act 2000
Code of Conduct for Members of the
East Dunbartonshire Integration Joint Board

Register of Interests – August 2018 – July 2019

Note: If no interest in any category please state "None" or "Nil". Where there is insufficient space to record all registerable interests please request continuation sheet from ……………………… on 0141-…………

Name:	

Section 4 of Code – Category One: Remuneration

Remuneration from Employment

	Name of Employer & Nature of Post held	Nature of Business	Additional comments
Details of Employment held			

Remuneration from self-employment

	Name of Business	Nature of Business	Additional comments e.g. Frequency
Details of self-employment held			

Remuneration as holder of paid office

	Nature of Office held	Organisation	Additional comments e.g. Frequency
Details of offices held			

My Documents/BoardMem/
DeclInt FormV2 2003

Remuneration as a Director of an Undertaking

	Registered Name of Undertaking	Nature of Business	Additional comments
Details of directorships held			

Remuneration as a Partner in a Firm

	Name of Partnership	Nature of Business	Additional comments
Details of Partnerships held			

Remuneration from a trade, profession or other work

	Nature of work	For whom undertaken & frequency	Additional comments
Details of remuneration from trade, profession or other work			

Section 4 of Code – Category Two: Related Undertakings

	Name of subsidiary, parent or other organisation and nature of business	Relationship to organisation where remunerated directorship under Category One	Additional comments
Details of non-remunerated directorships			

Section 4 of Code – Category Three: Contracts

	Description of Contract (excluding consideration)	Duration of Contract	Additional comments
Details of contracts entered into			

Section 4 of Code – Category Four: Houses, Land and Buildings

	Description of interest	Description of approximate Location	Additional comments
Details of interests in houses, land and buildings			

Section 4 of Code – Category Six: Shares and Securities

	Registered Name of Company or Body	Description of nature of holding (value need not be disclosed)	Additional comments
Details of interests in shares and securities which may be significant to, or relevant to, or bear upon the work of the Partnership			

Section 4 of Code – Category Six: Gifts and Hospitality

	Description of gift or hospitality	Additional comments
Details of gifts and hospitality received		

Section 4 of Code – Category Seven: Non-Financial Interests

	Description of interest	Additional comments
Details of non-financial interests which may be significant to, or relevant to, or bear upon the work of the Integration Joint Board		

Date of Preparation:

Number of Continuation Sheets:

Signed: --

Revisions to registration

Revision	No 1	No 2	No 3	No 4	No 5
Sections Covered					
Date received					
Entered in Register					

Chief Officer
Susan Manion

Agenda Item Number:15

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 2018
Subject Title	Annual Business Plan 2018/19
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer (Tel: 601 3221)

Purpose of Report	To present the draft business plan for 2018/19.

Recommendations	The Partnership Board is asked to: a) Note the draft Business Plan for 2018/19

Relevance to HSCP Board Strategic Plan	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 annual business plan sets out the priorities which will be delivered during 2018/19 in furtherance of the strategic priorities set out in the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None.

Sustainability:	None.

Risk Implications:	None

Implications for East Dunbartonshire Council:	None.

Implications for NHS Greater Glasgow & Clyde:	None.

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

1.0 MAIN REPORT
1.1 The Business Plan for 2018/19 sets out the priorities which will be taken forward during 2018/19 in achievement of the outcomes set out in the Strategic Plan 2018/2021. A copy is attached as **Appendix 1.** 1.2 The partnership will be establishing a Transformation Programme Board to oversee this programme of work involving the partnership's senior management Team (SMT) along with key stakeholders within the constituent bodies, Staff side representatives and service user and carer representation. 1.3 The delivery of the strategic priorities set out within the draft Business Plan will be dependent on the agreed financial settlement from the constituent bodies and the sufficiency of this to deliver these priorities in their entirety during 2018/19.

Health & Social Care Partnership

DRAFT

ANNUAL BUSINESS DEVELOPMENT PLAN

2018/2019

INTRODUCTION

The Health &Social Care Partnership (HSCP) is operating within a period of complex and significant service change, spanning multiple specialties and across multiple organisations.

This Business Development Plan aims to strengthen the planning processes that underpin the implementation of priorities outlined in the Strategic Plan (2018/21). The purpose is to ensure that:

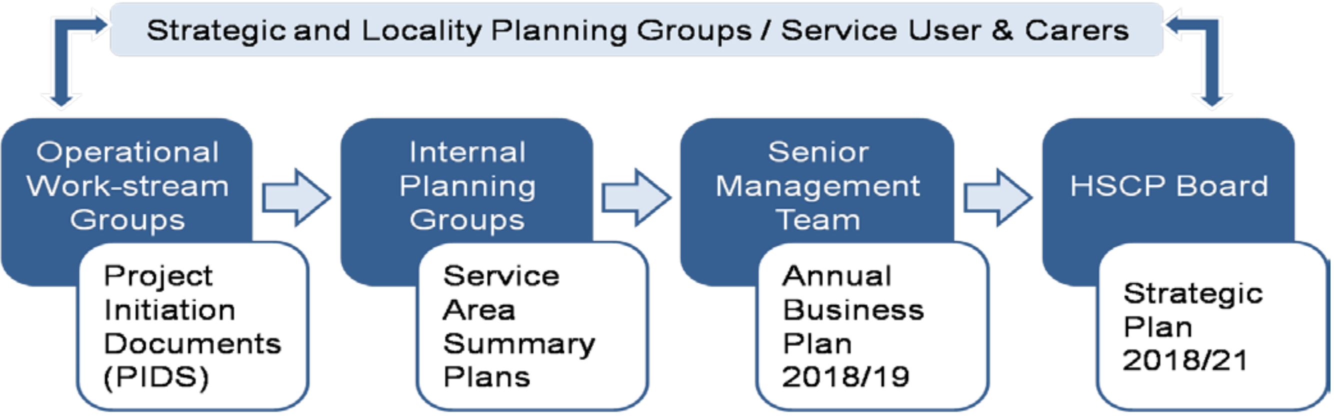
- business planning processes are aligned with the strategic principles and operational priorities of quality, efficiency, integration and person centeredness;
- each business change proposal is led by the people who deliver the service to ensure ownership;
- sufficient time is factored in to engage with the wide range of stakeholders internally and externally; and
- each change proposal has a robust decision audit trail.

Each Annual Business Development Plan articulates the expected deliverables within each year of the three-year Strategic Plan to achieve service transformation. It also supports and/or is aligned with a number of other local and regional strategic plans, for example:

- EDC Business Improvement Plan
- East Dunbartonshire Local Outcome Improvement Plan (LOIP)
- NHSGGC Moving Forward Together Delivery Plan
- NHSGGC Operational Plan (previously LDP)
- Emerging West of Scotland Regional Plan

HSCP PLANNING PROCESSES

The HSCP is developing robust programme programme management mechanisms to oversee the business planning process and the associated implementation plans and service change delivery. Internal planning groups are being established led by a Head of Service who progresses service area priorities through PIDs (Appendix 1) developed by operational work-stream groups.



A suite of project management tools are in development to support work-stream groups in the preparation of Project Initiation Documents. These tools outline the key steps to be considered including:

- making the case for change;
- developing and testing service models;
- undertaking engagement;
- evaluating impact;
- Resource implications;
- securing required decisions; and
- developing implementation plans.

SUMMARY OF PRIORITIES/DELIVERABLES FOR 2018/19

Service Area Priorities/Deliverables	Project Code	Page
Children's Services Project		
▪ Develop sustainable services for school age children in line with national recommendations	CHSP01	6.
▪ Implement new model of childhood immunisation programme	CHSP02	7.
▪ Implement the Health Visiting Universal Pathway	CHSP03	8.
▪ Enhance support for young pregnant women and young parents in line with the recommendations from the National Pregnancy & Parenthood in Young People's Strategy	CHSP04	9.
▪ Improve transition arrangements for children moving from children to adult services	CHSP05	10.
▪ Improve supportive placement for looked after children within East Dunbartonshire	CHSP06	11.
▪ Prevent children reaching the thresholds for specialist SW provision utilising prevention approaches	CHSP07	12.
▪ Extend provision young people who are looked after children up to 25yrs to meet legislative requirement	CHSP08	13.
▪ Develop alternatives to secure accommodation for vulnerable young women	CHSP09	14.
▪ Scope the potential to accommodate children's Social Work Services within the KHCC	CHSP10	15.
Adult Services Project		
▪ Develop sustainable services for people with Learning Disabilities throughout the life cycle	ADSP01	16.
▪ Support individuals with autism in line with national recommendations	ADSP02	17.
▪ Support adults with Mental ill-health to live as independently as possible within their community	ADSP03	18.
▪ Support individual, families and communities experiencing alcohol related harm	ADSP04	19.
▪ Redesign and implement locally a smoking cessation services in line with the NHS GGC Tobacco Review.	ADSP05	20.
Older People's Services Project		
▪ Further develop supports for those with dementia, and their carers	OPSP01	21.
▪ Develop a range of services to support more effective, timeous discharge from hospital	OPSP02	22.
▪ Develop a continuum model of intermediate care to help prevent avoidable hospital admission and support people to receive care	OPSP03	23.

within their community		
▪ Work with the Care Home Sector to develop an enhanced model of service provision	OPSP04	24.
▪ Develop and deliver early intervention, preventative approaches to support older people to remain in the local community.	OPSP05	25.
▪ Review current provision and improve accessibility to health and social care services for the aging population in custody.	OPSP06	26.
▪ Develop and promote a range of preventative and sustainable approaches to self management and anticipatory care	OPSP07	27.
▪ Promote independence through the uptake of telecare and telehealth solutions through the implementation of the Assisted Living Technology Strategy	OPSP08	28.
▪ Review homecare services to deliver a sustainable model ensuring an agreed balance of in/house /external provision provision	OPSP09	29.
▪ Improve the effectiveness and efficiency of services by maximising opportunities for integrated service delivery	OPSP10	30.
▪ Develop and enhance support for those requiring Palliative Care	OPSP11	31.
▪ Review and develop the strategic relationship between the HSCP and housing sector, particularly in relation to housing for older people and those with physical disabilities	OPSP12	32.
▪ Review the provision of respite to carers and develop a Short Breaks Strategy for East Dunbartonshire	OPSP13	33.
Primary Care Services Project		
▪ Enhance support to primary care by implementing the new GP Contract for Scotland in East Dunbartonshire	PCSP01	34.
▪ Enhance collaboration in primary care by strengthening GP Cluster arrangements	PCSP02	35.
▪ Review and further develop the Primary Care Wellbeing project	PCSP03	36.
• Participate in and implement resulting actions for East Dunbartonshire from the GG&C Out of Hours Review	PCSP04	
Criminal Justice Services Project		
▪ Lead the Community Planning partnership response to new Community Justice arrangements	CJSP01	37.
Oral Health Services Project		
▪ Further improve dental services for priority groups	OHSP01	38.
▪ Review the balance and proportionality of oral health improvement programmes across adult and child services	OHSP02	39.
▪ Develop a Health Board wide premises strategy in relation to PDS services, including consolidation and possible reduction and relocation of oral health services in relation to the PDS	OHSP03	40.

Corporate Services		
▪ Develop an ICT Plan	CSP01	41.
▪ Accommodation Strategy	CSP02	42.
▪ Develop a Health & Care Centre within the West Locality	CSP03	43.

Chief Officer
Susan Manion

Agenda Item Number:16

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	15th March 2018
Subject Title	Assistive Technology Strategy – 2018 – 2023
Report By	Jean Campbell, Chief Financial Officer
Contact Officer	Kelly Gainty, Adults and Community Care Support Worker

Purpose of Report	The purpose of the report is to inform the Board about the recently updated Assistive Technology Strategy, which covers the period 2018 – 2023 (Appendix A).

Recommendations	It is recommended that the HSPC Board: • Approve the Assistive Technology Strategy 2018 – 2023 and the associated Action Plan.

Relevance to HSCP Board Strategic Plan	The use of digital technology is instrumental in supporting the HSCP's strategic vision for supporting people to live independently at home or in homely settings. The HSCP Strategic Plan recognises that the ageing population will put increased pressure on community health and social care services. Assistive technology can play an important part in alleviating some of these pressures.

Implications for Health & Social Care Partnership

Human Resources	East Dunbartonshire Council employs a member of staff who has responsibility for leading on the continued development of assisted living technology in East Dunbartonshire. There is a team of Mobile Technician Officers managed by the Home Care Organiser (Telecare). However, the increase in the use of assistive technology will require a review of the staffing complement and response model for the service.

Equalities:	The Assistive Technology Strategy meets all equality duties with the previous Strategy having been subject to an Equalities Impact Assessment.

Financial:	There is a dedicated budget to develop and provide assistive living equipment within East Dunbartonshire. However, increase in the use of technology may require review of the level of funding over the life of the Strategy. Historically small grant funding has been available from the Scottish Government via the Scottish Centre for Telehealth and Telecare (SCTT). Part of the Strategy's activities involves the Home Care Organiser (Telecare) linking with the Centre to develop assistive technology.

Legal:	While there is no legislation directly associated with the provision of assistive living technology, it helps to meet the legal duties associated with other legislation i.e. Social Work (Scotland) Act 1968; Social Care (Self Directed Support) (Scotland) Act 2013 and recommendations such as those included in the Christie Report. Assistive technology has the potential to threaten individuals' privacy and control. In this context, social care and health professionals need to consider and discuss the range of issues with service users and their families.

Economic Impact:	Assistive technology forms a low cost element to assisting people to live independently at home in their communities. It can have significant impacts on reducing unnecessary hospital admissions and facilitate timeous hospital discharges.

Sustainability:	Assistive technology is a low cost form of providing support, monitoring and supervision elements of care for vulnerable individuals. However, the technology requires regular review, maintenance and replacement when required and it is imperative that this budget continues to secure revenue funding to support ongoing growth and implementation.

Risk Implications:	Risks are associated with a number of areas including: difficulties securing continued sustainable revenue funding to support ongoing growth and implementation; increased referrals and unmet demand for the equipment and service resulting in unmanageable pressure on the service; unfamiliarity and lack of confidence in the technology resulting in low service uptake and impact on strategic objectives. However, the action plan contained within the Strategy considers activities that are required to be undertaken to mitigate these risks.

Implications for East Dunbartonshire Council:	The failure to progress assistive technology may result in the requirement to provide higher cost support packages to vulnerable people living in the community. This, in turn, has the potential to impact on HSCP's budgets and limit available resources. It may also impact on the legal duties that social work practitioners are required to meet within legislation associated with social care support i.e. choice and control (self directed support); adult support and protection; etc.

Implications for NHS Greater Glasgow & Clyde:	The failure to progress assistive technology may have a negative impact on reducing the number of unplanned hospital admissions and failure to facilitate hospital discharges timeously.

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

1.0	**MAIN REPORT**
1.1	In 2006, the Scottish Government (nee Executive) launched the Telecare Development Programme. This programme provided funding to Local Authorities between 2006 and 2010 to support the implementation of Telecare and to ensure that Telecare became a vital component of mainstream community care services across Scotland.
1.2	The aim of the previous national Telecare Strategy was that technology would contribute to: • personalisation and individualised health and social care outcomes for service users and carers; • supporting areas such as 'Shifting the Balance of Care' and 'Reshaping Older People's Care'; • encouraging Local Authorities to implement the mainstreaming of Telecare within its local service planning activities.
1.3	More recently the Scottish Government has set out its vision that by 2020 telehealth and telecare in Scotland will have a positive impact on: • Enhanced wellbeing and quality of life; • Improved sustainability of care; • Increased economic growth in Scotland.
1.4	The Scottish Centre for Telehealth and Telecare (SCTT) has the lead role for delivering the Scottish Government's vision for Assistive Technology, working with various stakeholders across the sector including HSCPs.
1.5	Through local consultation with social work and health professionals, it was encouraging that a number of staff feel knowledgeable about assistive technology equipment; however, the Strategy recognises that there is still significant work required to be undertaken to raise awareness, increase knowledge and instil confidence about the benefits of technology and the outcomes it can achieve for individuals.
1.6	Through local engagement with stakeholders, the Strategy establishes seven key outcomes that it expects to contribute to: supporting people to remain independent; reducing the number of unplanned hospital admissions; facilitating timeous hospital discharges; forming low cost elements of individual support packages; providing a consistent approach to falls prevention and management and accelerating the implementation of local integrated falls and fragility fracture pathways.

East Dunbartonshire Assistive Technology Strategy
2018 - 2023

The Vision:

The use of digital technology is central to East Dunbartonshire Health and Social Care Partnership's (HSCP) vision for supporting people, of all ages and disabilities, to remain living independently at home or in a homely setting.

Technology continues to have an increasing role in promoting independence and this Strategy sets out the HSCP's intentions to further develop and provide opportunities for technology to be delivered across all service user groups.

The Purpose:

The ageing population, both nationally and locally, will put increased pressure on community health and social care services resulting in increased need for care and support. Assistive technology continues to play an integral role in alleviating some of these pressures. It has the capacity to provide ongoing monitoring and supervision as well as alerting to emergency situations which can assist the HSCP to free up scarce resources to be deployed where they are most needed.

This Strategy sets out the HSCP's commitment to continue to build on the well-established community alarm and telecare programme within East Dunbartonshire, ensuring its further development, expansion and contribution towards achieving local priorities as outlined in the HSCP's Strategic Plan and East Dunbartonshire Council's Local Outcome Improvement Plan.

The Strategy sets out details of the outcomes that the HSCP want to achieve in delivering the assistive technology programme and identifies actions that will contribute towards these outcomes. If equipment is used appropriately, it can support individuals to live independently within their own communities.

The National Context:

The Scottish Government has set out a "triple win" expected by 2020 from delivering telehealth and telecare in Scotland:

- Enhanced wellbeing and quality of life;
- Improved sustainability of care;
- Increased economic growth in Scotland

The Scottish Centre for Telehealth and Telecare (SCTT) assumes the lead role in delivering the Scottish Government's Technology Enabled Care Programme. The SCTT are involved in supporting the development and expansion of technology enabled health and social care services in Scotland. The Centre works with various stakeholders including industry; academia; councils; NHS Boards; HSCPs and the Third Sector.

The SCTT supports the national Telecare Development Programme by exploring:

- service improvement through telecare data collection and analysis;
- the embedding of telecare within care pathway redesign programmes for dementia, falls and overnight support services;
- the move from analogue to digital telecare programmes;
- the expansion of telecare;
- the development of on-line telecare self check and signposting tools to support awareness raising and expansion.

The Local Context:

Assistive technology contributes towards the national health and wellbeing outcomes that are set out in the HSCP's Strategic Plan and the local outcomes contained within East Dunbartonshire Council's Local Outcome Improvement Plan:

Health and Wellbeing National Outcomes:

Outcome 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.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

Local Outcome Improvement Plan:

Local Outcome 6: Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services

The Local Demographic Picture:

In 2015 the population of East Dunbartonshire was 106,960, which is an increase of 0.2% since 2014. East Dunbartonshire's population accounts for 2% of the total population of Scotland.

Persons aged 60 years and over make up 28% of East Dunbartonshire's population which is higher than the Scottish average of 24.2%. In comparison to Scotland over the period 2012 to 2014 East Dunbartonshire had a lower death rate. Over that same period more people entered East Dunbartonshire to live than the number of those who left the area.

The life expectancy for females (83.9 years) and males (80.7 years) in East Dunbartonshire are both greater than the Scottish average. Over a 25 year period the age group that is projected to increase the most in size, in East Dunbartonshire, is the 75 years plus age group.

(National Records of Scotland – June 2016)

What is Telecare and Telehealth?

'Telecare' is

"the provision of care services at a distance using a range of analogue, digital and mobile technologies. These range from simple personal alarms, devices and sensors in the home, through to more complex technologies such as those which monitor daily activity patterns, home care activity, enable 'safer walking' in the community for people with cognitive impairments/physical frailties, detect falls and epilepsy seizures, facilitate medication prompting, and provide enhanced environmental safety"

(A National Telehealth and Telecare Delivery Plan for Scotland to 2015)

Telecare equipment and devices can be activated by the service user or can be initiated in a passive manner. The equipment could include: falls sensors, smoke sensors, medication reminders, environmental monitoring and gps monitoring systems etc.

'Telehealth' is

"the provision of health services at a distance using a range of digital and mobile technologies. This includes the capture and relay of physiological measurements from the home/community for clinical review and early intervention, often in support of self management; and "teleconsultations" where technology such as email, telephone, telemetry, video conferencing, digital imaging, web and digital television are used to support consultations between professional to professional, clinicians and patients, or between groups of clinicians."

(A National Telehealth and Telecare Delivery Plan for Scotland to 2015)

Telehealth equipment can send information to staff based within hospital or community settings. It could include monitoring blood pressure from a service user's home, using a blood pressure cuff and telephone line device, or could send medical information to a Consultant within a hospital setting from a remote location.

'Telehealthcare' is a term that can be used interchangeably with the terms 'telecare' and 'telehealth'. The term relates to the joining together of the two to provide an

integrated approach when using technology to deliver high quality health and social care services.

The Ethical and Legal Considerations:

Assistive technology has the potential to threaten individuals' privacy and control. Social care and health professionals need to consider a range of ethical issues when supporting a service user in deciding whether to use these types of technology. These issues need to be considered before, during and after the installation of sensors.

The Achievements:

There is a range of assistive technology equipment available to support people to remain independent in their own homes including personal alarms, falls monitors, activity monitors and property exit sensors. The HSCP has created a dedicated post to promote assistive technology solutions and establish further recording systems to provide the HSCP with an accurate reflection of users within the area. A current report shows that East Dunbartonshire have 2053 individuals using community alarms / telecare services. (East Dunbartonshire HSCP Annual Report 2017)

The following developments have taken place over the last six months:

- Utilisation of the Assisted Living Show Flat to enhance service users and families' knowledge about assistive technology and its benefits;
- Increased visits by Social Work and Health practitioners to the Assisted Living Show Flat to increase knowledge and confidence about the equipment;
- Introduction of feedback form to further develop stakeholders' experience of the Assisted Living Show Flat;
- Exploring and increasing use of new and up to date technology that will further benefit service users and help achieve their outcomes.

The Learning Experience:

A consultation exercise with social work and health practitioners took place in September 2017 with a variety of teams providing responses including: Older People; Joint Learning Disability; Adult Intake; Care at Home; Occupational Therapy; District Nursing; Community Mental Health and Community Rehab Teams.

Only 56% of the respondents are confident about explaining the community alarm service to service users; reducing to 33% in relation to explaining about telecare. While 67% of respondents felt that they had some knowledge about telecare; 50% felt that there was little information about telecare with another 33% unaware of where to access information. 61% of the respondents has never received training or information awareness sessions about telecare with 28% unfamiliar with how to make a referral.

27% of the respondents were unaware that the HSCP hosts an assisted living show flat with 56% never having visited the flat. 44% of respondents advise having limited discussion regarding the ethical issues that arise from the use of telecare with 17% unfamiliar about the ethical issues.

43% of respondents had received positive comments only about telecare equipment, however 57% had received both positive and negative comments. Examples of the positive and negative comments were:

“Provides reassurance for service users and their families”;

“Helps to improve the safety of those who are known to leave their homes”

“Supports people with many different options dependent on their illness”.

“Some people refuse telecare because they feel that the cost is too high”

“Some people find that the falls sensor is very sensitive, going off when the person bends down”.

The consultation asked practitioners what would help them, in their roles, to consider and encourage more use of telecare for service users. Examples of the suggestions included:

“Better feedback from service about implementation and service user experience”

“More information on ethical considerations”

“Training to gather full knowledge”

“More information about the equipment that is available for service users”

The results of the consultation has been instrumental in determining the future actions required to progress the development of assistive technology in East Dunbartonshire.

<u>The next steps:</u>

This Strategy, which covers a five year period, builds on an already established community alarm and telecare support service but recognises that much more development, creativity and innovation still needs to be accomplished to ensure that assistive technology is utilised to its full extent. East Dunbartonshire HSCP is committed to driving forward the key outcomes within the timescale of the Strategy. An action plan has been developed that covers a range of these objectives and sets out clear timescales for each. The Strategy will be monitored through the Older People’s Planning Group.

The Key Outcomes:

- To support service users of all ages and disabilities to remain independent at home or in a homely setting;
- To support the reduction in unnecessary hospital admissions and provide support to assist people to be discharged from hospital timeously;
- To contribute to service users' assessment of need and achievement of individual outcomes;
- To form a low cost element of a fuller support package that contributes towards individual assessed needs and outcomes;
- To contribute towards the personalisation and self-directed support agenda where service users manage their care and support needs utilising a variety of available options;
- To support a more consistent approach to falls prevention and management and in doing so improve experiences and outcomes for older people, their families and carers;
- To accelerate the pace of implementing local integrated falls and fragility fracture pathways.

Appendix 1

East Dunbartonshire Health and Social Care Partnership: Assistive Technology Strategy Action Programme 2018 - 2023

Issue	'Smart' Output	Actions Required	Lead Officer	Timescale
Develop a strategic direction for the continued development of Assistive Technology	Produce an Assistive Technology Strategy to cover next five years	Review current Telecare Strategy.	Adults and Community Care Support Worker/Home Care Organiser (Telecare)	March 2018
Practitioners are required to think about the ethical considerations for use of assistive technology equipment	Produce a 'Good Practice Guide' for Social Work and Health Practitioners.	Benchmark other HSCPs use of guides re ethical considerations.	Adults and Community Care Support Worker	August 2018
		Research ethical considerations.	Adults and Community Care Support Worker	September 2018
		Write a 'Good Practice' guide for discussion amongst the Assistive Technology Strategy Action Group.	Adults and Community Care Support Worker	October 2018
Ensure relevant and current information is available for service users, practitioners and other stakeholders regarding assistive technology	Develop easy read, jargon free, information materials in different formats.	Review Website content	Home Care Organiser (Telecare)	Summer 2018
		Review public information leaflets	Home Care Organiser (Telecare)	Summer 2018
		Increase number of awareness sessions with service user and carer forums/groups by 10% each year.	Home Care Organiser (Telecare)	During length of strategy
		Raise awareness with GPs and Allied Health Professionals.	Change Project Lead	During length of strategy
		Increase number of awareness sessions with third sector organisations by 10% each year.	Home Care Organiser (Telecare)	During length of strategy
		Increase number of visits to the Assisted Living Show Flat by 10% each year.	Home Care Organiser (Telecare)	During length of strategy

Ensure that there is a knowledgeable and confident workforce.	Develop relevant training materials in different formats.	Increase the number of assistive technology training sessions for health and social work practitioners by 10% each year. Explore the development of an assistive technology e-module learning module for induction purposes and refresher training. Ongoing assistive technology development for Telecare Technicians and Home Care Organiser (Telecare). Review of staffing complement and response model within Community Alarm and Telecare Response Team	Home Care Organiser (Telecare) Adults and Community Care Support Worker/Home Care Organiser (Telecare) Home Care Organiser (Telecare) Team Manager (Care at Home Services)/Joint Services Manager – Older People	During length of Strategy 2019 – 2020 During length of Strategy 2021 - 2023
Ensure that the service explores and delivers new technology.	Explore, benchmark and research different types of assistive technology equipment to meet a variety of needs and outcomes.	Liaising with Assistive Technology Suppliers/Industry Attending relevant Assistive Technology events Liaising with Scottish Centre for Telehealth and Telecare Participation at Scotland Excel User Intelligence Group Exploration of Scotland Excel Telecare Framework	Home Care Organiser (Telecare) Home Care Organiser (Telecare) Home Care Organiser (Telecare) Home Care Organiser (Telecare) Home Care Organiser (Telecare)	During length of Strategy During length of Strategy During length of Strategy During length of Strategy 2019 - 2020
Ensure that the development and provision of assistive	Liaise with service users and stakeholders	Undertake bi-annual quality assurance activities with	Home Care Organiser (Telecare)	During length of Strategy

technology equipment meets the needs of service users and other stakeholders.	regarding the use of assistive technology equipment.	stakeholders.		
Ensure that the development and provision of assistive technology is reflected in performance management activities.	Develop a system for recording and reporting on assistive technology services and supports.	Liaise with Performance Management Team regarding recording of equipment. Establishing a system for recording and reporting on types of equipment being utilised by service users. Monitoring and reporting on statistics related to equipment referrals, including service user groups; age ranges; geographical area; sources of referrals. Monitoring and reporting on outcomes achieved through the use of assistive technology equipment.	Adults and Community Care Support Worker/Home Care Organiser (Telecare) Adults and Community Care Support Worker/Home Care Organiser (Telecare) Home Care Organiser (Telecare) Home Care Organiser (Telecare)	February 2018 March 2018 During length of Strategy During length of Strategy

The Assistive Technology Strategy will be available on the East Dunbartonshire Health and Social Care Partnership website pages at www.eastdunbarton.gov.uk.

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

Home Care Organiser (Telecare Services)
East Dunbartonshire Health and Social Care Partnership
Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF

Tel: 0141 777 3000
Email: hourcare24@eastdunbarton.gov.uk

Other Formats:
This document can be provided in large print;
Braille, or an audio cassette and can be
translated into other community languages.
Please contact the Council's
Corporate Communications Team at:

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12 Strathkelvin Place
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Chief Officer
Susan Manion

Agenda Item Number: 18

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 2018
Subject Title	East Dunbartonshire Adult Learning Disability Strategy 2018-23
Report By	Susan Manion, Chief Officer
Contact Officer	Alan Cairns, Service Redesign Officer Alan.cairns2@ggc.scot.nhs.uk

Purpose of Report	The purpose of this report is to present to the HSCP Board a finalised East Dunbartonshire Adult Learning Disability Strategy 2018-23, for approval.

Recommendations	It is recommended that the HSCP Board: i. notes the contents of this report ii. approves the finalised Adult Learning Disability Strategy 2018-23

Relevance to HSCP Board Strategic Plan	The development of an Adult Learning Disability Strategy and associated review and redesign work are identified as key activities in the Strategic Plan 2018-21.

Implications for Health & Social Care Partnership

Human Resources:	There may be HR implications as the Strategy's Implementation Plan is taken forward. These will be the subject of separate reports.

Equalities:	A full Equality Impact Assessment (EQIA) has been undertaken and submitted to NHSGG&C Equality & Human Rights Team for quality assurance and approval. This has been completed and the EQIA approved. A copy of the EQIA will be uploaded to the HSCP website to accompany the final published strategy.

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

Legal:	There may be legal implications as the Strategy's implementation plans are taken forward. These will be the subject of separate reports.

Economic Impact:	A Strategic Environmental Impact Assessment screening report was submitted to the SEA Gateway, which determined that no further SEA will be required for this strategy.

Sustainability:	Financial and qualitative sustainability is at the heart of the Adult Learning Disability Strategy and so will inform all aspects of the associated implementation plans.

Risk Implications:	A policy development checklist has been completed, with full EQIA undertaken and SEA screening undertaken and assessed. The parameters of the strategy will operate within the existing risk register and management plan of the HSCP. Additional risk assessment may be required to support subsequent implementation plans.

Implications for East Dunbartonshire Council:	As the provider and contractor of learning disability services and employer of staff delivering in-house social care services, the Council has significant interests in the Adult Learning Disability Strategy and associated Implementation Plan. The consultative process for the strategy included wide circulation within the Council and presentation to the Council's Integrated Social Work Services Forum. The Council will be instrumental to the successful implementation of the strategy and its associated plans.

Implications for NHS Greater Glasgow & Clyde:	NHSGGC will be a key partner and instrumental to the successful implementation of the strategy and its associated plans. NHSGGC has its own specialist NHS learning disability strategies "A Strategy for the Future" and "Designing an Effective Assessment & Treatment Model" that find location at the heart of the document, together with the national strategy "Keys to Life", which has a significant NHS dimension.

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

1.0 MAIN REPORT

1.1 At its meeting on 11 January, the HSCP Board approved a report that proposed the preparation and consultation of an East Dunbartonshire Adult Learning Disability Strategy 2018-23, which would set the context for a planned review and redesign project and wider service development and modernisation.

1.2 The report set out some summary statistics on learning disability prevalence, comparative service and cost patterns. It also provided summarised service user and carer feedback on the quality of local services and processes.

1.3 A consultative draft Adult Joint Learning Disability Strategy was launched on 25 January 2018, concluding on 31 March. The consultation process was wide-ranging, including:

- Broad circulation to all representative partners and stakeholders
- Presentation to the Public, Service User and Carer Group
- Presentation to Integrated Social Work Services Forum
- Presentation to the Joint Staff Forum
- Presentation to Ceartas Advocacy Service
- Service-user engagement at Milngavie Tuesday Club
- Presentation to Joint Learning Disability Team
- Meeting with NHSGG&C Specialist Learning Disability Services Team
- Preparation of Easy-Read version
- HSCP website notice with feedback portal
- Box for receipt of feedback at KHCC

1.2 The general feedback on the draft Strategy has been very positive. Partners have welcomed the establishment of a local strategic document for adult learning disability services. The 6 Improvement themes have also been broadly welcomed as being representative of the key areas for development.

1.3 Specific comments were:

- A request to ensure that the importance of service quality is included, given the financial pressures facing statutory and non-statutory service providers. This has been done.
- A request to include carer respite as an area for prioritisation. This has been referred for inclusion in the upcoming Carers Strategy;
- Amendment to ensure that the Adult Learning Disability Strategy is more explicitly linked to the overarching HSCP Strategic Plan. This has been done;
- A request to stress the importance of employability. This has been done;
- General editing suggestions, which were taken on board at the final editing stage;
- Suggestions for future Easy Read documents, which were very helpful.

1.4 The finalised version of the Adult Learning Disability Strategy 2018-23 has been updated to take account of all the comments received and is appended to this report, for approval at **Appendix 1**, with an Easy Read version at **Appendix 2**.

1.5 The finalised strategic vision for approval is: "Working together to deliver better outcomes for people with learning disabilities, and their families and carers"

1.6 The finalised Improvement Themes are:

1. To improve the planning for young people with learning disabilities transitioning from childhood to adulthood, with early involvement of parents, carers and the young people themselves;
2. To review and redesign accommodation-based and day support services (including employability), to modernise them, provide them locally wherever possible, make them fit for purpose and of high quality for the people who need them and ensure they are sustainable for the future;
3. To work in partnership to ensure that specialist NHS services for people with learning disabilities are improved and developed in line with the Health Board's improvement programmes "A Strategy for the Future" and "Designing an Effective Assessment and Treatment Model";
4. To continue to embed the principles of personalisation and Self-Directed Support, to encourage choice and independence within a framework that ensures fairness and consistency;
5. To continue to follow the principles and recommendations set out in "*Keys to Life*", to ensure that the best possible outcomes are being met for people with learning disabilities, their families and carers, within the resources available, and;
6. To ensure that our resource allocation processes are fair and consistent, and that we maximise efficiencies to secure Best Value for the people we support and the wider community.

1.7 The strategy commits to the preparation of an associated Implementation Plan. This will be taken forward as part of the HSCP's business planning processes. And is a major transformation programme for the Council who will take forward many of the processes to support the changes required. Ground-work is already underway with respect to preparing option appraisals and proposals for service redesign in line with a number of these improvement themes. As this work progresses, the HSCP Board and representative groups will be fully involved, in line with the HSCP's transformational change and governance arrangements linking to the council's process.

APPENDIX 1

ADULT LEARNING DISABILITY STRATEGY

2018-2023

"*Working together to deliver better outcomes for people with learning disabilities, and their families and carers*"

ADULT LEARNING DISABILITY STRATEGY

2018-2023

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Introduction

It is estimated that around 2,500 people with a learning disability live in East Dunbartonshire, using traditional prevalence rates (Dept of Health, 1995). Many of these individuals will not be in regular contact with specialist health or social care services, but live largely independently or are supported by family. From our own figures we know that 460 adults with a learning disability do receive formal support, ranging from low-level advice and support to extremely intensive round-the-clock care and support with specialist health input.

The advent of the NHS and Community Care Act in 1990 heralded a major change in the way that people with learning disabilities were supported, with a focus on community-based care and support and the closure of long-stay hospitals, such as Lennox Castle. Since that time, successive national and local policy has been focused on improving the quality of life, choices and personal outcomes for people with learning disabilities and for the people who care for them. A wide range of residential, specialist health care, day-activity and personal care and support services has developed over the intervening period by statutory and non-statutory providers.

During the 25 years since Community Care was implemented, expectations and aspirations have rightly increased by service users, carers, successive governments and professionals, with ongoing demands for better services, support, choice and control, equality of opportunity and human rights. This has happened during a period when the number of people with complex support needs has increased, and available resources have been under severe pressure.

In June 2015, the East Dunbartonshire Health and Social Care Partnership was established, bringing together a range of health and social care functions under a joint Board with wide-ranging stakeholder representation, a single Chief Officer, a single strategy and utilising a single combined budget.

Our Adult Learning Disability Strategy reviews all of the national and local policy expectations, together with the expressed views of local people, staff and other stakeholders in order to:

- Consider how well we are meeting the needs of local people with learning disabilities and their carers;
- Set out the priorities for improvement and development, in order that the Health and Social Care Partnership can ensure the provision of high quality, effective, sustainable services in the future.

This Strategy will be followed-up by the development of an Implementation Plan, which will be supported by a full process of stakeholder consultation.

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Vision and Outcomes

In 2014, the Scottish Parliament introduced integrated health and social care authorities through the Public Bodies (Joint Working) (Scotland) Act. These bodies, called Health and Social Care Partnerships, are now responsible for deciding how the combined NHS primary and community health and local authority social work budgets should be used, and have oversight of the quality of these services. In practice, this means that services will work more closely together to deliver streamlined, better coordinated and effective support to people that need it.

The East Dunbartonshire Health and Social Care Partnership was established in June 2015. It is governed by a Board that includes local elected members, NHS Board members, and representatives of service-users, carers, staff, and service providers. Together they agree a Strategic Plan that sets out how the joint budget should be used to meet national and local health and wellbeing outcomes. This Learning Disability Strategy sits beneath the Partnership's overarching Strategic Plan.

Learning Disabilities: Our Vision

The national Learning Disability Strategy is called "Keys to Life". Launched in 2013, it built on the success of the previous strategy called 'The same as you?', which was published in 2000 following a review of services for people with learning disabilities. East Dunbartonshire's HSC Partnership is fully committed to the ambitions and recommendations of Keys to Life and sets out a vision that is simple, but is at the heart of its ethos:

"*Working together to deliver better outcomes for people with learning disabilities, and their families and carers*"

Outcomes for People with Learning Disabilities, their Families and Carers

The Scottish National Learning Disability Strategy "*Keys to Life*" makes 52 recommendations for improving services, experiences and outcomes for people with learning disabilities, their families and carers. The strategy has four strategic outcomes which the 52 recommendations are designed to improve. East Dunbartonshire Health and Social Care Partnership fully adopts these outcomes as the ones that will underpin our own local vision and strategy. They seek to ensure:

A Healthy Life: People with learning disabilities enjoy the highest attainable standard of living, health and family life.

Choice and Control: People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse.

Independence: People with learning disabilities are able to live independently in the community with equal access to all aspects of society.

Active Citizenship: People with learning disabilities are able to participate in all aspects of community and society.

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National Health and Wellbeing Outcomes

The Partnership aligns its high level Strategic Plan to the National Health and Wellbeing outcomes. The overarching principles are that:

(ii) Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community.

(iii) Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live.

There are nine national health and wellbeing outcomes which apply to integrated health and social care. Health Boards, local authorities and the Health and Social Care Partnerships must work together to ensure that these outcomes are meaningful to people in their area. These also fully apply to people with learning disabilities and the people who support them:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- 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.
- People who use health and social care services are safe from harm.
- 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.
- Resources are used effectively and efficiently in the provision of health and social care services.

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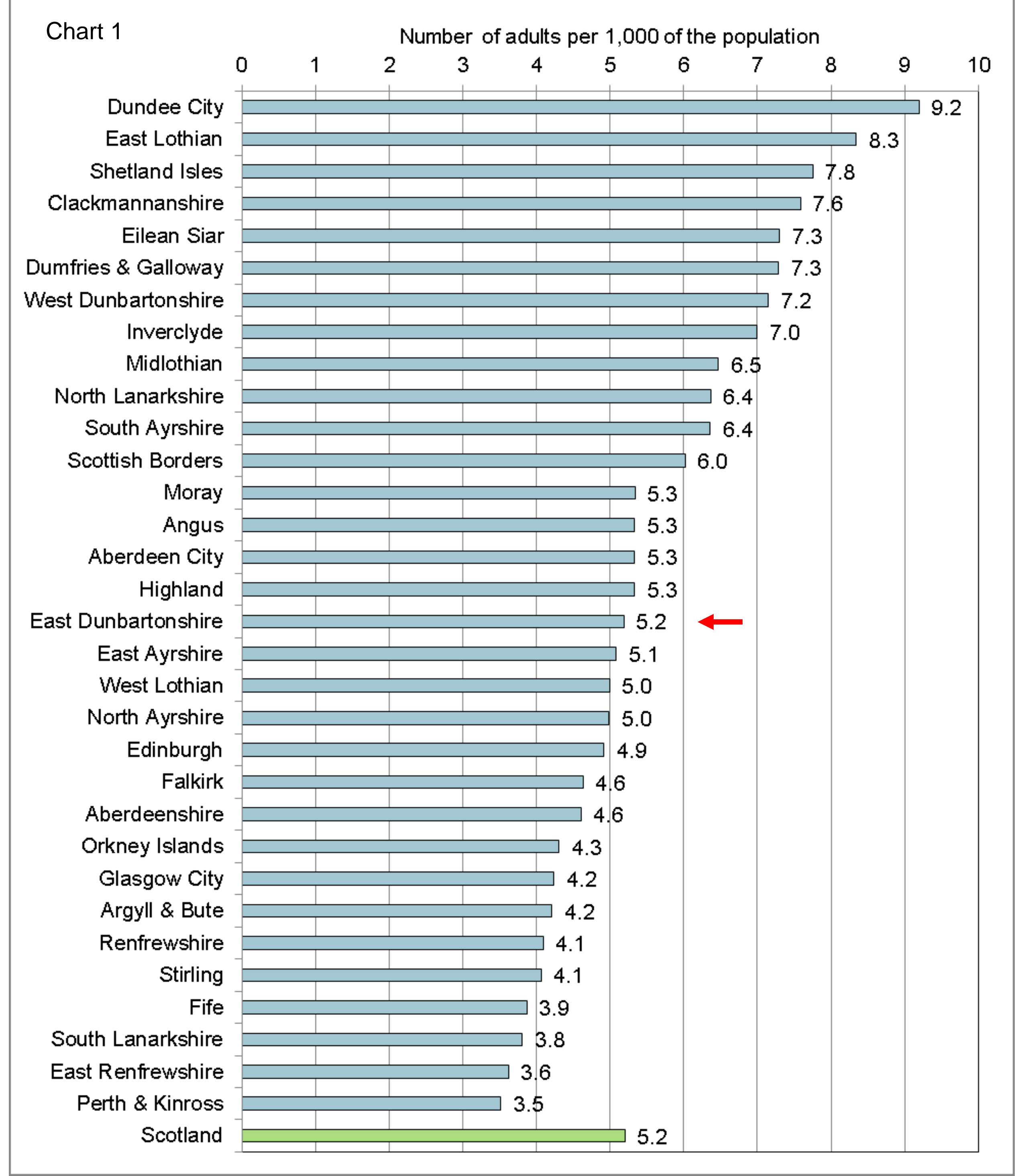
People and Services

The statistical information provided in this section has been obtained from *Learning Disability Statistics Scotland, 2017* published by the Scottish Commission for Learning Disability.

1 PREVALENCE

Table 1 demonstrates that the number of adults with learning disabilities known to the Partnership's Joint Learning Disability Team in East Dunbartonshire is exactly consistent with Scotland as a whole (5.2 per 1,000 of the population).



It is estimated that around 2,500 people with a learning disability live in East Dunbartonshire, using traditional prevalence rates (Dept of Health 1995). Many of these individuals will not be in regular contact with specialist health or social care services, but live largely independently or are supported by family. From our own figures we know that 460 adults with a learning disability do receive formal support, ranging from low-level advice and support to extremely intensive round-the-clock care and support with specialist health input. Of the people known to the Joint Learning Disability Team with a learning disability, men outnumber women 60:40.

Of the 460 adults with a learning disability known to the Joint Learning Disability Team, 40% also have a diagnosis of autism.

2 LIVING CIRCUMSTANCES

211 (46%) adults with a learning disability known to the Joint Learning Disability Team live with a family carer. This is one of the highest percentages in Scotland.

115 (25%) adults with a learning disability known to the Joint Learning Disability Team live in shared accommodation with at least one other adult with a learning disability. This is generally provided through commissioned group-tenancies or care homes, where a care organisation provides care and support, often on a 24/7 basis. This number may also include families where more than one adult with a learning disability lives at home. Chart 2 below compares the supported living arrangements in East Dunbartonshire, which demonstrates that our configuration of different support arrangements is closely in line with the Scottish average.

Chart 2: Accommodation & Support Arrangements

30%
25%
20%
15%
10%
5%
0%

Mainstream Accommodation with support
Supported Accommodation
Registered Care Home

East Dunbartonshire
Scotland

3 EMPLOYMENT AND DAY CENTRE SUPPORT

In East Dunbartonshire 161 (35%) adults with a learning disability known to the Joint Learning Disability Team attend a day centre. This is one of the highest rates in Scotland, which records 19%, as an average.

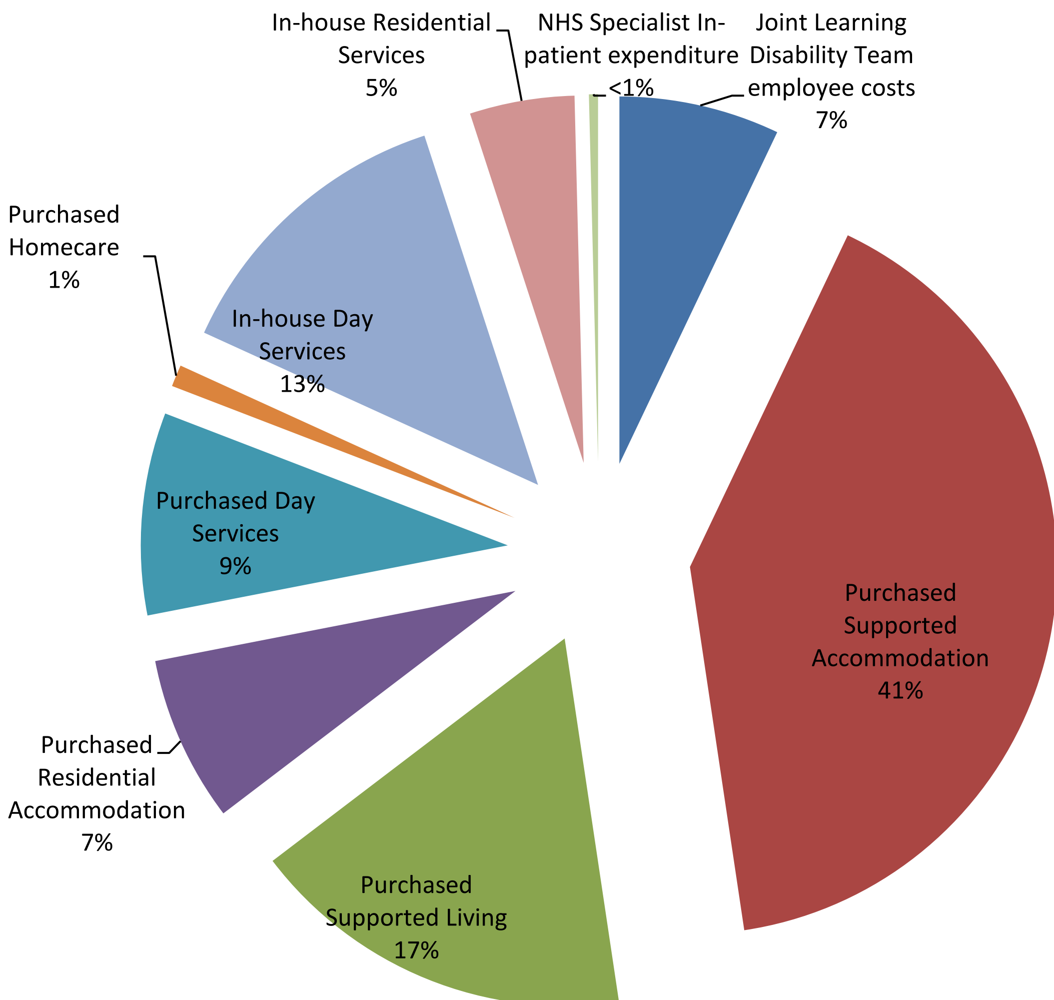
In East Dunbartonshire 63 (13.7%) adults with a learning disability known to the Joint Learning Disability Team are engaged in some type of employment, which is the second highest level in Scotland, which records 5.3% as an average.

Budgets and Spend

1 LEARNING DISABILITY SPEND IN EAST DUNBARTONSHIRE

The total budget for adult Learning Disability services in East Dunbartonshire for 2017-18 is approximately **£15.5 million**. This does not include central management or other common overheads. Chart 3 shows the breakdown of how this money is spent (source LDSS Survey 2017).

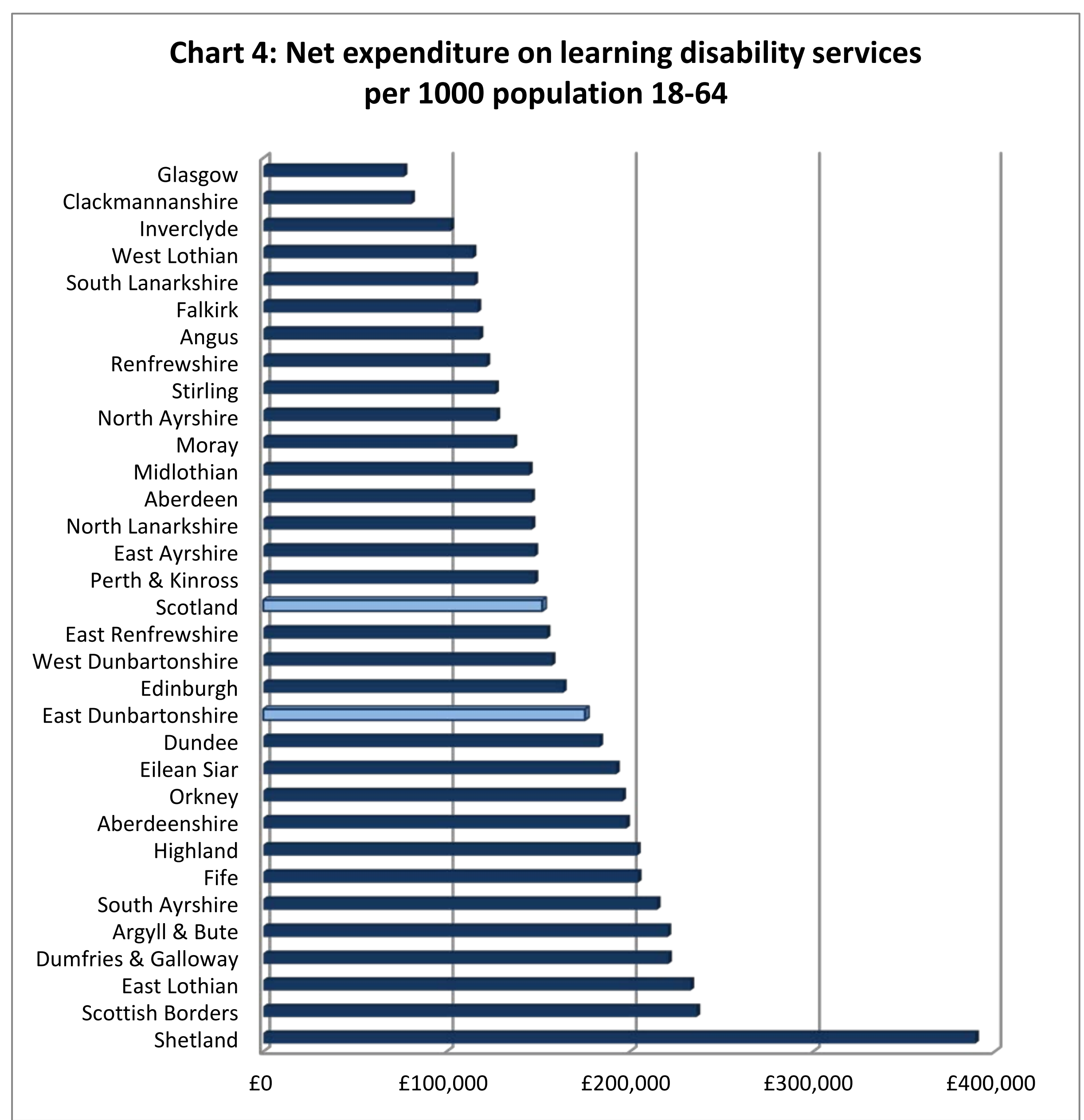
Chart 3: Learning Disability Spend: East Dunbartonshire



2 HOW WE COMPARE NATIONALLY

Chart 4 overleaf shows how we compare with other Partnership areas in terms of our overall spend on Learning Disability Services (Source: CIPFA, 2016). We know that our prevalence of adult learning disability is the same as the Scottish average, at 5.2% of the population. Chart 4 demonstrates that we spend marginally more than the Scottish average, and more than other Partnership areas in Greater Glasgow and Clyde. This means that we spend an average of approximately £24,000 per

person per annum we support, inclusive of assessment, service and transactional costs compared to the Scottish average of approximately £22,000.



(Chart 4 is net of income, including Resource Transfer)

The Context for Change

Over the past few years, there has been a significant amount of new legislation and national and local policy that has had a considerable effect on how people with learning disabilities and their carers are supported. Demands and expectations from people have increased in terms of the quality and choice of services available, which have also come to bear on the changed policy landscape, both nationally and locally:

1 LEGISLATION

Adults with Incapacity (Scotland) Act 2000

This Act provides a framework for safeguarding the welfare and managing the finances of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, or an inability to communicate.

Mental Health Act (Care and Treatment) (Scotland) Act 2003

This Act increased the rights and protection of people with: mental illness, learning disability and personality disorder. It introduced changes to develop community-based mental health services, involvement of service users and unpaid carers in decisions concerning treatment, and respect for the human rights of people with what are referred to as “mental disorders”. The act is currently being reviewed.

Adult Support and Protection (Scotland) Act 2007

The Adult Support and Protection (Scotland) Act 2007 was introduced to identify and protect individuals who fall into the category of adults at risk. Measures of the Act include:

- requiring councils to make the necessary enquiries and investigations to see if action is needed to stop or prevent harm happening;
- requiring specific organisations to co-operate with councils and each other about adult protection investigations;
- the introduction of a range of protection orders including assessment orders, removal orders and banning orders; and
- a legislative framework for the establishment of local multi-agency Adult Protection Committees across Scotland.

The Act defines adults at risk as people aged 16 years or over who:

- may be unable to safeguard their well-being, rights, interests, or their property
- may be harmed by other people;
- because of a disability, illness or mental disorder are more at risk of being harmed than others who are not so affected.

Having a particular condition such as a learning disability or a mental illness does not automatically mean an adult is at risk. Someone can have a disability and be perfectly able to look after themselves. For an adult to be considered at risk, all three parts of the above definition must be met.

Equality Act 2010

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

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

Welfare Reform Act 2012

The Welfare Reform Act 2012 includes:

- the phased introduction of Universal Credit – an integrated, working-age benefit which will (when fully implemented) replace six existing means-tested benefits (Income-based JSA, Income-related ESA, Income Support (IS), Working Tax Credit (WTC), Child Tax Credit (CTC) and Housing Benefit (HB), and;
- the phased replacement of Disability Living Allowance (DLA) with the Personal Independence Payment (PIP) for working-age adults. Central to the PIP system is a change to eligibility for the benefit with tighter criteria backed by 'descriptors' and a points-based approach to entitlement. An assessment for the benefit by an independent healthcare provider is a central aspect of the approach.

The Social Care (Self-directed Support) (Scotland) Act 2013.

The Act came into force on April 1, 2014 and places a duty on Partnership social work services to offer people who are eligible for social care a range of choices over how they receive their support.

Self-directed Support (SDS) allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes.

SDS is underpinned by the core principles of personalisation (people and families having choice and the ability to shape and control the public services they require) and co-production (equal and collaborative relationships between people, professionals and communities).

Public Bodies (Scotland) Act 2014

This is the legislation that sets out the arrangements for the integration of certain NHS and local authority social work functions. More detail on this can be found in the preceding Vision and Outcomes section of this document.

Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 is designed to support carers' health and wellbeing. The provisions in the Act include:

- a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria;
- a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; a requirement for each Partnership area to have its own information and advice service for carers;
- a requirement for the Scottish Government to prepare a carers' charter that sets out the rights of carers;
- a requirement to consider whether support to carers should take the form of a short break, and there must be a wide range of breaks available to carers; and
- the joint preparation by local authorities and health boards of local carers' strategies. A Carers Strategy for East Dunbartonshire is in development at the time of preparing this document, which will coincide with the Act coming into force in April 2018.

2 NATIONAL POLICY

Achieving Sustainable Quality in Scotland Healthcare – a 20:20 Vision 2011

The Scottish Government's 20:20 Vision is that by 2020 everyone is able to live longer, healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care;
- There is a focus on prevention, anticipation and supported self-management;
- When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm;
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions; and
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The Scottish Strategy for Autism 2011

This strategy places autism as a national priority advocating a holistic, joined-up approach and emphasising that people with autism and their carers need to be supported by a wide range of services including social care, education, housing, employment and other community-based services. The strategic vision is that *"individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives"*.

In 2015, the strategy's recommendations were reframed as four strategic outcomes:

- A Healthy Life: People with autism enjoy the highest attainable standard of living, health and family life and have timely access to diagnostic assessment and integrated support services;

- Choice and Control: People with autism are treated with dignity and respect, and services are able to identify their needs and are responsive to those needs;
- Independence: People with autism are able to live independently in the community with equal access to all aspects of society; and

Active Citizenship: People with autism are able to participate in all aspects of community and society.

The *Keys to Life* Strategy 2013

'*Keys to Life'* is Scotland's learning disability strategy. Launched in 2013, it builds on the success of 'The same as you?', the previous strategy which was published in 2000 following a review of services for people with learning disabilities.

This 10 year strategy makes more than 50 recommendations, the majority of which relate to health access and quality. The strategy aims to address the health inequalities facing people with learning disabilities. It has a strong focus on improving health outcomes in the widest sense including prevention, health improvement activities and equal access to health services.

The strategy also aspires to improve the life choices and quality of life of people with learning disabilities by ensuring they are included in every aspect of community life as equal citizens and that the voice of every person with learning disabilities is heard and respected.

The "*Keys to Life"* implementation framework and priorities for 2015-2017 identifies four strategic outcomes;

1. A Healthy Life: People with learning disabilities enjoy the highest attainable standard of living, health and family life;

2. Choice and Control: People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse;

3. Independence: people with learning disabilities are able to live independently in the community with equal access to all aspects of society; and

4. Active Citizenship: People with learning disabilities are able to participate in all aspects of community and society.

Scotland's National Action Plan for Human Rights 2013-17 (SNAP)

Scotland's National Action Plan for Human Rights (SNAP) aims to ensure that everyone, including people with learning disabilities, has their human rights respected and protected. SNAP aims to build a better human rights culture, help improve people's lives through human rights and contribute to a better world by giving effect to Scotland's international human rights obligations. The SNAP encompasses the UN Convention on Rights of Disabled People and reinforces the Scottish Government's commitment to promoting and protecting human rights for all.

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See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland (2014)

People with learning disabilities often have other physical and/or sensory disabilities, so the Scottish Government's strategy for sensory impairment, published in April 2014, has particular relevance to many people with a learning disability. The strategy provides a strategic framework for the development of sensory impairment services and support and provides a model care pathway to ensure better working relationships and service provision for users and carers. The pathway acknowledges that service users may have different needs and expectations. The strategy sets out the following objectives:

- The seamless provision of assessment, care and support to children and adults with a sensory impairment;
- Children and adults with a sensory impairment should expect the same access to education, employment, healthcare, social care and leisure as everyone else;
- People who have or develop a sensory loss understand what this loss will mean for them;
- People who have or develop a sensory loss are able to access information and be supported to take the maximum possible control over living as independently as possible, while also getting direct assistance when needed: appropriate communication is critical to this; and
- Children and young people with a sensory impairment should expect appropriate and timely intervention.

National Health and Wellbeing Outcomes 2015

These are set out under the preceding Vision and Outcomes section of this document.

National Dementia Strategy 2017-20

People with learning disabilities have significantly greater prevalence of dementia and early-onset dementia that the population at large, so the national dementia strategy is very relevant for the care and support of people with learning disabilities, so affected.

This is Scotland's third National Dementia Strategy. It builds on progress over the last ten years in transforming services and improving outcomes for people with dementia and their families and carers.

The first strategy focused on improving the quality of dementia services through more timely diagnosis and on better care and treatment. The second focused on improving post diagnostic support and strengthening integrated and person centred support. With a continued focus on improving the quality of care, this 2017 strategy sets out 21 commitments around work on diagnosis, including post-diagnostic support; care co-ordination; end of life and palliative care; workforce development and capability; data and information; and research. At the heart of this strategy is recognition of the need to ensure a person-centred and flexible approach to providing support at all stages of the care journey.

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3 LOCAL POLICY AND COMMUNITY PLANNING

East Dunbartonshire Health and Social Care Partnership's Strategic Plan

The Health and Social Care Partnership's Strategic Plan is the overarching strategy for all of the planning and improvement activity for the Partnership. It sets out how we will plan and deliver services for the area over the medium term, using the integrated budgets under the Partnership's control.

Partners and stakeholders must be fully engaged in the preparation, publication and review of the Strategic Plan, in order to establish a meaningful co-productive approach, to enable us to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration

It also articulates how the Community Planning Partnership intends to meet a number of its 3-year local outcomes. The Partnership priorities in the 2018 Strategic Plan are:

- Promoting positive health and wellbeing, preventing ill-health, and building strong communities;
- Enhancing the quality of life and supporting independence for people with long-term conditions
- Keep people out of hospital when better care can be delivered closer to home;
- Address inequalities and support people to have more choice and control;
- Ensuring people have a positive experience of health and social care services;
- Promote independent living through the provision of suitable housing accommodation and support;
- Improve support for Carers enabling them to continue in their caring role;
- Optimise efficiency, effectiveness and flexibility through continued planning, reviewing service provision.

The Strategic Plan covers very many service areas so cannot provide the level of detail that may be necessary in particular areas. The Adult Learning Disability Strategy 2018-23 is designed to provide this level of detail in the field of adult learning disability, but its objectives sit within the overarching Strategic Plan.

East Dunbartonshire Local Outcome and Improvement Plan (LOIP) 2017-27

Community Planning is about a range of local organisations working together to plan and provide for the wellbeing of their communities. The main aims of Community Planning are:

- to ensure that people and communities are genuinely engaged in the decisions made on public services which affect them
- to improve the services provided by local service providers through closer more co-ordinated working

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- to help public sector partners collectively to identify the needs and views of individuals and communities and to assess how they can best be delivered

The Community Empowerment (Scotland) Act 2015 requires each Community Planning Partnership (CPP) to produce and publish a Local Outcomes Improvement Plan (LOIP). The LOIP is a key element in the delivery of public service reform at local level. It provides a vision and focus with agreed local priorities, providing a shared, explicit and binding plan for local communities in each CPP area.

East Dunbartonshire's LOIP affects everyone who works or lives in the area, but has priorities and planned outcomes that will have particular significance for people with a learning disability and their carers. The local outcomes are that:

- East Dunbartonshire has a sustainable and resilient economy with busy town and village centres, a growing business base, and is an attractive place in which to visit and invest;
- Our people are equipped with knowledge, skills and training to enable them to progress to employment;
- Our children and young people are safe, healthy and ready to learn;
- East Dunbartonshire is a safe and sustainable environment in which to live, work and visit;
- Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles;
- Our older population and our more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services.

In order to achieve the Community Planning Partnership's vision, it applies a number guiding principles. These will, by extension, also apply to this Learning Disability Strategy:

Coproduction and engagement

We will continuously strive to understand the different needs of our communities, supporting them to strengthen their own communities and involving them in the design and delivery of services.

Best Value

We will endeavour to maintain an appropriate balance between the quality of the performance of our functions, the cost of that performance, and the cost to people of any service provided. In maintaining that balance, the Partnership shall have regard to safety, efficiency, effectiveness and economy.

Evidence based planning

We will share information and data to inform robust and transparent decision making, planning and evaluation of our impact in partnership and implementing improvement practices.

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Fair and equitable services

We will plan and deliver services which account for the different needs of population groups who share a characteristic protected by the Equality Act.

Planning for place

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

Prevention and early intervention

We will direct resources with the aim of improving resilience and preventing or mitigating poorer outcomes.

Sustainability

We will create the conditions for a better quality of life for East Dunbartonshire residents, by recognising their health and wellbeing needs without compromising the quality of our built, natural and historic environment. In doing so we will build resilience to a changing climate, use our natural resources prudently and consider the long term implications of our decisions for present and future generations.

East Dunbartonshire Employability Strategy and Action Plan 2016-17

This local strategy and action plan sets out how the Community Planning Partnership intends to take forward its outcome that "our people are equipped with knowledge, skills and training to enable them to progress to employment". It identifies a priority to improve access to and sustainability of employment for people with significant barriers due to physical and/or learning disabilities. An action plan has been developed to:

- Target provision for clients with significant barriers supported by resources from City Deal and ESF;
- Work with employers to support this group into employment;
- Examine pathways for those with undiagnosed additional support needs;
- Improve partners' skills in relation to preventative approaches to mental health;
- Improve partnership working between employability provision and support for their barriers, i.e., provide a more holistic and person-centred approach.

Greater Glasgow & Clyde NHS Board Learning Disability Strategy "A Strategy for the Future" 2012

"A Strategy for the Future" established a clear position on the function and purpose of specialist adult NHS learning disability services in NHS Greater Glasgow and Clyde. It aimed to create a strong sense of the unique contribution of specialist practitioners in helping people with learning disability achieve a good quality of life.

During 2013/14, this strategy led to a detailed service specification setting out the role and function of each profession and new ways of working across Greater Glasgow and Clyde. The Service Specification aims to address the inequalities faced by people with a learning disability and in so doing, sought to address the main health recommendations of the "*Keys to Life*". The responsibility for taking forward the strategy and the service specification now rests with each Health and Social Care Partnership.

Greater Glasgow & Clyde NHS Board "Designing an Effective Assessment and Treatment Model"

When NHS inpatient services are used because people require mental health care and treatment there is a higher likelihood of treatment being successful and people returning home in a reasonable timeframe. We therefore know that when used for the designed and intended purpose that the current model can work well.

However, when people come into hospital primarily because of challenging behaviour which results in placement breakdown and isn't symptomatic of mental illness, they are far more likely to remain in hospital for a long period of time and experience poorer outcomes.

This report details engagement with people with learning disabilities and those who support them in exploring what should be done next and makes a number of recommendations. The Health Board will be working with Health and Social Care Partnerships to take forward these recommendations, in order to redesign inpatient assessment and treatment services for the future. This will focus on exploring local ways which support people well without the need for admission. This may result in a variety of initiatives across NHS GGC but the aim is to devise a system wide strategy linked with and complementary to the assessment and treatment service function.

East Dunbartonshire HSCP has a strong track record for careful and appropriate use of specialist learning disability inpatient services, with well planned discharge arrangements. We will work closely with the Health Board and other Partnership areas to ensure we sustain this good practice and that service redesign works for local people.

East Dunbartonshire Health and Social Care Partnership's Strategic Plan

The HSCP's Strategic Plan sets out how the joint NHS and local authority social work budget should be used to meet national and local health and wellbeing outcomes. It is an integrated plan that also articulates how the Community Planning Partnership intends to meet a number of its 3-year local outcomes. The Partnership priorities in the 2018 Strategic Plan are:

- Promoting positive health and wellbeing, preventing ill-health, and building strong communities;
- Enhancing the quality of life and supporting independence for people with long-term conditions
- Keep people out of hospital when better care can be delivered closer to home;
- Address inequalities and support people to have more choice and control;

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- Ensuring people have a positive experience of health and social care services;
- Promote independent living through the provision of suitable housing accommodation and support;
- Improve support for Carers enabling them to continue in their caring role;
- Optimise efficiency, effectiveness and flexibility through continued planning, reviewing service provision.

East Dunbartonshire Autism Strategy 2014-24

In 2014, an East Dunbartonshire Autism Strategy was launched to reflect the Scottish Strategy for Autism 2011, with a local vision: "*Our vision is to support and empower individuals and families affected by autism. We will aim to raise public and professional awareness of autism and strive to help children and adults with autism to make choices and achieve their potential in their home, school and community*". The vision is supported by 19 key objectives and a detailed action plan. The links between the Autism Strategy and the Learning Disability Strategy are strong, as many people have dual diagnosis and their needs have to be considered accordingly.

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The Views and Experiences of People who Use Services, their Families and Carers

There are many sources of information we use to find out people's views and experiences of the services they receive and the quality of the outcomes that they deliver. These contribute to our understanding of the things that are important for people who use services, and where we need to improve.

Health and Care Experience Survey 2015/16

The table below provides information on the results of a national annual survey on people's experience with health and social care services in East Dunbartonshire. The survey was sent to 10,596 people registered with GP practices in the area. It reflects the views and experiences of people receiving services generally, including those with learning disabilities.

Care, support and help with everyday living	Number of responses	% positive 2015/16	Difference from Scotland
People take account of the things that matter to service users	140	90%	+5%
Service users have a say in how their help, care or support is provided	133	86%	+7%
Service users are aware of the help, care and support options available	137	87%	+11%
Service users are treated with respect	144	94%	+4%
Service users are treated with compassion and understanding	141	95%	+8%
Service users' health and care services are well coordinated	138	75%	-1%
Service users are supported to live as independently as possible	138	88%	+5%
Service users feel safe	135	86%	+2%
The help, care or support improves service users' quality of life	133	86%	+2%
Rating of overall help, care or support services	152	84%	+3%

Caring responsibilities	Number of responses	% positive	Difference from Scotland
Carers have a good balance between caring and other things in their life	266	71%	+2%
Caring has had a negative impact on carers' health and wellbeing	249	44%	+4%
Carers have a say in the services provided for the person they look after	249	62%	+12%
Local services are well coordinated for the people carers look after	242	47%	+5%
Carers feel supported to continue caring	244	45%	+4%

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The survey indicates that people are more satisfied with service experience in East Dunbartonshire than is reported across Scotland as a whole. However, coordination between services scores less well. The experience of carers across Scotland is not generally as positive; in East Dunbartonshire it is a little better, but there is still much to do.

Specialist NHS Learning Disability Services Review (linked to "A Strategy for the Future") 2013

The findings of this work identified the following areas that needed improvement:

- Recommendations from the National Health Needs Assessment (HNA) for people with learning disability in Scotland and the Local HNA 2011 were not fully implemented;
- There was limited focus on enabling access to mainstream services or the development of self management and anticipatory care;
- There was significant variations in the interventions delivered by different professions in different geographic areas;
- There was underdeveloped and variable care pathways within learning disability services and with wider mainstream NHS Services;
- There were many examples of cumbersome and inefficient patient pathway processes between professions / services;
- There were unacceptable waiting times in some areas and for some interventions;
- There was a need for improved workforce planning;
- There were risks in some professions due to small staff numbers;
- Clinical Governance needed strengthening.

The experiences of people receiving these specialist NHS services contributed to the findings above. Since that time, substantial work has been undertaken to address the issues and that work continues, within the overall framework of "*Keys to Life*".

Evaluation of Personal Outcomes Met by People with Learning Disabilities 2014

Everyone with a learning Disability who has their personal and social care needs assessed by the HSCP's Joint Learning Disability Team, should have the support they receive targeted to meet the outcomes that are important to them. When the service user's needs and services are reviewed, it should be considered how well these outcomes have been met. The findings should then shape their future service activity. Analysis was been carried out to establish how well service-user outcomes were met in East Dunbartonshire. These are set out below, by outcome theme.

Personal Outcome	Fully Met	Partially Met	Not Met	Not Known
Community life	37%	51%	5%	7%
Family relationships	32%	52%	6%	10%
Managing money	47%	40%	6%	7%
Health and	35%	52%	9%	4%

Personal Outcome	Fully Met	Partially Met	Not Met	Not Known
wellbeing				
Home and domestic environment	28%	57%	6%	9%
Daily living and care	31%	59%	3%	7%
Living safely	35%	51%	3%	11%
Views of family as to whether outcomes have been met	15%	77%	4%	4%

Outcomes fully met	Older people team	Joint Learning Disability Team	Physical Disability & Sensory Impairment Team	Joint Mental Health Team	Alcohol and Drugs Service
	85%	33%	71%	44%	49%

It would not be expected that all personal outcomes would be fully achieved over a review period, but with learning disability fewer were fully met than in other service areas. These findings have been used to support more targeted care and support and to ensure that outcomes set with service-users are realistic and achievable.

Guardianship and Transitions Survey 2015

This was a study to support a post-graduate research project and involved 25 carers of young adults with learning disabilities from East Dunbartonshire, who had taken out Guardianship Orders to support the decision-making processes regarding the care and support of the person they were caring for. A strong finding of this survey was that the carers had fears about the transition process between childhood and adulthood, when the person they cared for would undergo substantial upheaval and change, with uncertainties about future plans which involved substantial stress for them.

Interviews with Learning Disability and Commissioning Managers 2017

In the preparation of this strategy, a series of discussions was held with managers involved day-to-day in the planning, care, support and commissioning of services for people with learning disabilities. The views expressed were highly consistent:

- That children and young people with learning disabilities in East Dunbartonshire are generally well supported, with high levels of provision compared to many other areas of Scotland. This can then lead to anxiety for family and carers when the young person reaches adulthood and loses the statutory service protection that is a feature of the legal responsibilities placed on local authorities in respect of children's services;

- That adult services in East Dunbartonshire have compared very well with other areas of Scotland, but that some local services are now becoming outdated and less well suited to the levels of complexity that are presented by some of the people we support;
- That child to adult transition processes need to improve, to ensure earlier and more effective planning, resulting in less worry and more clarity for service-users, and their families and carers;
- That there is a need to consider how existing resources are used, to make best use of these resources, to maximise partnership opportunities and ensure sustainable services in the future;
- To further develop personalisation as part of Self-directed Support, with robust and consistent systems for setting individual budgets.

Health and Social Care Strategic Plan Survey 2017

In August and September 2017, three consultation events were held by East Dunbartonshire Health & Social Care Partnership (HSCP), to inform the development of the strategic plan (2018/21). In total 111 participants engaged in the process, discussing and identifying action needed in the following areas:

- Keeping people healthy
- Improving access to services
- Reducing unnecessary hospital admissions and supporting people to live at home or in a homely setting
- Supporting carers

The results of this survey will also be used to inform the detail of the Learning Disability Implementation Plan that will flow from this document, as described in the next section.

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Our Priorities for Improvement and Making it Happen

Where We Need to Improve: Summary

The National Learning Disability Strategy "*Keys to Life*" provides the overall framework within which our local learning disability strategy should operate. It also needs to contribute directly to the East Dunbartonshire Health and Social Care Partnership's Strategic Plan and the priorities that are set out in that document.

"*Working together to deliver better outcomes for people with learning disabilities, and their families and carers*" is our vision, which places partnership and joint working at the heart of how we improve the lives of people with learning disabilities and the people who care for them.

National statistics demonstrate that in East Dunbartonshire:

- Prevalence of adult learning disability in East Dunbartonshire is in line with the Scottish average;
- We spend approximately 8% more than the Scottish average on learning disability services, but we are not in the highest spending quartile of Partnerships;
- Our configuration of accommodation and support arrangements is closely aligned with arrangements across Scotland as a whole;
- We have more people with learning disabilities engaged in supported employment and day centre services than is the case in most Partnership areas.

The expressed and reflected views of service-users, their families, staff and other stakeholders demonstrate that there are important service areas and processes that would benefit from improvement, including: transitions, modernisation of day services, better co-ordination between services, more personalisation and self-directed support, better support for carers and continued development of specialist NHS services in line with *A Strategy for the Future*. It has also been identified that some of our accommodation and support options could operate more effectively and efficiently.

Improvement Themes

There are **6 Improvement Themes** that have emerged from the review of the national and local context and from the views of stakeholders, as set out in this strategy document:

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

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

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3. To work in partnership to ensure that specialist NHS services for people with learning disabilities are improved and developed in line with the Health Board's improvement programmes "A Strategy for the Future" and "Designing an Effective Assessment and Treatment Model";
4. To continue to embed the principles of personalisation and Self-Directed Support, to encourage choice and independence within a framework that ensures fairness and consistency;
5. To continue to follow the principles and recommendations set out in "*Keys to Life*", to ensure that the best possible outcomes are being met for people with learning disabilities, their families and carers, within the resources available.
6. To ensure that our resource allocation processes are fair and consistent, and that we maximise efficiencies to secure Best Value for the people we support and the wider community.

Next Steps

Each of these Improvement Themes involves a lot of work and will each need a clear strategy of its own. As the detail is worked through, the contributions of service-users, families and carers, staff and provider organisations will be crucial to ensure we focus on the right things. We need to make improvements that will modernise services, support people with learning disabilities to maximise their independence and quality of life and ensure we work together effectively. Importantly, we also need to ensure that in the face of financial pressures, we support people fairly and consistently.

An **Implementation Plan** will be developed as a consequence of this strategy, based on the 6 Improvement Themes set out above and linked to the Strategic Priorities set out in the Partnership's overarching Strategic Plan.

This implementation plan will be consulted upon and overseen by the Health and Social Care Partnership Board through representation by service users, carers, the Third and Independent Sectors and staff. Headline progress will also be reported and monitored as part of the delivery of the overarching Strategic Plan.

The conclusions from this strategy will also contribute towards the next East Dunbartonshire Carers' Strategy, in order to improve the experience and outcomes for the carers who devote so much of their time to support people with learning disabilities. This will also include the obligations and expectations set out in the Carers (Scotland) Act 2016.

An easy read summary version of this Strategy is also available. If you would like this, it can be found on the East Dunbartonshire Council website by following the links to Health and Social Care and then Disability Services / Learning Disability. Alternatively, we can send a copy by post or email, if you call us at 0300 123 4510.

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

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

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

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

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

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APPENDIX 2

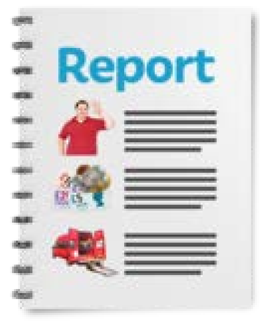
East Dunbartonshire Adult Learning Disability Strategy 2018-23

Easy Read

What this document is about

In this document we have used some words that not everybody will understand. We have written these words in **bold.**

If you see a word written in **bold** this word will be explained somewhere in the document**.**



This is an easy read **summary** of the East Dunbartonshire Adult Learning Disability Strategy for the years 2018 to 2023.

A **summary** is a short version of a report that tells you only the main points.

The **strategy** is a big plan that tells you what is supposed to happen.

The **strategy** was written by the East Dunbartonshire Health and Social Care Partnership.

About the Strategy

The Strategy explains the ideas we have to make support and services better for people with learning disabilities.

What will we do?

We have spoken with lots of people, including people who use services and their families. We have agreed that there are 6 big things that we need to get better at.

The things we want to get better at

1. When people with learning disabilities are moving from being children to becoming adults this is called **transition.**

We want to get better at supporting people through **transition**.

2. We want to offer better services near to where people with learning disabilities live.

3. We will do what it says in **A Strategy for The Future** and **Redesigning Assessment and Treatment Services**

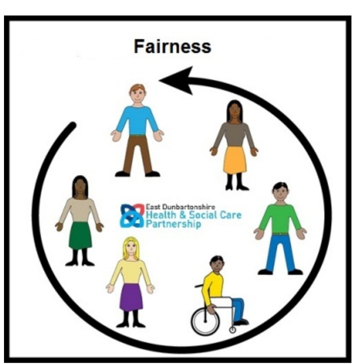
These are plans for improving the health of people with learning disabilities. We also want to make sure that hospitals are used properly.

4. We will have more people with learning disabilities using **Self Directed Support.**

Self Directed Support is a way of giving people more control over the support they get.

5. We will do what it says in **The keys to life**.

The keys to life is the plan for people with learning disabilities written by the Scottish Government.



6. We will make sure that we are fair and careful with the money we have to spend

What next?

The Partnership will work together to put these plans into action. We will keep people involved in these plans to make sure they work well.

(This Easy Read summary of the Learning Disability Strategy was prepared with the help of the Scottish Commission for Learning Disabilities. Acknowledgement is also given to Photosymbols and LYPFT 'easy on the i')

Chief Officer
Susan Manion

Agenda Item Number: 19

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	10th May 2018
Subject Title	East Dunbartonshire Health and Social Care Property Strategy
Report By	Jean Campbell Tel: 07583902000
Contact Officer	Gillian Notman Occupational Therapy Professional Advisor/Change & Redesign Manager

Purpose of Report	To inform the board on the first HSCP Property Strategy

Recommendations	To note the content of this report

Relevance to HSCP Board Strategic Plan	This new property strategy will support health and social care services by prioritising the development and remodelling of accommodation so that these properties are modern, fit for purpose premises which are utilised to their maximum potential.

Implications for Health & Social Care Partnership

Human Resources	HSCP to have active involvement in supporting the development of smart/agile working and other elements which may involve decanting, changes of base etc.

Equalities:	None

Financial:	This is through various funding streams, including capital planning, NHS GG&C NHS endowment funds and other redesigns. Some funding is accessed through a bidding system

Legal:	Corporate Assets teams will advise on any legal issues which may arise.

Economic Impact:	None

Sustainability:	This property strategy will require review and monitoring.

Risk Implications:	Emerging risks will be managed through the HSCPs Property Strategy Group

Implications for East Dunbartonshire Council:	Joint working between Corporate Assets departments for East Dunbartonshire Council and NHS GG&C Health will be required to support any potential agreed changes and developments.

Implications for NHS Greater Glasgow & Clyde:	As above

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

1.0 MAIN REPORT

Introduction and Current Position

1.0 The Scottish Government's Financial Planning Guidance for Health and Social Care Integration states that:

"The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan. This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded."

1.2 East Dunbartonshire Health and Social Care Partnership (HSCP) do not own or lease property across either East or the West localities where health and social care functions are carried out.

Following the establishment of the HSCP there is an opportunity and clear need to:-

a) Review the approach taken to strategic planning and utilisation of the estate available to the Partnership,
b) Support the aims of integration and delivery of effective, efficient health and social care services in East Dunbartonshire.

A Property Strategy Group will be established for the HSCP, chaired by the Chief Officer: Finance and Resources, and attended by key stakeholders from the HSCP, the Council and the NHSGG&C. The development of an agreed Property Strategy for the HSCP will inform the work of this group going forward and also the Councils Transformation Programme Board and the Board's Property and Assert Management Strategies.

2.0 Objectives

2.1 The key objectives of the Property Strategy are:

a) To gain best value from our use of property
b) To ensure that health and social care services are provided in and from fit-for-purpose buildings
c) To enhance provision of health and social care services in local communities
d) To rationalise our estate in order to reinvest savings into frontline services

3.0 Principles

A number of principles will be adopted in implementation of the Property Strategy, namely:

3.1 Designing and delivering accessible services to meet the needs of individuals, carers and communities

Ensure that decisions regarding the utilisation of property support delivery of the HSCP's Strategic Plan, and that our services are delivered from fit-for-purpose premises.

3.2 Being open and showing that we are fair when allocating resources

Significant decisions as to resource allocation will be taken in the appropriate public forum (through either the HSCP, Council or Health Board decision making structure) and will be subject to a clear strategic or operational business need being articulated. This should include the Board wide Accommodation Group.

3.3 Delivering services to people in their local communities

One of the aims of the Public Bodies (Joint Working) (Scotland) Act 2014 is to increase the amount of health and social care services delivered in people's own homes and communities as opposed to institutional or residential settings. We will ensure that our use of property is focussed on supporting that aim.

3.4 Making best use of the assets available to us

The HSCP (with support from the Board wide Accommodation group) will effectively manage their assets, and rationalise their estate where appropriate. For example, by co-locating health and social care services where this would be of benefit to service users and carers.

4.Strategic Context

4.1 Strategic Plan and National Policy

4.2 East Dunbartonshire's Health and Social Care Partnership Strategic Plan - 2018 – 2021, highlights the need to optimise efficiency, effectiveness and flexibility. As part of this, there has been a commitment to implement an Accommodations Plan to work in an integrated way across both localities.

4.3 It is within this context that the objectives and principles of the HSCP Property Strategy will be

developed and within which decisions relating to use of property and assets will be taken.

4.4 Adult and Learning disability strategy 2018-2023

4.5 This strategy is focused on working together to deliver better outcomes for people with learning disabilities, their families and carers. It will place partnership and joint working at the heart of how to improve the lives of people with learning disabilities and the people who care for them. The expressed and reflected views of service-users, their families, staff and other stakeholders identified that some of our accommodation and support options could operate more effectively and efficiently. One of the improvement themes is to review and redesign accommodation-based and day support services, to modernise them, provide them locally wherever possible, make them fit for purpose for the people who need them and ensure they are sustainable for the future.

4.6 Older People's Day Care Review

As part of this review, the model of service provision to older people will change from one which was predominately traditional day centre focused to one which is more person centred with the introduction of Local Area Co-ordinators (LACs). In addition, the accommodation portfolio will reduce with Burnbrae and Park Road Day centres merging into Oakburn. The saving released from this will fund the LACs. Whitehill Court Day Centre is not currently fit for purpose. Plans for a development in Hillhead will encompass a new day care facility and sheltered housing complex. When this is completed in 2020, Whiltehill Court will transition over. Birdston day care service will move to a different model of delivery where Self Directed Support will play a role in defining individual care packages.

4.7 New GP Contract Implications

There are 17 GP practices in East Dunbartonshire. The plans for the new GP contract (initial contract for three years) states that additional HSCP services will work more closely within practices. Some of these practices may not have capacity within their current site to facilitate these new services. The contract suggests that if GP premises are not adequate that in the longer term NHS Boards will ensure that GP contractors are provided with fit-for-purpose accommodation which complies with the standards set by the Premises Directions.

4.8 Transformation and other related programmes including Moving Forward Together

The HSCP has approved a wide-ranging transformation programme, which encompasses all aspects of health and social care provision in East Dunbartonshire. A key characteristic of this programme is redesign of services, looking at what services the HSCP deliver, how they are delivered, and where services are delivered from. Fundamental to such redesign activity there will require consideration of how the HSCP's use of property supports service delivery and the aims of the transformation programme. It is critical therefore to ensure that property and accommodation issues are included within the HSCPs transformation project management and planning activity, and work will be undertaken with project leads to embed these matters into the relevant processes. There are further opportunities presented by Smart/agile working and work to integrate health and social care information systems, which may facilitate further innovation in our use of property across the HSCP.

5.0 Capital Funding Framework

5.1 Capital Funding identified through the Council for 2019/20 in relation to the re-provisioning of Learning Disability Day Care Services comprises £324k and a further £5.3m within the Capital programme for 2020/21.

5.2 The Property and Management strategy (PAMs) for NHS GG&C reflects the requirement to have an integrated Health & Social Care Centre within the West Locality to replace and enhance the provision currently provided from the Milngavie Clinic to include the delivery of Social Work services and wider community provision to support vulnerable people, GP services and local Allied Health Profession provision hosted within other partnerships. There is no specific capital monies identified as yet to progress this and would require to be a joint initiative in conjunction with East Dunbartonshire Council.

5.3 NHS GG&C allocate £500k to partnerships (in recent financial years) to provide improvements to the current estate where there are ongoing maintenance and health and safety issues. This is accessed through a bidding system each year.

5.4 There are some monies available within the NHS GG&C Endowment Fund specific to East Dunbartonshire which can be accessed to support improvements to accommodation. This is currently sitting at £70k.

6.0 Links to Partner Organisation Strategies

6.1 The HSCP is linked closely to both the Council's Corporate Asset Management Plan and the NHS GGC Property and Asset Management Strategy 2016-2020. Both of these strategies are focussed on making best use of the assets owned by the Council and Health Board, which is in line with the principles and objectives outlined in this document.

7.0 Future Plans

7.1 The long term vision of the HSCP's Property Strategy is that the property estate available will be utilised across the East Dunbartonshire for provision of health and social care services, with those properties being modern, fit for purpose premises which are utilised to their maximum potential.

7.2 There is work already underway to rationalise and modernise the HSCP property portfolio, including:

a) Significant investment in upgrading accommodation in the KHCC has been completed predominantly in the second floor of the building. Further plans are underway to maximise floor space within the first floor

b) Approval from the Senior Management Team to develop a business case to support a new Health and Care Centre in Bearsden/Milngavie

c) Scope out options for upgrading Woodlands and Milngavie clinics.

d) Review services and accommodation for our learning disability service users and carers including re-provisioning modern day centre provision for those individuals with more complex needs.

e) Delivery of the Older People Day Care Strategy which provide day centre provision within East Dunbartonshire consistent with provision already provided within the West locality.

8.0 Governance

8.1 Overall responsibility for the implementation of the Property Strategy rests with the HSCP. A Property Strategy Group chaired by the HSCP's Chief Finance & Resources Officer will be set up reporting to the HSCP Audit Committee. Financial governance of all matters relating to property is through the existing governance and capital planning arrangements of East Dunbartonshire Council and NHSGGC.

8.2 The HSCP does not own property of its own. Decision making with regards to decommissioning, capital investment etc. rests with East Dunbartonshire Council and NHSGG&C, albeit with appropriate reference to the needs of the HSCP and any specific directions made to either body.

8.3 An annual report on implementation of the property strategy will be provided to the HSCP Board

9.0 Monitoring and Scrutiny

Monitoring and Scrutiny of the HSCP's Property Strategy will be primarily carried out by the HSCP Performance, Audit and Risk Committee, with reference to the full HSCP Board where appropriate. Appropriate links will also be developed with the monitoring and scrutiny arrangements of the Council and Health Board as necessary.

10.0 Locality accommodation across East Dunbartonshire

10.1 The HSCP established two localities areas during 2015/16 to support the understanding, planning and delivery of services around communities within these localities. These localities related to natural communities. They consisted of:-

a) The east of East Dunbartonshire (Bishopbriggs, Torrance, Lenzie, Lennoxtown, and Kirkintilloch).
b) The west of East Dunbartonshire (Bearsden and Milngavie).

10.2 The HSCP aims to provide suitable accommodation and services within these localities to meet the needs of the local populations.

11.0 East Locality

The East Locality includes several properties. The KHCC and Lennoxtown hubs are owned by EDC, and Woodlands is owned by the Health Board. These premises provide office and clinical accommodation for staff

11.1 Kirkintilloch Health and Care Centre

The Kirkintilloch Health and Care Centre (KHCC) provides services for both health and social care. In additional there are visiting services/teams which include local voluntary organisations and Board wide health services. In total there are 205 NHS staff and 138 social work staff currently based with these premises.

11.2 There are 11 GP practices within this locality. One practice has its premises within the KHCC.

11.3 Over the past few years there has been significant investment in upgrading accommodation in the KHCC to support clinical services, move the HSCP headquarters from other bases, introduce smart/agile working and facilitate integration within the teams. Further plans are underway to maximise floor space within the first floor. A significant amount of our clinical and care services are within this building.

11.4 Currently Children and Family services are based at Southbank Business Park and Criminal Justice services are at Kilsyth Work Space. There are plans for these teams to move in to the KHCC

11.5 Woodlands

11.6 Older People's Mental Health Services are based at the Woodland Centre and provide medical and psychological approaches to promote positive mental health. In total there are 28 staff within this base.

11.7 Other services include:-

a) Children and Family services accommodated within Southbank Business Park. This amounts to 80 staff.
b) Criminal Justice Team are based at Kilsyth work space.

11.8 Lennoxtown Hub

Lennoxtown Community Hub has a wide range of services under one roof including council tax, benefits, licensing, housing, general council enquiries, library services, leisure services, arts and events. Health Visitors and District Nurses who work within the Lennoxtown area use these premises as their base. There are also some clinical sessions from Physiotherapy and Podiatry services. Peel View Medical Centre and Lennoxtown Medical Practice are also based here.

11.9 Other accommodation

In addition, the HSCP also uses accommodation within Ferndale, Kelvinbank, St Ninian's Hall, Waterloo Close and John Street to provide a range of social care services. These accommodations provide support for service users.

Our vision for the East Locality is for integrated health and social care services to be delivered predominantly from the KHCC. In doing so, we would propose moving our children and family services into these premises.

11.10 In addition there are ten GP practices within the East Locality

12.0 West Locality

12.1 Milngavie clinic

Milngavie clinic is owned by the Health Board. It was built in the 1920's, with an extension completed in 2002. It's layout, design and size does not lend itself to development or expansion to provide modern health and social care services. There are limited facilities to consult with service users, which results in staff travelling to and from clinical sites from other bases. There are 49 staff based within these premises with an additional 12 visiting services.

12.2 Bearsden Hub

This building was a remodelled project from what was previously the Borough Hall. There are facilities which social work can utilise on a smart working basis or for community meetings. The usage of this accommodation is infrequent as most staff tend to either make appointments at the end of the day or return to their base within the KHCC. Due to accommodation issues within this area, there are some blockages around undertaking joint working and service developments within the area.

12.3 Older People's Mental Health service

There are currently ten staff based within Glenkirk (within Drumchapel hospital site) who deliver a service within the west locality. Their current accommodation does not sit within East Dunbartonshire's boundaries. The plan was always to move them to more suitable accommodation within the area which had clinical and interview rooms to support their service delivery.

12.4 In addition there are six GP practices within the Bearsden/ Milngavie area.

12.5 A review is underway to:

a) Create high quality accommodation which is able to promote the provision of modern health and social care services
b) Improve the utilisation of our current premise
c) Increase accessibility for service users
d) Promote the integration of services
e) Facilitate further agile working
f) Respond to the changing demographics of the population in the West locality

13.0 Key Strategic Issues for East Dunbartonshire HSCP

a) The development of an integrated health and social care centre in the west locality would provide further integration of health and care along with GP and third sector services in line with the national policy direction. It would provide a range of health, social care and third sector services for the population of Bearsden and Milngavie under one roof and would be more accessible than the current facilities. The building would afford the opportunity to provide modernised health and social care facilities and could be a more cost effective use of resources by consolidating the health and social care services currently provided from a range of premises and localities into one building and by replacing Milngavie clinic which is not fit for purpose.
b) In the short term a feasibility study will be done to explore options for some upgrading of the internal space and fabric of Milngavie clinic.
c) Identify space for the Older People's Mental Health service within the west locality
d) The KHCC has recently been partially refurbished. Additional plans for remodelling of the existing space will cause disruption to staff during the planning, decanting and relocation phases of this project.
e) A recent review of the car parking space in the KHCC has supported the installation of a barrier system and a lease arrangement with a local property developer for additional car parking spaces. With additional personnel, car parking may well remain an issue.
f) Issues around ventilation/heating within the building remain. This had led to a number of problems in respect of the temperature levels in the KHCC either being too hot or too cold. A more in depth review of the building will be completed once the first floor has been remodelled.
g) Implementation of the older people day care strategy and the learning disability review will require the HSCP to streamline current accommodation provided to service users.
h) Scope out options for usage of Woodlands clinic.
i) Reprovision of learning disability day care centres.
j) Consolidation of the HSCP accommodation within the east locality.

14.0 Emerging Themes

There are a number of emerging themes which will need to be progressed, and plans updated as accommodation requirements become clearer over the next few months:

14.1 Investment

Our properties have some significant maintenance requirements ongoing. HSCP administrators will continue to liaise with NHSGGC's PPFM Directorate and EDC Place, Neighbourhood & Corporate Assets department to identify building elements which need repair or replacement to support the planning for future work.

14.2 Smart/agile working

The introduction of Smart/agile working across all HSCP bases present opportunities for the HSCP to optimise use of our buildings. Whilst the traditional layout of some of the buildings present challenges to adapt them to be Smart/agile-friendly and more open-plan, there a advantages to the HSCP in terms of efficiency, innovation, improved business continuity and ultimately reduced property requirements.

14.3 Record Storage

Storage requires to be reviewed, including storage of personnel records. Pressures exist across East Dunbartonshire and alternative options such as scanning of recordings is being considered. Additionally there are increasing pressures on storage capacity resulting from the non-deletion of files as a result of the Scottish Child Abuse Enquiry.

15.0 Property list - East Dunbartonshire Health and Social Care Partnership

Premises	Owned by health or local authority,	Leased from	Lease remaining, notice period	Long term objectives (i.e. remain/move from premises)	Comments
KHCC	EDC	No	N/A	To remodel 1st floor to help accommodate social work C&F services	Health lease the ground and first floor
Milngavie clinic	Health board	No	N/A	Business case for a larger health and social care building within West locality	
Woodlands Resource Centre	Health board	No	N/A	Develop options appraisal for future developments	
Ferndale Residential home	EDC	No	N/A		
Kelvinbank	EDC	No	N/A	Part of the LD review	
St Ninians Hall (Milan Day centre)	Neither	Arch diocese	Not sure		
Lennoxtown	EDC	No	N/A		Health rent first floor.
North West HSCP Stobhill	Health board				DNs and oral health have office accommodation
John Street	EDC	No	N/A	Part of the LD review	
Bearsden Hub	EDC	No	N/A		

Pine View Support living	EDC	No	N/A	Part of the LD review	
Ashfield House	Health board	No	N/A	Part of the MH review	
Kilsyth Work Space	EDC	No	N/A		
Waterloo Close	Health Board				EDC lease from health board

East Dunbartonshire HSCP Schedule of Topics / HSCP Board Development and Seminar Business plan for HSCP Board meetings 2017 / 2018 /2019

Half day Seminars – Venues to be agreed and room booked. **Topic Specific seminars to be added at 9am to the HSCP Board Agenda**
TOPIC SPECIFIC SEMINARS
6th September 2018 – Topic Specific Seminar – New GP Contract
17th January 2019 - Topic Specific Seminar – Unscheduled Care
HALF DAY DEVELOPMENT SESSIONS
June 2018 – half day development session- date and topic to be agreed
February 2019 – half day development session – date and topic to be agreed
October 2018
STANDING ITEMS (every meeting)
Minutes of last meetings (SM)
Chief Officers Report (SM)
Finance (JC)
Delayed Discharges (AM)
Service User & Carer Representative Group Progress Report & Action Notes (SC)
HSCP Board Meeting - 28th June 2018
Annual Performance Report
Performance Improvement Report (SC) – Quarter 4
Carer Strategy Draft
OHD Performance Report for OHD and GGC - per Frances
March 2019 – Equality Mainstreaming Report due now and updated outcomes due in March 2021

ED HSCP BOARD - DISTRIBUTION LIST

Name	Designation	
ED HSCP BOARD MEMBERS - VOTING		
Ian Fraser	Chair - NHS Non Executive Board Member	1
Susan Murray	Vice Chair -EDC Elected member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Jacqueline Forbes	NHS non-executive Board Member	1
Ian Ritchie	NHS non-executive Board Member	1
ED HSCP BOARD MEMBERS - NON VOTING		
Susan Manion	Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Gordon Thomson	Voluntary Sector Representative	1
Martin Brickley	Service User Representative	1
Jenny Proctor	Carers Representative	1
Wilma Hepburn	Professional Nurse Advisor -NHS	1
Andrew McCready	Trades Union Representative	1
Gillian Cameron	Trades Union Representative	1
Lisa Williams	Clinical Director for HSCP	1
Adam Bowman	Acute Services Representative	1
Paolo Mazzoncini	Chief Social Work Officer	1
ED HSCP SUPPORT OFFICERS - FOR INFORMATION		
Linda Tindall	Organisational Development Lead	**e-copy only**
Sandra Cairney	Head of Strategy Planning and Health Improvement	1
Vacancy	Head of Adult and Primary Care Services	1
Fiona McCulloch	Planning & Performance Manager	**e-copy only**
Gillian McConnachie	Chief Internal Auditor HSCP	**e-copy only**
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	**Paper copy / e-copy**
Martin Cunnigham	EDC Corporate Governance Manager	7
John Hamilton	Head of NHS Board Administration	**e-copy only**
Louise Martin	Head of Administration, ED HSCP	**e-copy only**
Frances McLinden	General Manager, Oral Health Directorate	**Paper copy / e-copy**
Tom Quinn	Head of Human Resources	**e-copy only**
Sharon Bradshaw	Human Resources	**e-copy only**
For information only (Substitutes)		
Councillor Mohrag Fischer	EDC Elected member	**e-copy only**
Councillor Graeme McGinnigle	EDC Elected member	**e-copy only**
Councillor Rosie O'Neil	EDC Elected member	**e-copy only**
A. Jamieson	Carers Representative	**1 copy**
I Twaddle	Service User Representative	**1 copy**