

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 29th June 2023 at 9.00am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

Chair: Jacqueline Forbes

East Dunbartonshire Health and Social Care Partnership
Integration Joint Board

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

A G E N D A

Sederunt and apologies

Topic Specific Seminar – Care at Home – ‘Service Overview’

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 23rd March 2023

Item	Report by	Description	Update	For Noting/ Approval
STANDING ITEMS				
1.	Chair	Declaration of interests	Verbal	Noting
2.	Martin Cunningham	Minute of HSCP Board held on 23 rd March 2023	Paper	Approval
3.	Caroline Sinclair	Chief Officer’s Report	Verbal	Noting
STRATEGIC ITEMS				
4.	Derrick Pearce	Care at Home Service in East Dunbartonshire – an overview of current position	Paper	Noting
5.	David Aitken	Adult Learning Disability Allander Day Service Outcome Report	Paper	Noting

Item	Report by	Description	Update	For Noting/ Approval
6.	Jean Campbell	HSCP Property Review and Accommodation Update	Paper	Noting
7.	David Aitken	Carers Strategy 2023-2026	Paper	Approval
8.	David Aitken	East Dunbartonshire Alcohol and Drug Partnership Strategy 2023-25	Paper	Approval
9.	Karen Lamb	Mental Health Recovery & Renewal (MHRR) Phase 2 – Regional Services Developments	Paper	Approval
GOVERNANCE ITEMS				
10.	Alan Cairns/Alison Willacy	HSCP Annual Performance Report 2022/23	Paper	Approval
11.	Jean Campbell	Financial Performance Budget 2022/23 – Month 12 (Year End Outturn) and Unaudited Accounts 2022/23	Paper	Approval
12.	Derrick Pearce	Primary Care Improvement Plan (PCIP) Update	Paper	Noting
13.	Claire Carthy	Children & Young People’s Mental Health Wellbeing Framework	Paper	Noting
14.	Claire Carthy	Joint Inspection of Services for Children at Risk of Harm (CARH) Inspection Report and Action Plan	Paper	Approval
15.	Jean Campbell	East Dunbartonshire HSCP Risk Management Policy & Corporate Risk Register	Paper	Approval
16.	Jean Campbell	HSCP Directions Log update	Paper	Noting
17.	Jean Campbell	Performance, Audit and Risk Committee minutes of meeting held on 21 st March 2023	Paper	Noting
18.	Carolyn Fitzpatrick	Minutes of Clinical and Care Governance meeting held on 8 th March & 3 rd May 2023	Paper	Noting
19.	Derrick Pearce	HSCP Strategic Planning Group draft Minutes held on 2 nd March 2023	Paper	Noting

Item	Report by	Description	Update	For Noting/ Approval
20.	Tom Quinn	Staff Forum Minutes held on 12 th April 2023	Paper	Noting
21.	Gordon Cox	Public Service User and Carer Group (PSUC) update	Paper	Noting
22.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner January 2023 – March 2024	Paper	Noting
23.	Chair	Any other competent business – previously agreed with Chair	Verbal	

FUTURE HSCP BOARD DATES

Date of next meeting – 9.30am to 1pm if Seminar schedule start time will be 9am.

Thursday 14th September 2023

All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access during COVID Pandemic restriction arrangements

Minute of virtual meeting of the Health & Social Care Partnership Board held on
Thursday, 23 March 2023.

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

NHSGGC Non-Executive Directors **FORBES, MILES & RITCHIE**

Non-Voting Members present:

C. Sinclair	Chief Officer and Chief Social Work Officer
C. Bell	Trades Union Representative
J. Campbell	Chief Finance and Resource Officer
L. Connell	Interim Chief Nurse
A. Innes	Third Sector Representative
F. McManus	Carers Representative

Jacquie Forbes (Chair) presiding

Also Present: D. Aitken	Interim Head of Adult Services
C. Carthy	Interim Head of Children's Services & Criminal Justice
M. Cunningham	Corporate Governance Manager – EDC
L. Dorrian	General Manager – Oral Health NSGG&C
K. Lamb	Head of Specialist Children's Services
V. McLean	Corporate Business Manager
D. Pearce	Head of Community Health and Care Services
T. Quinn	Head of Human Resources - ED HSCP
L. Walsh	Senior OD Advisor

APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Gordon Cox, Allan Robertson and Alan Cairns.

1. DECLARATION OF INTEREST

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

2. MINUTE OF MEETING – 19 JANUARY 2023

There was submitted and approved a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 19 January 2023.

3. INTERIM CHIEF OFFICER'S REPORT

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD

23 MARCH 2023

The Chief Officer addressed the Board and summarised the national and local developments since the last meeting of the Partnership Board. Details included:-

- Covid Update – remains present, some outbreaks in care homes, combined impact of seasonal winter viruses.
- National Pressures on Health & Care Services – hospitals, both in-patient and A&E, HSCP continues to assist by supporting as many people as possible in the community, care at home however has significant recruitment issues
- Sandyford Sexual Health Service resumed from Tuesday 21st February at Kirkintilloch Health & Care Centre including the evening service which includes young peoples' clinics for clients aged between 13 and 17.
- Staff awards – Event held at Kilmardinny House on the 2 March 2023. Overall winner will be announced at the NHSGGC Chairman's awards on 4 May 2023.
- Kelvinbank Resource Centre has moved into the new Allander Resource Centre, in the Allander Leisure Centre, which formally opened on 9 March 2023.
- Children at Risk of Harm inspection commenced in East Dunbartonshire in October 2022 - verbal feedback from the inspection team on 16 March highlighted many areas of positive work they had seen and reflected back to us some areas for potential improvement which we were already aware of. Final report next month.
- NHS settlement - received 21 March 2023 - under the agreement, most staff will receive a consolidated uplift of 6.5%, with a floor of £1,548 and a cap of £3,755. In addition to the consolidated uplift, staff will also receive a one-off non-consolidated addition ranging between £387 and £939, depending on an individual's place on the Agenda for Change pay matrix.

Following questions the Board noted the information.

4. SPECIALIST CHILDREN'S SERVICES SINGLE SERVICE ALIGNMENT

A Report HSCP/230323/04 by the Chief Officer, copies of which had previously been circulated, provided an update on the progress towards planning for implementation of a single service structure for Specialist Children's Services (SCS). SCS comprises Child and Adolescent Mental Health Services (CAMHS) and Specialist Community Paediatrics Teams (SCPT) Services.

Following consideration, and having heard the Chief Officer in response to questions the Board agreed as follows:

- a) To note the content of the Report
- b) To note that the details of the financial and resource transfers related to the implementation of a single SCS service alignment are contained within the budget setting report for consideration.

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
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- 2.3 To note the financial due diligence work which has been completed by the Chief Finance & Resources Officer in relation to the SCS budgets being delegated from NHS GG&C from the 1st April 2023.
- 2.4 To note the Chief Finance & Resources Officer assurances in relation to the sufficiency of the SCS budget to be delegated, subject to effective risk mitigation and the successful delivery of efficiency initiatives to deliver a balanced budget for 2023/24 and beyond.
- 2.5 To approve the hosting of SCS within East Dunbartonshire HSCP on behalf of the NHS Board and the other five HSCP's across GG&C and all that this entails.

5. RECORDS MANAGEMENT PLAN INTERIM UPDATE

A Report HSCP/230323/05 by the Chief Finance & Resources Officer, copies of which had previously been circulated, outline requested approval to publish and enact the finalised Social Support Strategy for the way in which East Dunbartonshire Integration Joint Board (IJB) will provide an interim update to ED HSCP Records Management Plan (RMP) Version 2 at 2021 to meet the requirements of the Public Records (Scotland) Act 2011 and seeks the IJB's approval for its content as well as onward submission to the Keeper of the Records of Scotland for review and agreement before 31st March 2023.

Following consideration, the Board agreed as follows:

- a) To approve the update of the East Dunbartonshire HSCP Records Management Plan, giving approval that this can now be formally submitted to the Keeper of the Records of Scotland by 31st March 2023 subject to any further minor amendments.

6. HSCP FINANCIAL PLANNING & ANNUAL BUDGET SETTING 2023/24

A Report HSCP/230323/06 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the financial planning for the partnership and presented the proposed budget for 2023/24.

Following consideration and having heard the Chief Finance & Resources Officer in response to questions, the Board agreed as follows:-

- a) To note the position within the financial planning assumptions and acknowledge that these have been formed following partnership collaboration.
- b) To accept the indicative budget settlement for 2023/24 from the NHS (Para 3.11) and Council (3.13 – 3.15) while noting the caveats arising from the risks associated with the uncertain landscape of service delivery and associated costs, particularly in relation to pay uplifts and prescribing

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
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pressures.

- c) To note and approve the proposed increase in the set aside budget outlined in paragraph 3.12.
- d) To approve the savings programme for 2023/24 to support delivery of a balanced budget position for the partnership outlined in paragraph 3.18.
- e) To approve the approach for reserves outlined in paragraph 3.32 – 3.33 and note this is dependent on the financial performance of the partnership delivering as projected through the Month 10 budget monitoring reports.
- f) To note the impact on the HSCP Medium Term Financial Strategy 2023 – 2028 set out in paragraphs 3.34 – 3.38 of the Report.
- g) To note the risks to the Partnership in meeting the service demands for health & social care functions and in the delivery of the strategic priorities set out in the Strategic Plan set out in paragraph 3.26.
- h) To note and approve the Directions to both East Dunbartonshire Council and NHS GG&C set out in Appendix 7.

7. HSCP ANNUAL DELIVERY PLAN 2023-2024

A Report HSCP/190123/07 by Chief Finance & Resources Officer, copies of which had previously been circulated, presented the HSCP Annual Delivery Plan for 2023-24 for consideration and approval by the Board

Following consideration, the Board approved the HSCP Annual Delivery Plan 2023-24 set out at **Appendix 1** of the Report.

8. HSCP QUARTER 3 PERFORMANCE REPORT 2022-23

A Report HSCP/230323/08 by the Planning, Performance & Quality Manager, copies of which had previously been circulated, informed the Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period October to December 2022 (Quarter 3).

Following discussion and having heard the Chief Finance & Resources Officer in response to questions, the Board agreed to note the report.

9. ALCOHOL & DRUGS PARTNERSHIP MEDICATION ASSISTED TREATMENT (MAT) STANDARDS IMPLEMENTATION UPDATE

A Report HSCP/230323/09 by the Interim Head of Adult Services, copies of which had previously been circulated, updating the Board on the Medication Assisted Treatment (MAT) Standards implementation Plan and progress towards implementation in East Dunbartonshire.

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Following discussion and having heard the Interim Head of Adult Services in response to questions, the Board noted the information and the progress made towards implementation of MAT Standards.

10. CARERS STRATEGY DEVELOPMENT UPDATE

A Report HSCP/230323/10 by the Interim Head of Adult Services, copies of which had previously been circulated, updating the Board members on the development of the new Carers Strategy 2023–2026.

Following consideration, the Board agreed as follows:-

- a) To note the content of the Report;
- b) To approve the proposed areas for priority action, that will form the foundation of the Carers Strategy 2023-26;
- c) To note the timetable for the preparation of the final strategy, for consideration by the Board at its next meeting.

11. FINANCIAL PERFORMANCE ON BUDGET 2022/23 – MONTH 10

A Report HSCP/230323/11 by Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the financial performance of the partnership budget as at month 8 of 2022/23. Full details were contained within the Report and attached Appendices.

Following consideration, and having heard the Chief Finance & Resources Officer in response to questions, the Board agreed as follows:

- a) To note the projected outturn position is reporting a surplus on budget of £2.993m as at month 10 of the financial year 2022/23 (after adjusting for anticipated impact of movement to / from earmarked reserves).
- b) To note and approve the budget adjustments outlined within paragraph 3.2 (Appendix 1)
- c) To note the HSCP financial performance as detailed in (Appendix 2)
- d) To note the progress to date on the achievement of the current, approved savings plan for 2022/23 as detailed in (Appendix 3).
- e) To note the anticipated reserves position at this stage in the financial year set out in (Appendix 4).
- f) To note the summary of directions set out within (Appendix 5)

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
23 MARCH 2023**

12. DRAFT MINUTES OF CLINICAL & CARE GOVERNANCE GROUP MEETING HELD ON 11 JANUARY 2023

A Report HSCP/1230323/12 by the Lead for Clinical Pharmacy and Prescribing – Carolyn Fitzpatrick, copies of which had previously been circulated, shared the draft minutes of the Clinical and Care Governance Group meeting held on 11 January 2023.

Following consideration, the Board noted the content of the Clinical and Care Governance Group Meeting held on 11 January 2023.

13. HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF 15th DECEMBER 2022

A Report HSCP/230323/13 by Head of Community Health & Care Services, copies of which had previously been circulated, shared the draft minutes of the HSCP Strategic Planning Group held on the 15th December 2022.

Following consideration, the Board noted the HSCP Strategic Planning Group draft minutes of 15th December 2022.

14. STAFF FORUM MINUTES OF 18TH JANUARY 2023

A Report HSCP/230323/14 by Head of Human Resources, copies of which had previously been circulated, shared the minutes of the Staff Partnership Forum meeting held on 18th January 2023.

Following consideration, the Board noted the minutes of the Staff Partnership Forum meeting held on 18th January 2023.

15. PUBLIC, SERVICE USER & CARER (PSUC) MINUTES of 2nd FEBRUARY 2023

A Report HSCP/230323/15 by the Health Improvement & Inequalities Manager, copies of which had previously been circulated, shared the draft minutes of the Clinical and Care Governance Group meeting held on 2nd November 2022.

Following consideration, the Board heard from the Carers representative and thereafter noted the minutes and commended the overall progress made by the Public, Service User & Carer Representatives Support Group.

16. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER

Following consideration, the Board noted the content of the East Dunbartonshire HSCP Agenda Planner

17. ANY OTHER COMPETENT BUSINESS

None

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
23 MARCH 2023**

18. DATE OF NEXT MEETING

Date of next meeting – 9.30am to 1pm if Seminar scheduled start time will be 9am.

Thursday 29th June 2023

All held in the Council Chambers, 12 Strathkelvin Place, Kirkintilloch,
G66 1XT or via remote access

DRAFT

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/04

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

SUBJECT TITLE: CARE AT HOME SERVICE IN EAST DUNBARTONSHIRE – AN OVERVIEW OF CURRENT POSITION

1.0 PURPOSE

- 1.1** The purpose of this report is to provide an update to the Integration Joint Board on the impact of the local and national social care crisis on East Dunbartonshire Care at Home Services, specifically in the period from November 2022 to March 2023.
- 1.2** The report also sets out plans which were implemented or are planned to mitigate the impact on services and customers, describes the context of pressures, and indicates the increased demand for community-based supports at a time of pressure on care at home provision.

2.0 RECOMMENDATIONS

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

- 2.1** Note the content of the Report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 **BACKGROUND/MAIN ISSUES**

- 3.1** East Dunbartonshire HSCP currently provides Care at Home support to 1160 customers. 452 people are supported by the in house care at home services and a further 708 are supported by commissioned external providers. A total of 9956 hours of care per weeks are provided to customers across East Dunbartonshire to remain safely in their own homes. This number consistently varies, as does demand and complexity in specific localities.
- 3.2** Older people living in East Dunbartonshire experience a typically higher-than-average level of good physical health. East Dunbartonshire has also witnessed the fastest growing increase in people aged 85 years + (59%) of any local authority area in Scotland over the last ten years. Future projections indicate that this growth in older people in our community will accelerate over the next ten years by a further 74%, compared to a Scottish average of 46%.
- 3.3** Additionally, demographics show an increase in the number of older people remaining in the community with increased physical frailty resulting in subsequent increases in demand. This means that the amount of older people seeking support from our community-based services is high and is anticipated to get higher still over several years with additional predicted increased in complexity of need.
- 3.4** There have been significant capacity issues within Care at Home services both locally and across Scotland, with increased demand and an increased complexity of cases (such as people requiring 2:1 supports) which has seen a 32% increase locally since 2019. Issues relating to Covid and seasonal illnesses impacting on staffing levels; a nationwide issue surrounding recruitment and retention of staff in adult social care; and increased demand for community supports have placed significant pressure on the capacity of services to respond effectively. This reached a peak in early 2023 in East Dunbartonshire with the local in house and external services continually indicating an Amber status – not being in a position to commit to expediting all discharges from hospital, with demand for services outstripping capacity. This Amber status remained in place from December 2022 until March 2023.
- 3.5** In comparison with other HSCP's however, East Dunbartonshire Care at Home services have managed to maintain supports to existing customers without reducing or cancelling any direct supports. In the public facing statistics on unmet need, collated by Public Health Scotland for the Scottish Government East Dunbartonshire is outperforming other HSCP's of a similar size in management of delayed discharged attributable to care at home, assessments carried out and statutory reviews completed within expected timescales. East Dunbartonshire's performance is nationally benchmarked with East Renfrewshire, Aberdeen City, Aberdeenshire, Edinburgh City, Orkney Islands, Perth and Kinross and Shetland Islands HSCPs and based on a 7-point scale for each of the unmet need statistics submitted weekly to the Scottish Government, East Dunbartonshire has ranked either first or second during the period since 31st October 22, and has consistently ranked first since 26th December 2022.

(Please see Table 1)

Table 1 – Comparison to HSCP family, unmet need.

In comparison to HSCP Benchmarking Family	Snapshot date	Total Waiting for social care assessment	Total Assessed and waiting for package of care	Total Care yet to be provided for assessed individuals (Hours)	Total Care assessed as needed and not provided for those in receipt of a care package (Hours)
East Dunbartonshire	24-Oct-22	2	1	4	2
East Dunbartonshire	31-Oct-22	1	1	1	1

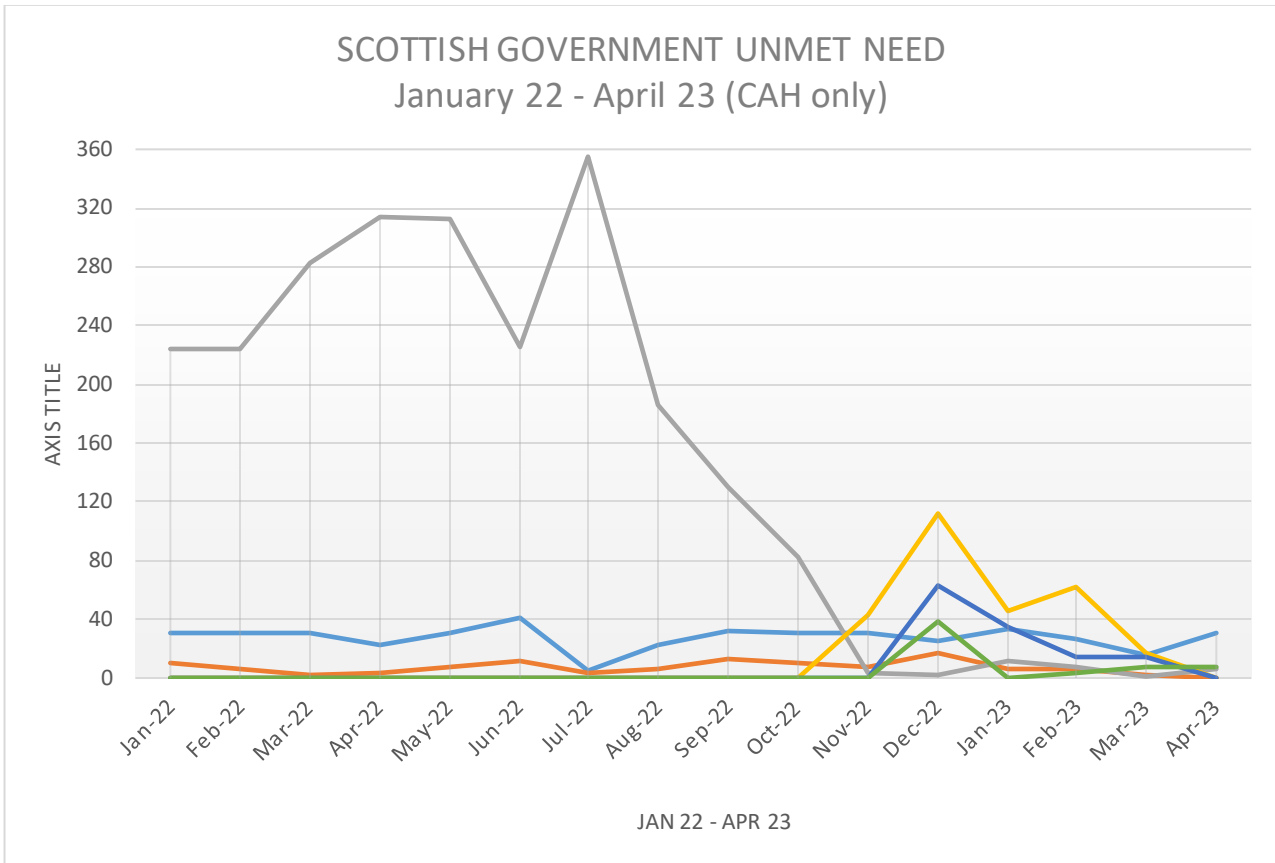
East Dunbartonshire	07-Nov-22	1	1	1	1
East Dunbartonshire	14-Nov-22	1	1	1	2
East Dunbartonshire	21-Nov-22	2	1	1	1
East Dunbartonshire	28-Nov-22	2	1	1	1
East Dunbartonshire	05-Dec-22	1	1	2	2
East Dunbartonshire	12-Dec-22	1	1	2	2
East Dunbartonshire	19-Dec-22	1	1	2	1
East Dunbartonshire	26-Dec-22	1	1	1	1
East Dunbartonshire	02-Jan-23	1	1	1	1
East Dunbartonshire	09-Jan-23	1	1	1	1
East Dunbartonshire	16-Jan-23	1	1	1	1

3.6 The Scottish Government returns have also indicated a steady decrease in outstanding Care at Home reviews from January 2022 until January 2023, which would evidence the effectiveness of the new (winter pressure funded) Review Officer posts. (Table 2 and 3)

Table 2

Scottish Government Unmet Need returns January 2022 - April 2023 CAH only						
	1. Waiting for Assessment	2. Waiting for POC	3. Waiting for Review	4. Hrs to be provided Hosp	5. Hrs to be provided Community	6. Care to be provided existing POC (Hrs)
Jan-22	30	10	224	0	0	0
Feb-22	30	6	224	0	0	0
Mar-22	30	2	283	0	0	0
Apr-22	23	3	314	0	0	0
May-22	30	7	313	0	0	0
Jun-22	41	11	225	0	0	0
Jul-22	5	3	355	0	0	0
Aug-22	22	6	186	0	0	0
Sep-22	32	13	130	0	0	0
Oct-22	31	10	82	0	0	0
Nov-22	31	8	3	42.5	0	0
Dec-22	25	17	2	112	63	38.5
Jan-23	33	6	12	46	35	0
Feb-23	27	6	7	62	14	3.5
Mar-23	16	2	1	17	14	7
Apr-23	31	0	6	0	0	7

*From Nov 22 CAH reviews collated (Q3) refer only to statutory in house - not private



3.6.1 The high demand for support, specific local demographics and increasing complexity of people requiring support, against a backdrop of recruitment and retention challenges, has led to significant pressures in the period November 2022 to March 2023. This has been compounded by the requirement to ensure that delays in discharge from acute care to community care are facilitated speedily to relieve pressures on hospitals. All elements of demand for our care at home service provision has increased over 2022 both in relation to overall numbers of service users and complexity of need. This has affected our mainstream teams, our reablement service and our response team. Pressures on the service, the need for expedited discharge from hospital and an attempt to maintain existing basic supports has meant that at times we have had to collapse our response services into the mainstream teams and provide emergency response from our teams based in each locality.

3.7 Demand Pressures

3.7.1 Throughout 2022 there was a steady increase in demand for services (which has only been noticed to diminish since March 2023). The In house and External split of home care support in East Dunbartonshire has been set at 70% external and 30% in house since the Strategic Service Review of Care at Home in 2018 – 2020. This split has fluctuated over the past year as our internal and external services have both been challenged by recruitment and retention, sickness, Covid and general demand. In addition over the past 6 months three local external providers have had to cease accepting new customers for periods of time as they have taken time to consolidate their services.

3.7.2 In January 2022 the total combined hours provided to customers was 9,250 per week, this increased to 9,956 by January 2023. Staff hours required by customers in the same period (a better indication of complexity of support, and those requiring the assistance of two carers (doubled supports) also increased from 11,245 in January 2022 to 12,195 in January 2023. The table below illustrates the split between in hours and external provision across customer and staff hours.

Table 4: Service Hours 2022 and 2023

CUSTOMER HOURS			% Split		STAFF HOURS			% Split	
	Private	Inhouse	Private	Inhouse		Private	Inhouse	Private	Inhouse
2022	5859.75	3389.75	57.8%	42.2%	2022	6843.75	4401.50	64.3%	35.7%
2023	7437.50	2518.20	66.1%	33.9%	2023	8907.90	3287.50	63.1%	36.9%

3.7.3 Referrals to Care at Home Services also increased throughout 2022; 81 referrals were received in the month of January 2022; this had increased to 151 referrals in January 2023 (an increase of 86%). As illustrated in Table 4 above. The areas with the highest demand for supports have consistently been evidenced to be Bearsden and Bishopbriggs.

Table 5: Referrals for care at home services – all referrals hospital and community

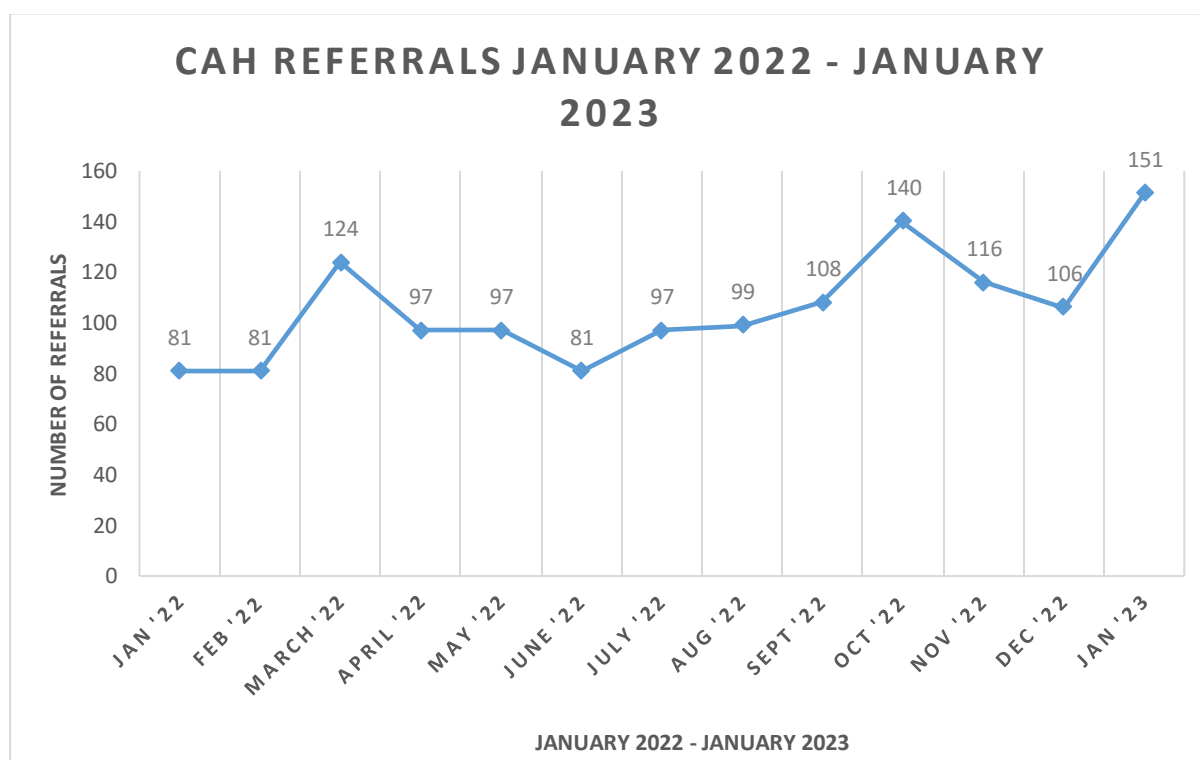


Table 6: Referrals Split by locality patch January 2022 – January 2023

REFERRALS BY PATCH MONTH BY MONTH JANUARY 2022/JANUARY 2023

MONTH	HOME FOR ME	EAST KIRKINTILLOCH	EAST LENZIE	EAST VILLAGES	WEST BEARSDEN	WEST BISHOPBRIGGS	WEST MILNGAVIE	TOTAL NO OF REFERRALS FOR MONTH <i>(Shown in above graph)</i>
January 22	6	14	4	11	16	19	11	81
February 22	14	11	4	3	19	17	13	81
March 22	4	24	6	20	23	36	11	124
April 22	11	16	8	7	21	25	9	97
May 22	14	15	4	17	30	33	11	97
June 22	24	20	7	6	10	11	3	81

July 22	11	11	8	12	23	21	11	97
August 22	4	15	12	12	26	22	8	99
September 22	8	15	9	14	29	20	13	108
October 22	23	15	12	6	34	30	20	140
November 22	13	22	10	10	23	23	15	116
December 22	21	3	1	7	27	30	17	106
January 23	15	25	11	16	31	36	17	151
TOTAL OF REFERRALS FOR Jan 22 – Jan 23 FOR EACH PATCH	168	206	96	141	285	323	159	1378

3.7.4 Nature of referrals and managing demand

As at 5 June 2023 there are no customers awaiting care at home in hospital and none awaiting care at home in the community. This has fluctuated over the past years, however, as illustrated, again, in table 6.

3.7.5 Whole system impact

The impact of care at home capacity issues has been reflected in our performance in discharge without delay. East Dunbartonshire HSCP Care at Home Services historically carried few if any delays. Pressures on internal and external provision meant that we were experiencing an increased number of delays and also an increase in the length of these delays – especially those with large complex packages of care who would not consider a move to interim support in a care home. We also identified that there was a specific locality pressure area, Bishopbriggs. This locality had continuously high referral rates, but in house and external capacity – in addition to fewer private providers operating in this area, meant that delays were often linked to difficulties in accommodating packages of care in this area. In January and February 2023, the most difficult period for the service and, as a whole system response, the most difficult period for in house and external services, we reached a peak of 12 delayed discharges attributable to care at home.

3.7.6 Implementation of RAG (Red, Amber and Green Customers)

All care at home customers, whether cared for by the in house service or a commissioned service provider, are subject to the HSCP eligibility criteria and assessment framework, and as such are determined to be of critical substantial, moderate or low need. Currently, no customers in receipt of care at home fall below the substantial need category. Customers are additionally categorised in accordance with their need, risk and family circumstances to be Red, Amber or Green (RAG). 166, or 33.6% of customers, are currently in the Red category, reflecting the level of complexity being managed in the community by the HSCP.

RAG DATABASE	
TOTAL NO OF CUSTOMER ON RAG DATABASE 494	
RED	166 (33.60%)
AMBER	264 (53.44%)
GREEN	64 (12.96%)

Due to robust risk management and excellent collaboration across the market and with customers and families, it has been possible to avoid the need to apply our RAG across our services – (determining which customers might need to have care at home reduced or withdrawn based on critical, substantial, or lower-level need for direct support). This has applied throughout the Covid-19 pandemic and also over the past year as demand has risked outstripping capacity. Bank staff, agency staff and overtime payments have been used to maintain service delivery. The service RAG is continually updated

3.8 Workforce

The total establishment of the in-house care at home service is as follows:

- Team Leaders (Grade 9) x 2
- Patch Supervisors (Grade 8) x 6
- Moving and Handling Supervisor (Grade 8) x 1
- Home for Me Supervisor (Grade 8) x 1
- Out of Hours Supervisor (Grade 8) x 1
- Monitoring and Review Supervisor (Grade 8) x 1
- Senior Carers (Grade 6) x 19
- Review Officers (Grade 6) x 5
- Systems Analyst (Grade 6) x 1
- Mainstream Carers (Grade 5) x 220

The base permanent establishment was considerably increased in 2022 by the introduction of a Moving and Handling Supervisor, 3 additional review officers and by increasing the working hours of senior carers from 30 – 35 hours and providing a 50/50 split between supervisory functions and direct care and support. There remain, however, significant vacancies of around 11% in our Carer cohort.

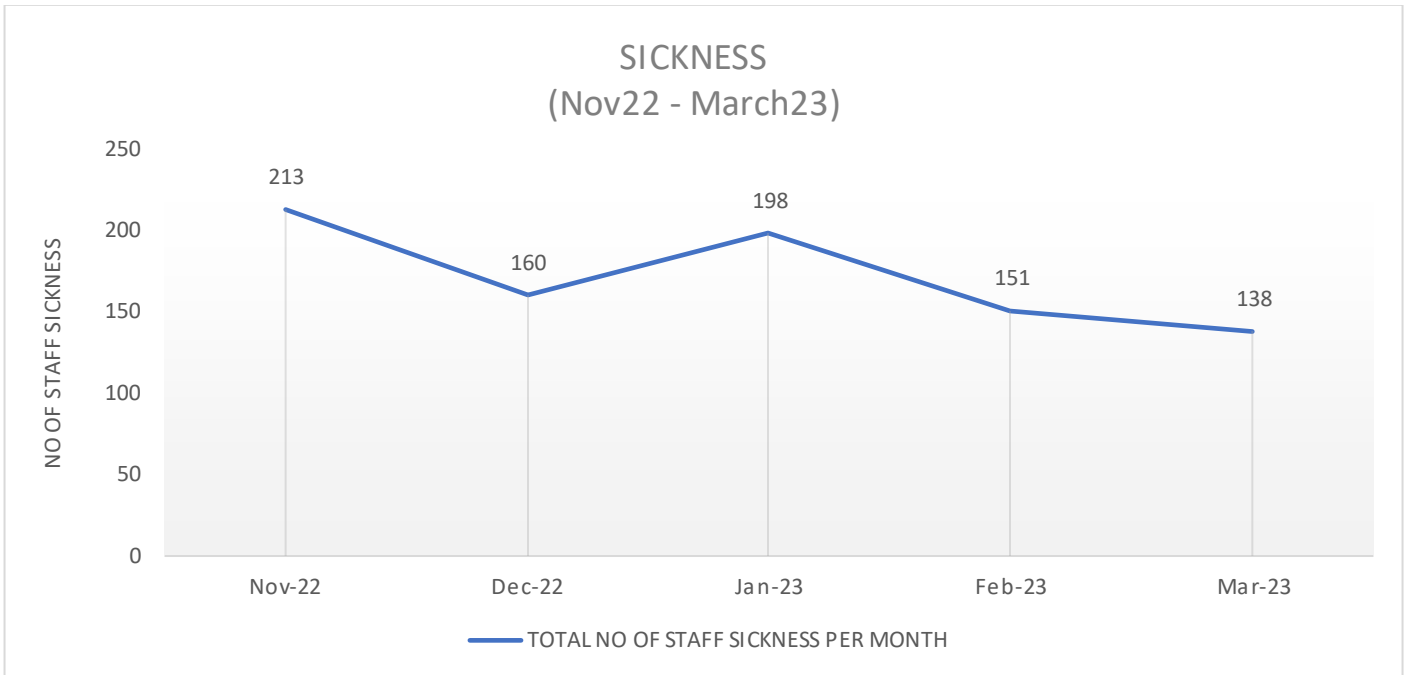
3.8.1 Sickness Absence:

The East Dunbartonshire HSCP in house care at home service experienced reasonably high absence rates with levels of absence around 16% in frontline carer positions from November 2022 to February 2023, at a time when the highest demand was being made for a service. There has been considerable improvement, and as at May 2023, this figure sits at 9%. There has been a strong focus from Care at Home Supervisors and EDC HR colleagues, on short term and long-term absences in the service. This has been effective in ensuring that staff are supported back to work as quickly as possible and those unable to return to work due to capability issues have been supported out of the service, freeing space for recruitment. Actions resulting in this improvement include focused work to progress wellbeing support, concluding outstanding HR processes and improvements in ability to offer flexible working or rota changes to facilitate greater attendance.

SICKNESS (November 22 – March 2023)

Table 7

MONTH	TOTAL No OF STAFF SICKNESS FOR THE MONTH
November 2022	213
December 2022	160
January 2023	198
February 2023	151
March 2023	138



3.9. Recruitment and Retention:

As at April 2023 there are 29 vacancies in the in house care at home service. 24 of these vacancies are in roles created in Dec 2022 by the investment of the Winter System Pressures Funding. Illustrating that investment has not resulted in significant additional capacity in the in-house service. The funding, however, has provided additional stability to the service and has aided the effective sustainability of supports to existing customers and expedited discharge from hospital. This has been managed by supporting the service budget to accommodate use of bank staff, agency workers and additional overtime payments.

An ongoing rolling recruitment campaign in care at home has been in place since September 2022 and the service has also received support from EDC Corporate Communications services using Facebook and Geolocate to attract applicants. The service is now seeking to introduce modern apprenticeships into our teams and will be undertaking community campaigns over the next few months, setting stalls in hubs and centres across East Dunbartonshire and having a presence in any job fairs or festivals taking place. The service has also launched a new suite of printed and online advertising materials, including a social media animation with carer voice testimonials about the experience of working in the service. It is worth noting, however, that there are significant pay rate differentials across adult social care services and with neighbouring HSCPs care at home services, some of whom have higher rates of pay. The pay differentials are illustrated in the Table 8:

Table 8: Social Care Pay Rate Differentials (March 2023)

Organisation	Pay Scale - £/Hour
East Dunbartonshire HSCP	12.91
West Dunbartonshire HSCP	10.28
North Lanarkshire HSCP	14.27
Glasgow City HSCP	11.99 <i>up to 13.65</i>
Caring Hearts	10.60 <i>10.80 if driver</i>
Clyde/MyLife	10.50
Delight	11.00 <i>enhancement if driver</i>

3.9.1 Unavailability of staffing

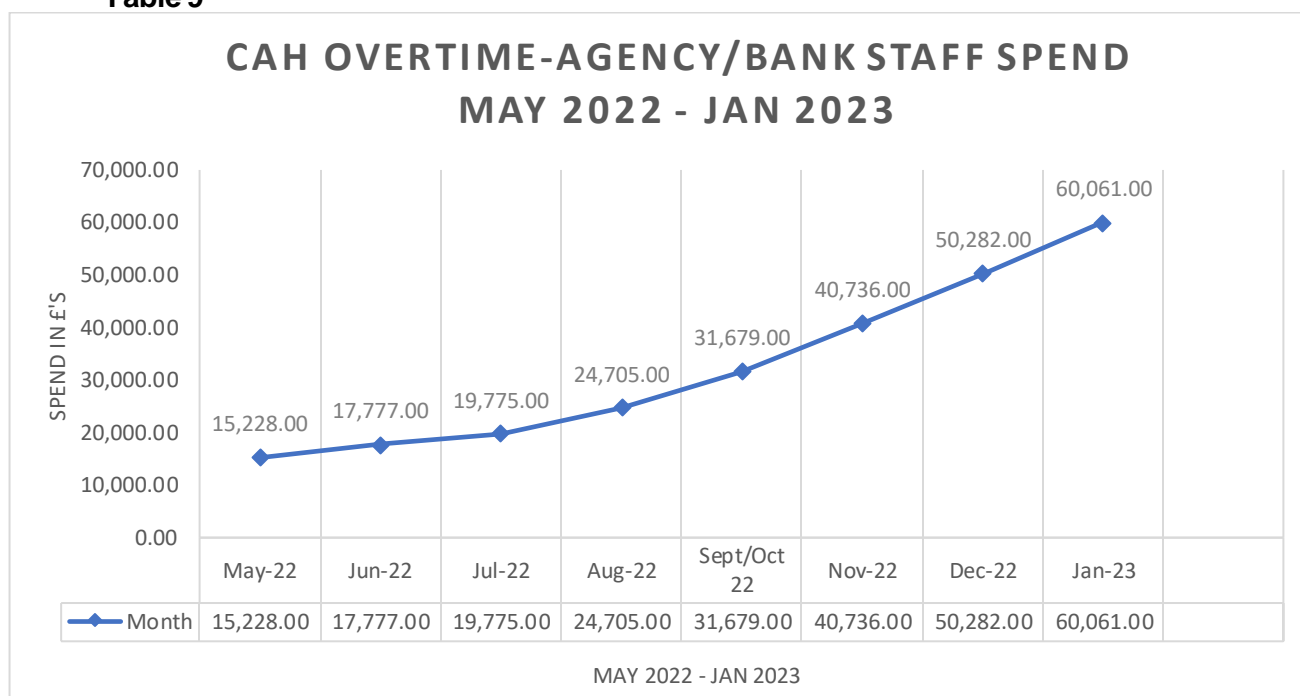
When taking account of sickness absence and unfilled vacancies the unavailability of staffing against the total establishment has averaged around 29% between November 2022 and March 2023. This figure current sits at 20% as at April 2023.

3.9.2 Additional Resourcing

The service successfully secured agreement to create a bank of staff to act as additional support when required in December 2022. This has ensured a fall-back position to maintain safe supports at times where Covid and seasonal absence has affected the stability of supports; this has added some resilience to the service and helps cover short notice of absence or unanticipated gaps across the service. A total of 10 individuals are part of the bank, and support especially at weekends is being sustained by these sessional staff.

Due to the inability to recruit to the significant number of new posts created with the Winter System Pressures Funding excess overtime and agency capacity has been approved for use on the service, offset by the balance of underspent employee budget.

Table 9



3.9.3 CONCLUSIONS

East Dunbartonshire HSCP Care at Home services continues to experience significant pressures in terms of capacity to meet demand and consistency of care. This position, however, is reflected across Scotland and our local performance in response to these pressures from in house and commissioned external services has in the main been robust and effective. Most recently the service's ability to deliver high quality, person centred and efficient care was judged by the Care Inspectorate during an unannounced inspection in the week of 15th May 2023. No written conclusions from that Inspection are yet available but verbal feedback was highly positive with the service indicatively being award Grade 5s (Very Good) in all categories.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022 – 2025; -

1. Promote positive health and wellbeing, preventing ill-health, and building strong communities
2. Enhance the quality of life and supporting independence for people, particularly those with long-term conditions
3. Keep people out of hospital when care can be delivered closer to home
4. Address inequalities and support people to have more choice and control
5. People have a positive experience of health and social care services
6. Promote independent living through the provision of suitable housing accommodation and support
7. Improve support for Carers enabling them to continue in their caring role
8. Optimise efficiency, effectiveness and flexibility
9. Statutory Duty

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – The overall care at home budget is expected to come in on target for this financial year. However it is important to note that this due to some main issues and mitigation. We received substantial financial input from the Scottish Government to build resilience in our care at home services via winter pressure funding, (in addition to specific Covid related expenses also being met by the Scottish Government). In addition, the costs for external/private provision services were underspent as SDS3 costs, although over budget, were balanced by lower uptake of SDS1 and SDS2 options.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –

There are no directions arising as a result of this report.

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 None.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/05

CONTACT OFFICER: DAVID AITKEN, INTERIM HEAD OF ADULT SERVICES

SUBJECT TITLE: ADULT LEARNING DISABILITY ALLANDER DAY SERVICE OUTCOME REPORT

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health & Social Care Partnership Board on outcomes following the opening of the new Allander Day Service on the 9th March 2023.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the report.

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

3.0 BACKGROUND

- 3.1** In 2018 the HSCP committed to a redesign of Adult Learning Disability Day Services. A planned new development at the Allander Leisure Centre in Bearsden was identified as a suitable shared development to replace the existing Day Service, delivered from Kelvinbank Resource Centre in Kirkintilloch.
- 3.2** The Allander Resource and Leisure Centre commenced construction in January 2021. The Adult Learning Disability Resource Centre was designed with input from Social Work and Allied Health Professionals to ensure it would meet the physical and sensory needs of individuals with complex, profound and multiple disabilities.
- 3.3** Service users, Carers, Staff and Stakeholders were consistently involved and consulted with during the development of the new service and updated throughout the redesign journey.
- 3.4** The new Allander Resource Centre successfully opened to service users on 9 March 2023. The service is registered with the Care Inspectorate to support up to 60 people each day.

OUTCOMES / ACHIEVEMENTS

- 3.5** A robust Project Plan underpinned the transition to the new centre to ensure minimal disruption was experienced by service users, carers and staff. Ceartas Advocacy were involved to support those who attended Kelvinbank to prepare them for the move identifying issues and concerns which were identified by this group. The Project Plan was overseen by the Learning Disability Review Steering Group.
- 3.6** The new building allows the service to offer much greater opportunities for those who attend the new Allander; delivering a centre-based resource for people with complex support needs whilst continuing to provide services for those with less complex needs and a 'hub' based model for other services to access as a base to attend community-based activities.
- 3.7** The state-of-the-art facilities within the centre, such as the hydro-therapy pool, rebound room, physio rooms and the snoozelum are providing daily access to therapeutic support for service users who require physical and sensory stimulation and provide opportunities for service users which far exceed those which were previously provided due to the limitations of the environment and equipment.
- 3.8** In advance of the move to the new day service, existing resources were allocated to enable the provision 1-1 staff support for centre-based and community-based support to meet the needs of those with more complex support and care needs. Eleven adults with complex support needs now receive 1:1 support within the new centre and a further five adults with a similar level of need will receive a placement later in the year as they transition from children to adult services. In addition, three people who were being supported outside East Dunbartonshire have now successfully transitioned to the new centre.
- 3.9** The ability to meet complex needs within the new facility represents an important step forward ensuring that we can more consistently meet complex and challenging needs locally without the requirement to travel outside East Dunbartonshire. The return from external placements and avoidance of future placements has also

generate substantial cost savings; full year savings achieved are in excess of £256,000.00.

- 3.10** Use of the leisure centre facilities, in particular the hydro-therapy pool has already been very popular with members of the public who have family members affected by disability and is being regularly accessed when not in use by those attending the new Allander.
- 3.11** An enhanced range of community based, and integrated support options have also been developed to deliver improved outcomes in employment, education, social activities, health and wellbeing, for people with mild or moderate support needs. These include sport and fitness, healthy cooking and creative care sessions. In addition, some service users are supported in Kirkintilloch College undertaking life skills classes or at Hillhead Community Centre Café supported employment initiative. In total 48 people are now exclusively accessing community-based day activity programmes, 87% of those individuals were traditionally supported by Kelvinbank or Outlook/ Outreach Service on a 1-1 basis but are now supported in small groups for the purpose of reducing isolation and increasing opportunities to build friendships.
- 3.12** An additional Day Service Team Leader post has been established to progress the development of informal support options and oversee the work of the Local Area Co-ordination Team (LAC), the Outreach Team and Volunteers. Recruitment for additional Outreach Staff is well underway. Close partnership working with East Dunbartonshire Voluntary Action (EDVA) is ongoing to secure volunteers that will additionally support the delivery of community-based group activities and clubs, such as bowling groups and women's and men's groups.
- 3.13** In 2022 funding was secured to facilitate the recruitment of two additional Temporary Local Area Co-ordinator posts, tasked with developing employment opportunities for people with additional support needs (ASN). To date they have been successful in supporting people to secure and remain in employment. They have worked with 28 people, and of this number 14 people are now in paid employment, 15 attending higher education and 17 involved in volunteering; there is a high degree of crossover with a number involved in more than one. They have established good working relationships with staff from schools, colleges, the third sector and other partner organisations. They have been invited to Pupil Support Groups and reviews in ASN schools and Support Units in mainstream schools. In addition, they have been working with Employers to raise awareness of the employment gap for people with ASN and to develop meaningful employment opportunities and pathways.
- 3.14** An additional volunteering opportunity has also been developed and supported by the Local Area Coordinators within the Allander Leisure Centre Café and we are keen to develop the potential opportunities here further in the future.
- 3.15** The Allander has been fully equipped with additional IT resources, providing increased and improved opportunities for online learning, smart working and digital care planning, supporting 21st Century workforce development.
- 3.16** A Day Service Assessment Tool has been implemented to ensure the appropriate level of Day Service provision is being offered to individuals in accordance with East Dunbartonshire HSCP statutory duty and as reflected in the Fair Access to Community Care Policy 2019.

- 3.17** In recognition of the increased complexity of the individuals being supported within the centre additional investment has also been made in ‘Promoting Positive Behaviour’ training, including ‘Train the Trainer’ provision, and Champion Roles to support people whose behaviour can present as challenging to themselves and others.

NEXT STEPS

- 3.18** An Official Opening of the New Allander Centre will take place on completion of the final building phase, and erection of the sports dome. Arrangements for which are still to be finalised.
- 3.19** A Day Service Development Group has been established which will report to the Learning Disability Review Steering Group. This group will continue to progress future service developments and take forward new initiatives to grow and develop community-based support; recognising that the new Allander represents the beginning of a process of continued transformation and modernisation of services for adults with learning disabilities.
- 3.20** This Group will oversee the ongoing development of existing and new initiatives to ensure that we have a mixed and personalised offering of support to adults with learning disabilities in East Dunbartonshire characterised by choice and the promotion of independence, based within our communities which fully reflects the aspirations and wishes of learning disabled adults and their carers.
- 3.21** The Learning Disability Team will also continue to reassess and review all of our service users who receive a day service outside of East Dunbartonshire in external placements, to assess the potential for a return to the Allander Day Service to offer this option to those adults and their carers.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2022-2025 Priorities;-
1. Empowering People – Reducing inequality and inequity of outcomes
 2. Empowering Communities – Modernising Day Services
 3. Supporting Carers and Families – Supporting carers with their own needs and in their caring role
- 4.2** Frontline Service to Customers – The redesigned Day Centre provides improved facilities which better meet the needs of individuals with severe and complex learning disabilities, and supplementary community supports which provide enhanced choice and opportunities for those with a mild or moderate learning disability.
- 4.3** Workforce (including any significant resource implications) – There are no workforce implications. Staff partnership engagement was a feature throughout the transition to the new Allander.
- 4.4** Legal Implications – None
- 4.5** Financial Implications – Within existing budget. Full year savings identified at 4.5.

- 4.6 Procurement – None
- 4.7 ICT – Upgraded IT resources are providing improved opportunities for staff online learning, smart working and digital care planning.
- 4.8 Corporate Assets – The redesigned Day Service will benefit from shared costs and assets between the HSCP and Leisure Trust.
- 4.9 Equalities Implications – An Equalities Impact Assessment was undertaken as part of the Redesign Strategy. An equalities approach to service provision and development is embedded within practice and continued within any future service developments.
- 4.10 Sustainability – The Service Redesign will ‘future proof’ day services to deliver services from a modern facility which is able to support an increasing population of individuals with complex care needs.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 No risk identified.

6.0 **IMPACT**

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 None

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29th JUNE 2023

REPORT REFERENCE: HSCP/290623/06

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

SUBJECT TITLE: HSCP PROPERTY REVIEW AND ACCOMMODATION UPDATE

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the Property Strategy and delivery of accommodation requirements for East Dunbartonshire HSCP.

2.0 RECOMMENDATIONS

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

- 2.1 Note the challenges in terms of premises available to deliver services within the HSCP; and
- 2.2 Note the content of this report.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 A Property review and update on accommodation was tabled at an IJB meeting in November 2022, this paper provides an update for board members attention.

3.2 East Dunbartonshire HSCP Property Strategy 2023 – 2025

The HSCP has a Property Strategy 2018 -2021, and with the conclusion of the NHSGG&C Primary Care Estate Strategy for East Dunbartonshire we have started to update the plan for period 2023 – 2025. The HSCP Property Strategy will align with the HSCP Strategic Plan, detailing short (0 – 3 years), medium (3 years +) and long term (8 years +) clinical and non-clinical accommodation needs for the HSCP. The HSCP Property Strategy will be brought to the HSCP IJB meeting in September 2023. The Property Strategy will incorporate the HSCP Primary Care Property, Oral Health and Specialist Children Services plans.

There are ongoing asks of the HSCP to provide accommodation for care groups including primary care, mental health, and children services and there will be requirements coming from the Moving Forward Together programme to deliver services in East Dunbartonshire.

3.3 East Dunbartonshire HSCP Primary Care Property Strategy

To deliver on the primary care priorities and commitments of the PCIP programme, the HSCP require a significant number of clinical rooms as well as touchdown and office space to deliver on commitments of the PCIP programme:

1. Bearsden and Milngavie cluster

- 10 treatment rooms
- Touchdown space
- Pharmacotherapy hub

2. Kirkintilloch and Lennoxton cluster

- 5 Treatment rooms
- Touchdown space within the KHCC

3. Bishopbriggs/Auchinairn cluster

- 6 treatment rooms - if model moved away from a practice based service.
- Touchdown space

4. Vaccination Transition Programme (VTP)

- The Vaccination Transition Programme (VTP) will also require sessional space in each cluster area to deliver the 2-5 flu vaccination programme.

5. Pharmacotherapy Hub

- The service will require up to 15 desks ideally in one location within the HSCP.

3.4 East Dunbartonshire HSCP Primary Care Estate Strategy

A review was undertaken for and completed in late 2022 for EDHSCP. This was supported by the NHSGG&C Property and Capital Department, and was undertaken across all 6 HSCP's. A consolidated HSCP Primary Care Estate Strategy is expected mid-2023 and will provide support for future business cases, or new facilities proposals for HSCP's.

The HSCP has been progressing a number of strategic recommendations outlined in the report which are short term (0-3 years), short to medium term (0-10 years) and medium to long-term (3 – 10 years plus)

3.5 ACTIONS/PROGRESS TO DATE

WEST LOCALITY

3.5.1 Realignment of Staff

HSCP staff relocated from Milngavie Clinic in December 2022 to office accommodation in Milngavie Enterprise Centre, on a short term basis. District Nurse, Community Rehabilitation, Diabetic Specialist Nurses, Care Home Liaison Nurses and Advanced Nurse Practitioner staff have access to office and meeting space. There is a requirement to find office space for the Health Visiting Service in this locality and a review of office space will be undertaken to look for longer term accommodation for this team. The release of office space in Milngavie Clinic has enabled a feasibility study to progress to look at better use of existing available property including clinical remodelling of office areas.

3.5.2 Retail Premises

NHSGGC Capital Team commissioned a feasibility study of a large retail unit situated in Milngavie Town Centre and a few options were offered for consideration using the ground and first floor of the premise. A business case for capital funding was approved in September 2022 via GGC Capital, given the significant cost to remodel the site to ensure delivery of health services. The total capital approved was £1.829m split over two financial years.

A review of the construction costs by current design team and those previously provided as part of the feasibility study, showed a significant increase in costs of £1.8m to £3.2m, an increase of £1.4m an overall increase of 78%. As there was some concerns about the initial period of lease indicated by the landlord the project was unable to progress as the investment and short lease term meant that the scheme was not financially viable. After a pause where the design team had to pause design and feasibility due to lease terms being under discussion with the landlord, the landlord has now indicated a longer lease term of up to 15 years with a break at 10 years to support the additional investment into the premises.

As the financial ask is over £3m a revised business case will need to go through the board governance groups for review and approval, requesting part or full funding by NHSGG&C and the project being split over financial years.

Revenue costs including rent/rates could be met in the short term (3 years minimum) from HSCP reserves, with an expectation that these will form part of the overall PCIP costs once future funding allocations are confirmed or this will form part of financial planning for the HSCP in future years.

3.5.3 Health and Social Care Facility

The long term aim remains the creation of a health and social care facility in the West Locality offering improved accommodation and the ability to bring together GP Practices, locality based health and social care services and 3rd sector partners into one location. The HSCP intend to review and re-present a revised business case for a facility in the Milngavie area with support from NHSGG&C Capital Planning Team, preparing an amended Schedule of Accommodation which details the substantial risk associated with existing premises in the area along with space requirements.

3.5.4 Milngavie Clinic – Feasibility Study

A feasibility study to maximise clinical and non-clinical space at Milngavie Clinic, concluded in March 2023. Two design options were produced for the HSCP to consider giving an increase in clinical and interview rooms, redesign of reception, waiting and touch down areas. Indicative costs to deliver Option 1 was £1.7m or Option 2 £1.9m. Given there is limited GCC capital funding, the HSCP has been working with the Capital Team to refine the requirements to produce a revised design with works split over subsequent financial years. There may be works that could be undertaken via Minor Works processes rather than full construction which would reduce the costs. On production of a preferred design option, there will be a requirement to seek local or board wide agreement to develop the required business case in support of capital investment or an alternative to this.

EAST LOCALITY

3.5.5 Retail Premises

Two adjoining retail units in the Bishopbriggs/Auchinairn locality were identified as available and suitable to deliver services from. The lease agreement for the units is nearing completion and offers a tenure of 10 years with a lease break at 5 years, with the tenant giving landlord 6 months' notice.

The HSCP has been provided with refreshed design plans which will deliver 4 high quality treatment rooms in one location, meeting standard room sizes, and infection control and ventilation requirements for newly created treatment rooms. Although this is less clinical space than first anticipated, the 4 rooms will offer 40 clinical sessions per week which provides a 60% more than the current sessions in place via the practice hosted model.

On review of the construction costs the current design team and those previously provided as part of the feasibility study has shown an increase in costs from £0.7m to £1.2m to enable this to deliver health services. Given the longevity of the lease and the site potential as a medium to long term plan, the HSCP were keen to progress the development despite the increase in costs. The HSCP submitted an additional ask for capital funding and this was taken through GG&C Capital Planning Group in early March 2023, who approved the increased funding requirement.

Total NHSGG&C Capital Approved	£1.2million
Revenue Costs (rent/rates)	£88.8k per annum

There will be recurring rental and rates costs which will be met from HSCP budgets.

It is anticipated the project will take up to 42 weeks.

3.5.6 Woodlands Resource Centre – Feasibility Study

Running in tandem with the Milngavie Clinic study, a feasibility study was undertaken for Woodlands Resource Centre. The aim was to maximise clinical and non-clinical space at the centre, to use this site as a quiet therapeutic environment. One preferred design option was produced, however indicative costings to deliver the changes were circa £1.7m. The Capital Team have provided some support to review the design to refine the requirements and costs, with option to produce a revised

design plans and costing which will be brought back for final review and taken to HSCP and NHS GG&C Capital Forums/Primary Care Improvement for funding.

3.5.7 Kirkintilloch Health and Care Centre – Feasibility Study

The HSCP has received approval via the GCC Capital Group to progress a feasibility study to reconfigure the ground floor of Kirkintilloch Health and Care Centre to maximise use of clinical space and consolidate storage space. An allocation of Capital Team project support is to be assigned to the HSCP mid-2023.

3.6 North East Sector Offices – Stobhill Hospital

The HSCP will continue to review how space is utilised across all of its premises, this will include a review of use of office and touchdown space for teams located in North East Sector Offices both in the short term and longer term which may include some consideration of options to redevelop clinical and non-clinical space with Glasgow HSCP.

3.7 Capital Funding 2023 – 2024

It is anticipated that funding of around £42k will be allocated for this financial year. The allocation of this funding will be taken to the Property and Assets Forum for approval. There will be around £3.2k used to fund feasibility/design schemes including remodelling of the ground floor of Kirkintilloch Health and Care Centre, and further design proposals for Woodlands Resource Centre and Milngavie Clinic remodelling. Funding will be allocated to support the feasibility/design of two adjoining retail units in Bearsden/Milngavie. The remaining funds will be allocated to minor pieces of work across HSCP buildings.

3.8 The HSCP has created an earmarked reserve of £3m to support accommodation redesign requirements, to cover all of the accommodation needs across the HSCP which will support the current developments as well as those priorities set out within the HSCP Property Strategy.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – There has been an inequality of implementation of the services due to lack of clinical accommodation and options for integrated working across the HSCP.

4.3 Workforce (including any significant resource implications) – there may be a requirement for HSCP staff to relocate office accommodation to best utilise properties to delivery services to service users.

- 4.4 Legal Implications – NHS GG&C will support the negotiation and finalisation of lease agreement for the new shop front premises.
- 4.5 Financial Implications – In 2023/24 Capital Funding has been made available to support improvements to accommodation developments in non-traditional premises in Milngavie and Bishopbriggs/Auchinairn. Feasibility Studies for Retail Units x 2 in the East and West Locality and for current accommodation - Kirkintilloch Health and Care Centre, Milngavie Clinic and Woodlands Resource Centre will have a financial ask in 2023/24 and should schemes progress to business case a further ask will be required in future financial years.
- 4.6 Procurement – None.
- 4.7 ICT – Requirement for support from both EDC IT and NHS eHealth team to provide connections in new accommodation, as well as IT kit for both NHS and EDC services.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – Patients are not receiving all services within each locality area due to lack of accommodation.
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 There are risks around lack of accommodation, and being able to fulfil the delivery of services in local communities.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – working in partnership with the Council to identify options and secure accommodation available across the Council area to support integrated working and co-location of health and social care teams.

6.3 **NHS GREATER GLASGOW & CLYDE** – working in partnership with the health board to develop a property strategy for the HSCP as part of a wider health board strategy to secure capital investment for future years. Working in partnership with colleagues to identify options available across the area to support delivery of the primary care improvement plan and location of acute functions within the community.

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 **Nil**

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29th JUNE 2023

REPORT REFERENCE: HSCP/290623/07

CONTACT OFFICER: DAVID AITKEN, INTERIM HEAD OF ADULT SERVICES, TELEPHONE: 0300 123 4510

SUBJECT TITLE: CARERS STRATEGY 2023 - 2026

1.0 PURPOSE

1.1 The purpose of this report is to seek HSCP Board approval for the new East Dunbartonshire HSCP Carers Strategy 2023–2026.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this Report;
- 2.2 Approve the new East Dunbartonshire HSCP Carers Strategy 2023-26 set out at **Appendix 1**;
- 2.3 Note the content of the Equalities Impact Assessment undertaken on the Strategy at **Appendix 2**; and
- 2.4 Approve the directions set out at **Appendix 3**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Carers (Scotland) Act 2016 was enacted on 1st April 2018. The legislation places a number of legal duties on the HSCP and Council to support unpaid carers and to publish a locality Carers Strategy. Following implementation of the Act East Dunbartonshire's locality Carers' Strategy was developed for the period 1st April 2019 to 31st March 2022.
- 3.2** The development of a new Carers Strategy to commence in 2022 was impacted by the Covid-19 pandemic. Opportunities to engage with partners and particularly with carers were significantly impacted. Additionally, considerable engagement was planned in 2021/2022 for the development of the new HSCP Strategic Plan and Older People Strategy and it was considered responsible to delay the review of the Carers Strategy for a year to 2022-23. The HSCP Board Meeting on 16 September 2021 approved an extension to the Carers Strategy in response to these circumstances. The timing of our local strategy was also impacted by ensuring alignment with the National Carers Strategy, published in December 2022, which was itself delayed from intended publication in the spring of 2022.
- 3.3** The preparation of the East Dunbartonshire HSCP Carers Strategy has followed six distinct phases, which reflect the legal requirements as well as the supporting guidance. These are:
1. A review of the statute, guidance and main drivers for change and improvement, with examination of national and local policy and local needs;
 2. Preparation of an initial summary report that reflects the above review and identifies proposed areas for priority action;
 3. Consultation on the initial summary and proposals;
 4. Preparation of a draft Carers Strategy based on the consultation outcomes
 5. Consultation on the draft Carers Strategy
 6. A final Carers Strategy for approval by the HSCP Board.
- 3.4** At its meeting of 17 November 2022, the HSCP Board approved the commencement of a period of consultation on the initial summary report that set out its proposed areas for priority action, supported by a Communication, Engagement and Participation Plan.
- 3.5** This first consultation exercise commenced on 17 November 2022 and concluded on 31 December. The general responses indicated support with the areas identified for priority development. A summary of the consultative comments received were set out in a report to HSCP Board on 23 March 2023, when the HSCP Board agreed to the preparation of a substantive draft Carers Strategy that would be built around these priority areas. The HSCP Board also agreed that this draft final Strategy would be subject to a further round of public and stakeholder consultation, before finalisation and presentation to HSCP Board for approval in June 2023.
- 3.6** This second period of consultation generated detailed comments and suggestions that have been indispensable in the final drafting stages. A final Carers Strategy 2023-26 has now been prepared for consideration and approval by the HSCP Board, at **Appendix 1**.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

Support to Carers is a key strategic priority for the HSCP Board established within the Strategic Plan.

4.2 Frontline Service to Customers – As 4.1

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – The Carers (Scotland) Act 2016 sets out the legal duty to prepare a dedicated locality Carers Strategy (outlined within Sections 31-33 of the Act).

4.5 Financial Implications – Since the implementation of The Carers (Scotland) Act 2016 the Scottish Government has provided local authorities with direct funding which supports the implementation of the Carers Strategy. No financial direction is required.

4.6 Procurement – The HSCP commissions a carer support organisation ‘Carers Link’ to provide carer services throughout East Dunbartonshire. ‘Carers Link’ provides a range of direct services and the provision of advice, guidance and support to both adult and young carers.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – An Equalities Impact Assessment has been satisfactorily completed on the provisions of the new Carers Strategy 2023-26.

4.10 Sustainability – Carers in East Dunbartonshire provide significant informal support to those for whom they care for, which represents a considerable economic impact. Support to Carers to enable them to maintain employment or return to employment is a key ambition of the support provided to carers.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 Limited risk implications; the preparation of the Carers Strategy is designed to follow five distinct phases, which reflect the legal requirements as well as supporting guidance.

6.0 IMPACT

6.1 STATUTORY DUTY – The Carers (Scotland) Act 2016 sets out the legal duty to prepare a dedicated locality Carers Strategy (outlined within Sections 31-33 of the Act).

6.2 EAST DUNBARTONSHIRE COUNCIL – Carers Strategy to be prepared for three year period 2023-2026.

6.3 NHS GREATER GLASGOW & CLYDE – None.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – Direction to Support the new Carers Strategy 2023-26, on approval by HSCP Board.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and as it is a revised policy has been subject to a full Equality Impact Assessment, with copy attached at **Appendix 3**.

8.0 APPENDICES

8.1 Appendix 1 – Carers Strategy

8.2 Appendix 2 – Equality Impact Assessment

8.3 Appendix 3 – Direction

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

EDC HSCP Carers Strategy 2023-2026

Is this a: Current Service Service Development Service Redesign New Service New Policy Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

HSCP support to Carers seeks to consolidate carers existing rights and recognises carers as equal partners. The Carers (Scotland) Act 2016 was enacted on 1st April 2018 and places a number of legal duties on the HSCP and Council, which supports unpaid carers to maintain their caring role. The legislation includes duties for the HSCP to provide support to carers, based on the carer's identified needs, which meet local eligibility criteria in conjunction with the Fair Access to Community Care Services which has received full EQIA assessment. Following implementation of the 2016 Act our local Carers' Strategy was developed for the period 1st April 2019 to 31st March 2022.

The new Carers Strategy is being developed via 5 distinct phases, which reflect the legal requirements as well as supporting guidance. These are:

1. The HSCP will carry out initial work by looking at the main drivers for change and improvement, statute guidance, national and local policy and local needs. They will provide an initial summary report that identifies proposed areas for priority action
2. Consultation on the initial summary
3. Developing a draft Carers Strategy based on consultation outcomes
4. Consultation on the draft Carers Strategy
5. A final Carers Strategy for approval by the HSCP Board.

In developing the Carers Strategy we aim to consider;

- the main pressures (or "drivers") for change and improvement
- analysis of carer numbers and circumstances to ensure that the Carers Strategy identifies and reflects these local needs in the development of its priorities
- recent Carers Strategies elsewhere, to help to inform our early thoughts
- the expressed views of carers themselves over recent years, locally and nationally.

- the key challenges and the proposed areas for priority action over the next three years

Crucially, when establishing the new strategy, the HSCP Board engaged with stakeholders and partners to ensure that a shared approach was taken to the planning of services to deliver the National Outcomes for Health and Wellbeing and to achieve the core aims of integration, which are:

- To improve the quality and consistency of services for patients, carers, service users and their families
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and complex needs, many of whom are older.

It is essential therefore that the new Strategy is accessible to all Carers, including those with protected characteristics and any priorities or services produced as a result of the strategy are equally available and fairly provided at the point of need.

Evolving National Policy on carer support such as a new National Carers Strategy and the development of the National Care Service are rapidly progressing agendas at the time of introducing the Strategy. Any new and emerging Policy requirements as a result of these, will be incorporated in the developing East Dunbartonshire Carers Strategy 2023-26.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

The EQIA has been undertaken to ensure any adverse impact on protected characteristic groups is minimised and prior to the Strategy being implemented, we aim to acknowledge the equalities duties placed upon us by the Equalities Act 2010 and that they are upheld. The Equality Duty is non-delegable. In practice this means that public authorities like EDHSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty.

The relevant protected characteristics covered by the Duty are:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;

- to eliminate unlawful discrimination
- advance equality of opportunity, and;
- promote good relations

The Carers Strategy 2023-26 supports the delivery of EDC Local Outcomes Improvement Plan 2017-2027;

- ED SOA Outcome 2; 'Our people are equipped with knowledge and skills for learning, life and work'.
- ED SOA Outcome 3; 'Our children and young people are safe, healthy and ready to learn'
- ED SOA Outcome 5; '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'
- ED SOA Outcome 6; 'Our older population are supported to enjoy a high quality of life and our more vulnerable citizens, their families and carers benefit from effective care and support services'

Promoting equality and addressing health inequalities are at the heart of East Dunbartonshire Health and Social Care Partnership's (HSCP) vision and values. Support to Carers is a key strategic priority for the HSCP Board established within the Strategic Plan. However, it is important that these commitments are set out in more detail, to meet our obligations under the Carers (Scotland) Act 2016. That is why we have developed a dedicated Carers Strategy. The Carers Strategy 2023-26 aims to deliver support and services to carers that is aligned with the HSCP's vision, values and priorities for health and social care in East Dunbartonshire as set out in East Dunbartonshire HSCP's Strategic Plan (2022-25).

Vision: 'Caring together to make a positive difference'.

Values: Honesty, Integrity, Professionalism, Empathy and Compassion, Respect

Relevance to HSCP Strategic Plan; -

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

A lot of what the HSCP needs to do to support carers is already set out in national and local policy. But not all HSCPs are the same. Different HSCPs have different pressures and population needs. It is important that we ensure that our Carers Strategy reflects what all HSCPs need to do but emphasises the priorities that are right for local needs and aspirations.

Since the last Carers Strategy, the Covid-19 pandemic has had an enormous impact on carers, so it is essential to ensure that these impacts are recognised in the new strategy and plans developed to support carers through and out of the pandemic.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Gayle Paterson - assisted by Anthony Craig Development Officer and Alan Cairns Planning, Performance & Quality Manager

Date of Lead Reviewer Training: 01/05/2018

Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Anthony Craig (Development Officer)
 Gayle Paterson (Learning Disability Strategic Review Project Lead - East Dun HSCP)
 David Aitken (Head of Service – East Dun HSCP)
 Alan Cairns (Planning, Performance & Quality Manager)

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal, what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	<p>In developing the strategy, we used learning from previous plans and strategies; and also utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid.</p> <p>Data relating to carers is also collected by a number of National and Local sources.</p> <p>The Scottish Government have recently collected data via the 2020 Scottish Health Survey and the 2021 Scottish Government Census.</p>	<p>Data relating to the protected characteristics of adult carers is captured via an Adult Carer Support Plan. This information is then logged on the Care First System.</p> <p>If data is incomplete or inaccurate there is a risk that supporting Strategies will be omitted or targeted inappropriately or disproportionately.</p>

<p>protected characteristic data omitted.</p>		<p>Locally within EDC all protected characteristics are covered by data collection in the needs assessment process for carers and is recorded on our Care First Database. The information that is recorded includes protected characteristics and is reviewed with regard to carers changing needs and circumstances.</p> <p>Equalities information on young carers is recorded by Education Services via the Pupil Information Management System SEEMIS. This system allows information relating to support needs to be recorded in addition to the collection of data relating to age, sex, and social class via postcode related data.</p> <p>The information recorded on Care First considers protected characteristics and upon review there is no requirement to undertake more intensive analysis. In addition, local and national data is analysed and from this information resources and alternative services are put in place to support carers as required to ensure that equality and human rights issues for each individual are considered. No barriers have been identified however Carers can choose not to disclose information.</p> <p>The HSCP commissions a carer support organisation 'Carers Link' to provide carer services throughout East Dunbartonshire. 'Carers Link' provides a range of direct services and the provision of individualised advice, guidance and support to both adult and young carers. They collect and share carer demographics data with the HSCP.</p> <p>East Dunbartonshire Joint Strategic Needs Assessment (JSNA) was referenced as a key resource document in preparing the Carers Strategy, the JSNA was produced with the support of Public Health Scotland's LIST Analysts. The JSNA informs the planning and nature of future services and provides an overview of the current and projected population demographic, information relating to life circumstances, health behaviours, and health and social care status across East Dunbartonshire. It includes information on age, gender, ethnic origin, population projections,</p>	<p>Whilst some protected characteristic data is requested within the Adult Carer Support Plan, not all are included and the fields themselves are not mandatory.</p> <p>Data that is not currently collected or logged on Care First includes:</p> <ul style="list-style-type: none"> • Gender Reassignment • Religion or Belief • Sexual Orientation <p>Failure to identify specific groups e.g. gender reassignment could result in them becoming marginalised.</p> <p>The Adult Carer Support Plan requires updating to ensure all protected characteristic data is requested.</p> <p>To ensure information is routinely captured for monitoring purposes, a communication to all social work staff and Carers link will help highlight the need to ensure all appropriate fields are used.</p> <p>The focus on data collection will primarily be for analysis, rather than clinical purposes.</p>
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			disabilities (including physical, learning, sensory), mental health and wellbeing. The most up to date, robust data available was used to inform this joint strategic needs assessment, including comparisons to the national Scottish average, and available trend data. In addition, available locality level information was included to aid local planning.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result, an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>In developing the strategy, we used learning from previous plans and strategies; and also utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid.</p> <p>The data captured helps the HSCP understand carers dynamics across the authority and set priorities within the Carers Strategy that will deliver services and support that can best respond flexibly to the changing needs of Carers.</p> <p>Scotland's population is ageing, with numbers of very old people predicted to continue growing and a proportionately smaller working age population. In East Dunbartonshire, the numbers of older people aged 85+ has increased faster than any other HSCP area in Scotland, with this fastest growth expected to continue for the next 10 years. This is a success story in terms of improved health and wellbeing and longer life expectancy, but it has significant implications for the demands placed on future of care and support in Scotland.</p> <p>More than half of the carers known to services are over 65 years old, with the gender split almost exactly that of the nation balance at 61% being female.</p> <p>29% of carers in the most deprived areas care for 35 hours a week or more – more than double the level in the least deprived areas. This highlights that the impact of caring may be</p>	<p>The Adult Carer Support Plan and Care First is used to assess the individual needs of carers and deliver or signpost to appropriate supports. Collectively, data is used to establish carer dynamics and population needs.</p> <p>If data is incomplete or inaccurate there is a risk that supporting Strategies will be omitted or targeted inappropriately or disproportionately.</p> <p>Whilst some protected characteristic data is requested within the Adult Carer Support Plan, not all are included and the fields themselves are not mandatory.</p> <p>Data that is not currently collected or logged on Care First includes:</p> <ul style="list-style-type: none"> • Gender Reassignment • Pregnancy and Maternity • Religion or Belief

			<p>exacerbated by existing low incomes and poor health in these areas and the need to ensure such inequalities are targeted within the Carers Strategy priorities.</p> <p>529 carers under the age of 24 are registered with Carers Link, although not all are active cases. Notably 383 are under the age of 15, which far exceeds the estimate of the Scottish Government Census. Over 14% come from the most deprived areas. 51% are caring for a sibling. This highlights the importance of Young Carers needs being recognised within the Carers Strategy priorities.</p> <p>The strategy is co-produced in partnership with Carers, Partners, and Stakeholders via a robust consultation process. Any data that is captured has been used to develop the Carers Strategy and inform the key priorities for the next 3 years.</p> <p>By adopting this approach in developing and during the life of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	<p>Failure to identify specific groups e.g. gender reassignment could result in them becoming marginalised. The Adult Carer Support Plan requires updating to ensure all protected characteristic data is requested.</p> <p>To ensure information is routinely captured for monitoring purposes, a communication to all social work staff and Carers link will help highlight the need to ensure all appropriate fields are used.</p> <p>The focus on data collection will primarily be for analysis, rather than clinical purposes.</p>
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result,</i></p>	<p>In developing the strategy, we used learning from previous plans and strategies; and also utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid.</p> <p>People may become carers at almost any stage in their lives, including when they are young, and may be from all walks of life. Carers may be in employment, in education, retired, or they may provide care full time. Care may be provided a few times a week or for more significant periods, each carer, and their role is unique.</p>	<p>The Adult Carer Support Plan and Care First is used to assess the individual needs of carers and deliver or signpost to appropriate supports. Collectively, data is used to establish carer dynamics and population needs.</p> <p>If data is incomplete or inaccurate there is a risk that supporting Strategies will be omitted or targeted inappropriately or disproportionately.</p>

<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>Young carers are young people and children and whilst they may value and enjoy the role they fulfil within their families, they may experience much less opportunities to access social, recreational or educational opportunities and may experience greater disruption and anxiety for the person they care for.</p> <p>This is not the East Dunbartonshire HSCP's first Carers Strategy. The Carers (Scotland) Act 2016 requires that HSCPs prepare a local carer strategy and review that strategy every three years, so this will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:</p> <ul style="list-style-type: none"> • Increasing identification of adult and young carers • Increasing levels of short break provision for a higher number of carers, for example in 2021/22, a total of 13384 weeks of respite was provided for 1798 cared for people (aged 18+) with an additional 188 weeks of respite provided to carers of 29 children with disabilities • Training and awareness provided to health, social work, social care and education services. Over 60 session per year provided by Carers link • Information provided to carers in a range of languages • Around 225 carers supported to complete an Adult Carer Support Plan, each year • Better information on short breaks, personalised to meet individual needs • Better ways to identify and engage with young carers, with 280 young carers referred to Carers link since April 2018 • Since April 2018, 140 young carers regularly attending group and holiday period activities run by Carers link • A Short Breaks Statement was developed in 2018 and will be reviewed in conjunction with this new Carers Strategy 	<p>Whilst some protected characteristic data is requested within the Adult Carer Support Plan, not all are included and the fields themselves are not mandatory.</p> <p>Data that is not currently collected or logged on Care First includes:</p> <ul style="list-style-type: none"> • Gender Reassignment • Pregnancy and Maternity • Religion or Belief <p>Failure to identify specific groups e.g. gender reassignment could result in them becoming marginalised.</p> <p>The Adult Carer Support Plan requires updating to ensure all protected characteristic data is requested.</p> <p>To ensure information is routinely captured for monitoring purposes, a communication to all social work staff and Carers link will help highlight the need to ensure all appropriate fields are used.</p> <p>The focus on data collection will primarily be for analysis, rather than clinical purposes.</p>
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- Carers continue to be encouraged to access all Self-Directed Support options to maximise the level of flexibility and choice that is right for them
- Carers Link currently provided grants for carers to access Short Breaks through the Time to Live Fund. During the pandemic, this fund was almost trebled to just over £34,000 with over 100 carers benefitting.

HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing any new strategy, an HSCP Board must ensure that all of these stakeholders and partners are fully engaged in the process and have regard to the [Health and Social Care Delivery Principles](#). This ensures that a shared approach is taken to the planning of services to deliver the [National Outcomes for Health and Wellbeing](#) and to achieve the core aims of integration, which are:

- To improve the quality and consistency of services for patients, carers, service users and their families
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older

A lot of what the HSCP needs to do to support carers is already set out in national and local policy. But not all HSCPs are the same. Different HSCPs have different pressures and population needs. It is important that we ensure that our Carers Strategy reflects what all HSCPs need to do but emphasises the priorities that are right for local needs and aspirations.

			<p>The HSCP has carried out initial work by looking at the main pressures (or “drivers”) for change and improvement. Analysis of carer numbers and circumstances has also been undertaken to ensure that the Carers Strategy identifies and reflects these local needs in the development of its priorities. We have also looked at what has been included in recent Carers Strategies elsewhere, to help to inform our early thoughts.</p> <p>Crucially important, we have reviewed the expressed views of carers themselves over recent years, locally and nationally. We found that many of the issues and priorities that have been raised in the past remain really important for carers. We wanted to ensure that we reflected these views and opinions before we re-engaged with carers once again, through this consultation.</p> <p>The Consultative Draft of the Carers Strategy 2023 – 2026 was made available in Easy Read Format in addition to the option to receive it in a different language. This remains the case for the Final Draft, ensuring accessibility to Carers who are older, have a disability or for whom English is not their first language.</p> <p>The Carers Strategy 2023-2026 will respond to a variety of needs of our communities, removing discrimination, promoting equality of opportunity and foster good relations.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and	<i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop-</i>	This is not the East Dunbartonshire HSCP’s first Carers Strategy. The Carers (Scotland) Act 2016 requires that HSCPs prepare a local carer strategy and review that strategy every three years, so this will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:	Evolving national policy on carer support and the development of the National Care Service are rapidly developing agendas at the time of preparing the new Strategy. This makes it a bit more difficult to predict what the landscape will be like over the period of the strategy and how

<p>how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>in service, made more difficult due to childcare issues. As a result, the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<ul style="list-style-type: none"> • Increasing identification of adult and young carers. • Increasing levels of short break provision for a higher number of carers, for example in 2021/22, a total of 13384 weeks of respite was provided for 1798 cared for people (aged 18+) with an additional 188 weeks of respite provided to carers of 29 children with disabilities • Training and awareness provided to health, social work, social care and education services. Over 60 session per year provided by Carers link • Information provided to carers in a range of languages • Around 225 carers supported to complete an Adult Carer Support Plan, each year • Better information on short breaks, personalised to meet individual needs • Better ways to identify and engage with young carers, with 280 young carers referred to Carers link since April 2018 • Since April 2018, 140 young carers regularly attending group and holiday period activities run by Carers link • A Short Breaks Statement was developed in 2018 and will be reviewed in conjunction with this new Carers Strategy • Carers continue to be encouraged to access all Self-Directed Support options to maximise the level of flexibility and choice that is right for them • Carers Link currently provided grants for carers to access Short Breaks through the Time to Live Fund. During the pandemic, this fund was almost trebled to just over £34,000 with over 100 carers benefitting. <p>HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing any new strategy, an HSCP Board must ensure that all of these stakeholders and partners</p>	<p>this may change the action plans and resources available to implement the agreed priorities. As it stands, we have to make plans based upon what we know and what finance is made available to the HSCP at the time of writing the Carers Strategy. However, if the Scottish Government makes available additional resources to support carers, then this can then be targeted towards meeting the priorities set out in our local Carers Strategy.</p> <p>Completion of the survey on the Carers Strategy and proposed priorities was optional. Despite this being well promoted and available in an Easy read Format, the response rate was low and therefore potentially not an accurate representation of the entire population of carers.</p> <p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategy may not have been viewed and responded to by all representatives of communities of</p>
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		<p>are fully engaged in the process and have regard to the Health and Social Care Delivery Principles. This ensures that a shared approach is taken to the planning of services to deliver the National Outcomes for Health and Wellbeing and to achieve the core aims of integration, which are:</p> <ul style="list-style-type: none">• To improve the quality and consistency of services for patients, carers, service users and their families• To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and• To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older <p>In developing the strategy, we used learning from previous plans and strategies; and also utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid.</p> <p>A lot of what the HSCP needs to do to support carers is already set out in national and local policy. But not all HSCPs are the same. Different HSCPs have different pressures and population needs. It is important that we ensure that our Carers Strategy reflects what all HSCPs need to do but emphasises the priorities that are right for local needs and aspirations.</p> <p>The HSCP carried out initial work by looking at the main pressures (or "drivers") for change and improvement. Analysis of carer numbers and circumstances has also been undertaken to ensure that the Carers Strategy identifies and reflects these local needs in the development of its priorities.</p> <p>Crucially important, we have reviewed the expressed views of carers themselves over recent years, locally and nationally. We</p>	<p>East Dunbartonshire, particularly protected characteristics groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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			<p>found that many of the issues and priorities that have been raised in the past remain really important for carers. We wanted to ensure that we reflected these views and opinions before we re-engaged with carers once again, through this consultation. This initial work was shared with Carers, Partners, Stakeholders and the general public during a six-week period via formal and informal engagement sessions, website updates, social media campaigns etc. A survey was distributed to gather feedback on the Strategy Proposal.</p> <p>A Consultative Draft of the Carers Strategy 2023–2026 was developed following feedback from the engagement sessions and survey.</p> <p>All consultative drafts and survey were made available in Easy Read Format in addition to the option to receive them in a different language, the use of the interpreting service and how to access it for those who do not have English as a first language, including BSL users, thus ensuring accessibility to Carers who are older or have a disability. In addition, all drafts and survey included an e-mail contact address for those who were keen to engage by an alternative method.</p> <p>This engagement confirmed that the proposed priorities put forward in the consultative draft were not far removed from what was most important to carers. However, feedback highlighted a reduction in some services post pandemic.</p>	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are	<i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to</i>	<p>The Carers Strategy will be executed within a variety of venues across the authority. EDC Community Hubs are accessible to ensure the delivery of services locally.</p> <p>Whilst some services delivered, such as respite care are for the benefit of the carer and put in place to meet the carers</p>	It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all

<p>there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected Characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>outcomes, they need to suit the accessibility needs of the cared for person.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.</p> <p>EDHSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty. When connecting carers with community-based supports, resources will already have been commissioned and screened in line with accessibility requirements and equality.</p> <p>Social Work and Allied Health Professionals support the assessment of carers needs and the cared for persons needs in regard access and equipment and appropriate resources are made available to ensure equality of access. Social Work Colleagues work closely with other support services e.g. occupational therapy, sensory impaired services and external day care providers to put in place information and supports to remove any potential barriers. Formal Strategies are also in place to promote positive behaviour and prevent incidences of challenging behaviour.</p>	<p>community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and ensure any accessibility barriers are addressed.</p>
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			Where transport is required to support the delivery of the Carers Strategy, a needs assessment is carried out to ensure appropriate resources are made available such as escort, adapted vehicles etc.	
		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>East Dunbartonshire HSCP Communications Strategy (CS) (2020-23) and Participation and Engagement Strategy (PES) (2020-23) and the communications matrix were used to devise a Communication Plan. The strategies detail how the EDHSCP will communicate with different stakeholders and give those with one or more protected characteristics an opportunity to share their views.</p> <p>EDHSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty. When connecting carers with community-based supports resources will already have been commissioned and screened to ensure that all additional communication support needs are met.</p> <p>Throughout the planning and creation of the Carers Strategy 2023-2026 we have strived to be clear, concise and inclusive (use plain English; accessible and easy Read format, with arrangements in place to adapt styles, formats, layouts, community languages (The British Sign Language (BSL) (Scotland) Act 2015) and material), and ensure that the Strategy is fluid and can adapt to meet the communication needs and preferences of different audiences including those with protected characteristics (e.g., older service users for example generally prefer print and face-to-face communications over social media).</p> <p>All consultative drafts and survey were made available in Easy Read Format in addition to the option to receive them in a different language or the use of the interpreting service and how</p>	<p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and ensure any communication barriers are addressed.</p>

	<p>raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p>to access it for those who do not have English as a first language, including BSL users, thus ensuring accessibility to Carers who are older or have a disability. In addition, all drafts and survey included an e-mail contact address for those who were keen to engage by an alternative method.</p> <p>By adopting this approach in developing and during the life of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented. Furthermore, it is important to be aware of potential impacts associated with age discrimination that leads to inequality in terms of access to services and user experience amongst different age groups, and the need to develop multi-dimensional approach to tackling inequality as a consequence of age discrimination.</p> <p>The Carers (Scotland) Act 2016 defines a carer as “an individual who provides or intends to provide care for another individual (the ‘cared-for person’). The Act defines a “Young Carer” as someone who is under the age of 18, or over 18 but still at school and an “Adult Carer” as someone over the age of 18, and not a young carer. Carers (sometimes called informal carers) are not employed to care, they do so voluntarily to support a family member or friend.</p> <p>People may become carers at almost any stage in their lives, including when they are young, and may be from all walks of life. Carers may be in employment, in education, retired, or they may</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p>

		<p>provide care full time. Care may be provided a few times a week or for more significant periods, each carer, and their role is unique. Carers report that their role can have many positive features and rewards, but it is recognised that caring can have a significant impact upon a carer's health, wellbeing and relationships.</p> <p>Young carers are young people and children and whilst they may value and enjoy the role they fulfil within their families, they may experience much less opportunities to access social, recreational or educational opportunities and may experience greater disruption and anxiety for the person they care for.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none">• to eliminate unlawful discrimination• advance equality of opportunity, and;• promote good relations <p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.</p> <p>Scotland's population is ageing, with numbers of very old people predicted to continue growing and a proportionately smaller working age population. In East Dunbartonshire, the numbers of older people aged 85+ has increased faster than any other HSCP area in Scotland, with this fastest growth expected to continue for the next 10 years. This is a success story in terms of improved health and wellbeing and longer life expectancy, but it has significant implications for the future of care and support in</p>	<p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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Scotland. Increasingly age also has an impact on the likelihood of developing one or more long term conditions and increase the demand for health and social care provision.

The East Dunbartonshire HSCP Joint Strategic Needs Assessment projects a 7.6% increase in the overall population of East Dunbartonshire from 2018 – 2043 due to a significant estimated rise in the population aged over 65 years. (The estimated 2018 East Dunbartonshire population is 107,431). The number of children aged 0-15yrs is projected to increase by 4.4%.

<https://www.nrscotland.gov.uk/statistics-population-and-household-sub-council-area>

More than half of the carers known to services are over 65 years old, with the gender split almost exactly that of the nation balance at 61% being female. 383 carers are under the age of 15, which far exceeds the estimate of the Scottish Government Census. 51% are caring for a sibling. 227 young carers received 1-1 or group support from services in the last year.

This is not the East Dunbartonshire HSCP's first Carers Strategy. The Carers (Scotland) Act 2016 requires that HSCPs prepare a local carer strategy and review that strategy every three years, so this will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers of all ages in many ways, including:

- Around 225 carers supported to complete an Adult Carer Support Plan, each year
- Better information on short breaks, personalised to meet individual needs
- Better ways to identify and engage with young carers, with 280 young carers referred to Carers link since April 2018

		<ul style="list-style-type: none"> • Carers continue to be encouraged to access all Self-Directed Support options to maximise the level of flexibility and choice that is right for them <p>The new Carers Strategy lists a number of priorities designed to ensure equality of access and opportunity for Carers across the authority, including:</p> <ul style="list-style-type: none"> • Better information and advice on formal and informal supports • Carers should be involved in planning for their support • Carers should have a balance with life outside of caring • Adult Carer Support Plans and Young Carer Statements uptake should be increased • Carers health and wellbeing should be prioritised • The impact of financial hardship and inequality should be recognised • Carers should be involved in planning for cared for person, including hospital discharge • The choice of support available should be increased • Carer-friendly communities should be promoted • Carers should be involved in the planning of new services and supports <p>There is no upper or lower age limit for carers.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have</p>

<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> to eliminate unlawful discrimination advance equality of opportunity, and; promote good relations <p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.</p> <p>The life expectancy of people with profound, complex and multiple disabilities has increased over the course of the last 70 years. This is despite the fact that people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population (Emerson and Baines 2010).</p> <p>Taking cognisance of guidance stated within 'A Fairer NHS Greater Glasgow & Clyde', the Carers Strategy 2023-26 recognises that identified priority topics are required to identify positive action / initiatives, to meet specific needs of the vulnerable and disadvantaged members of our community.</p> <p>Evidence suggests that disabled people have more difficulties in accessing health services than nondisabled people. The barriers that have been identified are commonly given as:</p> <ul style="list-style-type: none"> Difficulty in reading and understanding letters Difficulty using telephones to arrange appointments Transport difficulties including costs Engagement in health services arising from mental health problems <p>Partners understand the requirement to make all reasonable adjustments to make all services fully accessible.</p>	<p>a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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EDHSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty. When connecting carers with community-based supports resources will already have been commissioned and screened in line with accessibility requirements and equality such as Respite Units, Day Services etc. All centres from which services are provided must comply with the Equality Act 2010, including the provision of access ramps, accessible toilets and loop systems,

This will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:

- Training and awareness provided to health, social work, social care and education services. Over 60 sessions per year provided by Carers link
- Information provided to carers in a range of languages
- Around 225 carers supported to complete an Adult Carer Support Plan, each year
- Better information on short breaks, personalised to meet individual needs

The new Carers Strategy lists a number of priorities designed to ensure equality of access and opportunity for Carers across the authority, including:

- Better information and advice on formal and informal supports
- Carers should be involved in planning for their support
- Carers should have a balance with life outside of caring
- Adult Carer Support Plans and Young Carer Statements uptake should be increased

		<ul style="list-style-type: none"> • Carers health and wellbeing should be prioritised • The impact of financial hardship and inequality should be recognised • Carers should be involved in planning for cared for person, including hospital discharge • The choice of support available should be increased • Carer-friendly communities should be promoted • Carers should be involved in the planning of new services and supports <p>By adopting this approach towards and during the lifetime of the Strategy we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Transgender People are one of the most marginalised protected characteristic groups in Great Britain. The Carers Strategy 2023–26 will be fully inclusive to all.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations 	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be</p>

		<p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.</p> <p>The term Transgender refers to a number of characteristics. These include transsexual women and men, intersex people, androgyne people and cross-dressing (transvestite) men and women. Tran's people are likely to experience abuse at various points throughout their lives (Scottish Transgender Alliance - Transgender experiences in Scotland 2008).</p> <p>Gender reassignment is not currently noted as part of the needs assessment process. However, there is little evidence to indicate that people from this group fare more poorly than others in terms of access to HSCP Carers services.</p> <p>NHS GGC offer guidance on health needs for Tran's people and how to address discrimination against Tran's people in their briefing paper on Transgender reassignment and Transgender people as well as offering training for NHS staff on the subject of transgender people (NHS GGC Transgender Briefing).</p> <p>Partnership working, inclusive of the Third Sector is highlighted in various themes within the Strategy and should also impact positively on Transgender people as major research and policy direction around Tran's people is largely shaped by the Third Sector.</p> <p>There is no local population data with regards to Gender Reassignment available within East Dunbartonshire, there is no reliable information on the number of transgender people in Scotland. GIRES estimates that in the UK, the number of people aged over 15 presenting for treatment for gender dysphoria is thought to be 3 in 100,000. https://www.gires.org.uk/</p>	<p>committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups. To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p>

		<p>The Carers Strategy 2023-26 does not make any specific reference to marriage and civil partnership. All residents of East Dunbartonshire have the same rights in law as anyone else to marry, enter into a civil partnership or live together. Providing the person is over 16 years and has a general understanding of what it means to get married, he or she has the legal capacity to consent to marriage. No one else's consent is ever required. The District Registrar can refuse to authorise a marriage taking place if he or she believes one of the parties does not have the mental capacity to consent, but the level of learning disability has to be very high before the District Registrar will do so.</p>	<p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
<p>(e)</p>	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>East Dunbartonshire HSCP has in place policies that advise on Pregnancy, Maternity and Paternity, Fostering and Adoption leave. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristic groups. To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the</p>

			<p>communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>The demographic / area profiles recognise that 4.2% of the population of East Dunbartonshire is from a minority ethnic (BME) background (compared to Glasgow City with 11.6% of the pop). This is made up of mixed or multiple ethnic groups which stated they are from a, Asian, Asian Scottish or Asian British, African, Caribbean or Black and other ethnic groups.</p> <p>http://www.scotlandscensus.gov.uk/scottish-council-areas-2001-and-2011</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p>

<p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The 2011 Census showed 4.2% of East Dunbartonshire's population were from a minority ethnic group, an increase of around 2% since the last census in 2001, with the Asian population constituting the largest minority ethnic group. In the 2011 census, 96% of the East Dunbartonshire population stated they are white Scottish, white British, and white Irish or white other.</p> <p>Through in-depth focus groups, many BME disabled people report that access to services can be compromised by poor translation, inconsistent quality of care and weak links between services and communities. Disabled people are more likely to live in poverty, but BME disabled people are disproportionately affected with nearly half living in household poverty. Like all disabled people, many of those from black and minority ethnic backgrounds find themselves socially excluded and pushed to the fringes of society (Trotter R, (2012).</p> <p>Minority Ethnic people more likely to experience discrimination:</p> <ul style="list-style-type: none"> • In 2019 minority ethnic adults were more likely to have experienced discrimination in the previous 12 months (19 per cent) compared to white adults (7 per cent). • Minority ethnic adults were also more likely to have experienced harassment (17 per cent) than adults from 'White' ethnic groups (6 per cent). <p>Source: Scottish Household Survey 2019 (Last updated: September 2020)</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; 	<p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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- promote good relations

In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.

NHSGG&C has an Accessible Information Policy that the HSCP will utilise to provide written information including appointment letters. Instructions for self-care and health improvement resources are available to patients in appropriate formats to ensure they have access to the information they need. The HSCP and external providers have policies in place and staff can appropriately identify manage and challenge racism in an appropriate and sensitive manner when required. Staff and volunteers are made aware of this.

The Carer Strategy 2023-26 literature is available in other languages and formats as required, recognising that Carers from the BME community are more likely to require communication support to navigate into, through and out of services.

The strategy can be translated and made available in audio and large print through the Sensory Impairment team, who work closely with the service and NHS GGC Interpreters would be made available as necessary for clients.

Information on race is via a Care Needs Assessment and stored on the internal computer/ information system (Care first) and is used to inform activities and service delivery.

This will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:

		<ul style="list-style-type: none"> • Training and awareness provided to health, social work, social care and education services. Over 60 sessions per year provided by Carers link • Information provided to carers in a range of languages • Around 225 carers supported to complete an Adult Carer Support Plan, each year • Better information on short breaks, personalised to meet individual needs <p>By adopting this approach towards and during the lifetime of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p>

Scotland's Census 2011 reports that in East Dunbartonshire 62.5% of the population stated they belonged to a Christian denomination, 1% reported that they were Muslim, 1.9% reporting other religions and 6.4% not stating.

In terms of the Christian denominations 35.6% of the population in East Dunbartonshire belonged to the Church of Scotland and 22.3% stated they were Roman Catholic. The 'Other Christian' group accounted for 4.6% of the population. A large percentage of residents reported they had no religion (28.2%), though this is lower than the Scottish average of 36.7%.

Religious beliefs of carers are not currently noted as part of the needs assessment process. However, there is little evidence to indicate specific faith groups fare more poorly than others in terms of access to HSCP Carers services. We recognise that there are barriers that can, if unaddressed prevent some individuals from some faith backgrounds accessing services, such as:

- Some older people may not speak English or their ability to speak English as a second language can decrease or become confused
- There may be limited cultural sensitivity amongst professionals e.g. medication could be taken intravenously during fasting for Ramadan
- There may be a lack of written information on disabilities in diverse languages and at times information may need to be delivered verbally due to an inability to read information in English
- Stigma and pride (feeling ashamed to ask for help outside the family and close-knit community)

NHSGG&C has a Faith and Belief Communities Manual which sets out its commitment to ensuring that spiritual care, including religious care, is provided in an equal and fair way to those of all faith communities and those of none. The manual is designed to

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		<p>help staff respond to religious care, and to be confident as they meet some of the religious needs of those in their care.</p> <p>It will be policy that all staff and volunteers will be made aware of these policies and as we have stated, by adopting this approach towards and during the lifetime of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>More than half of the carers known to services are over 65 years old, with the gender split almost exactly that of the nation balance at 61% being female.</p> <p>In East Dunbartonshire there are inequalities of life expectancy between men and women across East Dunbartonshire. Generally, women live longer than men. The average life expectancy for women in East Dunbartonshire is 83.5 years and for men is 80.5 years. In East Dunbartonshire, the average life expectancy at 65years was 19.4yrs for men and 21.4yrs for women.</p> <p>The links between gender and health are becoming more widely recognised and an example of this can be illustrated by looking at mental illness. Although there do not appear to be sex differences in the overall prevalence of mental and behavioural disorders there are significant differences in the pattern and</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p>

		<p>symptoms of the disorders. These differences vary across age groups. In childhood a higher prevalence of conduct disorders is noted for boys than in girls.</p> <p>During adolescence girls have a much higher prevalence of depression and eating disorders and engage more in suicidal thoughts and suicide attempts than boys.</p> <p>(A Report on the Health of the Population of NHS GGC 2017-19).</p> <p>Of the 2314 people with dementia that Alzheimer Scotland estimates in East Dunbartonshire in 2017, 825 are male and 1,489 are female. The majority of dementia sufferers are aged 65 or over and female. Scotland wide rates of dementia increase with age from 1.8% of males and 1.4% at age 65-69 rising to 32.4% of males and 48.8% of males in the 95-99 and 100+ age ranges.</p>	<p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
(i)	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future</p>

		<p>burden of care is not exacerbated unfairly through our corporate decision making processes.</p> <p>In East Dunbartonshire the HSCP and partners are working to better identify the unmet health and wellbeing needs of lesbian, gay, bisexual and transgender (LGBT) people who live in the area. It is estimated between five and seven per cent of the East Dunbartonshire population is lesbian, gay or bisexual. This equates to one in every fifteen people, or over 7,000. Evidence shows that, especially the older LGBT population have an increased likelihood of living alone and an increased need to be supported through older adult services, but it also identifies many reasons why people are less likely to access the services they could benefit from.</p> <p>The HSCP, along with the Community Planning Partners (CPP) previously commissioned LGBT Youth Scotland to carry out a programme of work to find out more about the views and needs of our older LGBT residents. Among the approaches was a survey open to anyone over 50 living in the area and researchers also spoke with carers to try and gain an understanding of what individuals identify as their needs.</p> <p>Many LGBT people fear potentially experiencing homophobia, biphobia and transphobia from services or have previous experience of discrimination from a service. There is often a lack of visibility of LGBT identities within services (such as staff knowledge of the issues affecting LGBT people, promotion of inclusive posters or websites, and explicitly stating that the service is LGBT-inclusive), which are necessary to counter LGBT people's expectations of discrimination or a lack of confidence that services are able to meet their needs.</p> <p>The Human Rights Act 1998 also provides rights of privacy and fairness, as well as the right not to suffer discrimination or degrading treatment.</p>	<p>communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.</p> <p>Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.</p>
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		<p>East Dunbartonshire HSCP has policies in place and staff members are aware of the sensitivities around sexual orientation.</p> <p>This will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:</p> <ul style="list-style-type: none"> • Training and awareness provided to health, social work, social care and education services. Over 60 sessions per year provided by Carers link • Around 225 carers supported to complete an Adult Carer Support Plan, each year <p>By adopting this approach towards and during the lifetime of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available</p>	<p>East Dun JSNA 2016 indicates only 9% of the East Dunbartonshire population were income deprived (Scotland 16%), but there were wide variations across different areas, for instance in the Hillhead area of Kirkintilloch the population was 30% income deprived, yet just over a mile away in Lenzie south it is 3%.</p> <p>The East Dunbartonshire Local Housing Strategy (2017/22) shows there has been an overall reduction, demand for homelessness services since 2011/12 in East Dunbartonshire. From a peak of just under 700 applications in 2010/11, homeless applications have fallen to just over 500 in 2015/16. Unfortunately, there is no available breakdown of demographic information to identify the age ranges of homelessness applications. (see JSNA above)</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of</p>

here: [Fairer Scotland Duty: guidance for public bodies - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/Publications/2021/06/Fairer-Scotland-Duty-guidance-for-public-bodies.pdf)

Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:

1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?
2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?
3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?
4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?
5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?
6. How has the evidence been weighed up in reaching our final decision?
7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised

29% of carers in the most deprived areas care for 35 hours a week or more – more than double the level in the least deprived areas. The impact of caring may be exacerbated by existing inequalities of low incomes and poor health in these areas

Notably 383 carers are under the age of 15, which far exceeds the estimate of the Scottish Government Census. Over 14% come from the most deprived areas. 51% are caring for a sibling. SCVO - SDS Regulations and Statutory Guidance expressed their concern relating to the recent substantial and poverty inducing changes to benefits drive through the intentions behind the SDS legislation. SCVO felt that already, people may have lost amounts of significant income, without even considering the potential loss of mobility components/support in the transfer to Personal Independence Payment (PIP) and Disability Payment.

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- Training and awareness provided to health, social work, social care and education services. Over 60 sessions per year provided by Carers link.
- Information provided to carers in a range of languages
- Around 225 carers supported to complete an Adult Carer Support Plan, each year
- Better information on short breaks, personalised to meet individual needs
- 227 young carers received 1-1 or group support from the service in the year 2021 - 2022

The Carers Strategy 2023 – 26 will be fully inclusive to all and outlines that ‘the impact of financial hardship and inequality should be recognised’ within the identified priorities to be addressed as part of the strategy.

East Dunbartonshire, particularly protected characteristics groups.

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It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will make a commitment to capture all community perspectives across protected characteristic groups.

Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.

	<p>subsequently on how their contributions were factored into the final decision.</p>	<p>By adopting this approach towards and during the lifetime of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	
<p>(k)</p>	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>The ability to access quality services is a fundamental aspect in ensuring that Carers enjoy a high quality of life. Research has demonstrated the need to involve Carers in the decision-making process underpinning service commissioning, service design and service delivery, whilst also ensuring individuals from across the protected characteristics are represented.</p> <p>Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;</p> <ul style="list-style-type: none"> • to eliminate unlawful discrimination • advance equality of opportunity, and; • promote good relations <p>In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.</p> <p>In developing the strategy, we used learning from previous plans and strategies; and also utilised our statutory partner's demographic knowledge to further develop and increase knowledge of local equality groups as these are fluid.</p> <p>The Public Sector Equality Duty requires public authorities, in the exercise of their functions, to have due regard to the need to:</p>	<p>The Carers Strategy was widely promoted with colleagues and stakeholders through HSCP service teams and also with the local PSUC group, its various networks and also through the local Third Sector interface who forwarded it to their 314 members (charities, community groups, networks). It may not have reached all groups / people who have a protected characteristic. Therefore, the Strategies may not have been viewed and responded to by all representatives of communities of East Dunbartonshire, particularly protected characteristics groups.</p> <p>To mitigate this, as stated in the Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups.</p> <p>It is important that as the Carers Strategy develops and progresses, we use learning to understand the experience of Carers from protected characteristic groups and we will</p>

- eliminate Unlawful Discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not, and;
- foster good relations between people who share a relevant characteristic and those who do not

The Equality Duty is non-delegable. In practice this means that public authorities like EDHSCP need to ask their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty.

Any changes to services or to service provision must be communicated to ensure that those who may be affected, any East Dunbartonshire resident, service user, patient, carer or family member do not receive a lesser service due to their protected characteristics.

The East Dunbartonshire breakdown is;

In 2014, 62% (65,720/106,730) of the population of East Dunbartonshire was of working age (16–64 years), lower than the national percentage of 65%. Children and young people (aged 0–15 years) made up 17% (18,386/106,730) of the population, similar to the national 17%. Adults aged over 75 years comprised 10% (10,695/106,730) of the population, higher than the national average of 8%.

In 2014, 3.3% of adults claimed incapacity benefit, severe disability allowance or employment and support allowance; this was lower than the Scottish figure of 5.1%. The percentage of those aged 65 years and over with high care needs cared for at home, at 38%, was higher than in Scotland overall (35%). The crude rate for children, who were looked after by the local

make a commitment to capture all community perspectives across protected characteristic groups.

Social Work Services and Carers Link will continue to engage with Carers in the future and capture local need data.

authority, at 7/1000, was similar to Scotland's rate of 14/1000.
<https://www.scotpho.eastdunbartonshire>

The Learning Disability rate per 1,000 in 2011 is 4.4, the Scotland rate, per 1000 is 5 (Scotland's Census 2011 - National Records of Scotland (Table QS304SC - Long-term health conditions). The number of people with learning difficulties 0-15 is 101, 16-64 is 305, 65+ is 52. There is 458 people in East Dunbartonshire local authority have learning disabilities. That's 0.4% of the population. (<https://www.sldo.ac.uk/census-2011-information/learning-disabilities/local-authorities/east-dunbartonshire/>)

The United Nations Convention on the Rights of Persons and Optional Protocol requires all service provision to be concerned about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status.
<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>

This will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:

- Training and awareness provided to health, social work, social care and education services. Over 60 sessions per year provided by Carers link
- Information provided to carers in a range of languages
- Around 225 carers supported to complete an Adult Carer Support Plan, each year
- Better information on short breaks, personalised to meet individual needs

		<p>The Carers Strategy 2023–26 will be fully inclusive to all and promotes equality of service provision via a revised set of priorities including:</p> <ul style="list-style-type: none"> • Better information and advice on formal and informal supports • Carers should be involved in planning for their support • Carers should have a balance with life outside of caring • Adult Carer Support Plans and Young Carer Statements uptake should be increased • Carers health and wellbeing should be prioritised • The impact of financial hardship and inequality should be recognised • Carers should be involved in planning for cared for person, including hospital discharge • The choice of support available should be increased • Carer-friendly communities should be promoted • Carers should be involved in the planning of new services and supports <p>By adopting this approach towards and during the lifetime of the Strategy, we aim to ensure that we remove discrimination, promote equality of opportunity and foster good relations.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p>This is not applicable to this strategy.</p> <p>The Carers (Scotland) Act 2016 requires that HSCPs prepare a local carer strategy and review that strategy every three years, so this will be our third Carers Strategy since the HSCP was created. Since that time, we have worked with partners, carers and communities to improve support to carers in many ways, including:</p> <ul style="list-style-type: none"> • Increasing identification of adult and young carers • Increasing levels of short break provision for a higher number of carers, for example in 2021/22, a total of 	Not applicable.

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>13384 weeks of respite was provided for 1798 cared for people (aged 18+) with an additional 188 weeks of respite provided to carers of 29 children with disabilities</p> <ul style="list-style-type: none"> • Training and awareness provided to health, social work, social care and education services. Over 60 session per year provided by Carers link • Information provided to carers in a range of languages • Around 225 carers supported to complete an Adult Carer Support Plan, each year • Better information on short breaks, personalised to meet individual needs • Better ways to identify and engage with young carers, with 280 young carers referred to Carers link since April 2018 • Since April 2018, 140 young carers regularly attending group and holiday period activities run by Carers link • A Short Breaks Statement was developed in 2018 and will be reviewed in conjunction with this new Carers Strategy • Carers continue to be encouraged to access all Self-Directed Support options to maximise the level of flexibility and choice that is right for them • Carers Link currently provided grants for carers to access Short Breaks through the Time to Live Fund. During the pandemic, this fund was almost trebled to just over £34,000 with over 100 carers benefitting 	
	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>East Dunbartonshire HSCP is committed to regularly training and empowering staff on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups.</p>	<p>All new health, social work, social care and education staff will require training on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups.</p>

		<p>Training and awareness sessions have been provided to health, social work, social care and education services. Over 60 sessions per year provided by Carers link.</p> <p>East Dunbartonshire HSCP has policies in place to ensure staff members are aware of the sensitivities around gender reassignment.</p>	
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However, risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

There are no reported risks in relation to human rights. EDHSCP asks their suppliers and those they commission services from to take certain steps in order to enable the public authority to meet their continuing legal obligation to comply with the Equality Duty.

Please explain in the field below any human rights-based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR*.

PANEL principles underpin the general approach to all plans developed by the HSCP, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of communities.

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Not Applicable.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible? (initials)
In reviewing the Adult Carer Support Plan, we will incorporate the omitted Protected characteristics and a communication will be issued to all social work staff and Carers link to highlight the need to ensure all appropriate fields are used.	31 April 2023	GP

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

1 August 2023

Lead Reviewer:
EQIA Sign Off:

Name Gayle Paterson
Job Title Learning Disability Strategic Review Project lead
Signature *Gayle Paterson*
Date 1 February 2023

Quality Assurance Sign Off:

Name Alastair Low
Job Title Planning Manager
Signature
Date 08/02/23

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

--

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

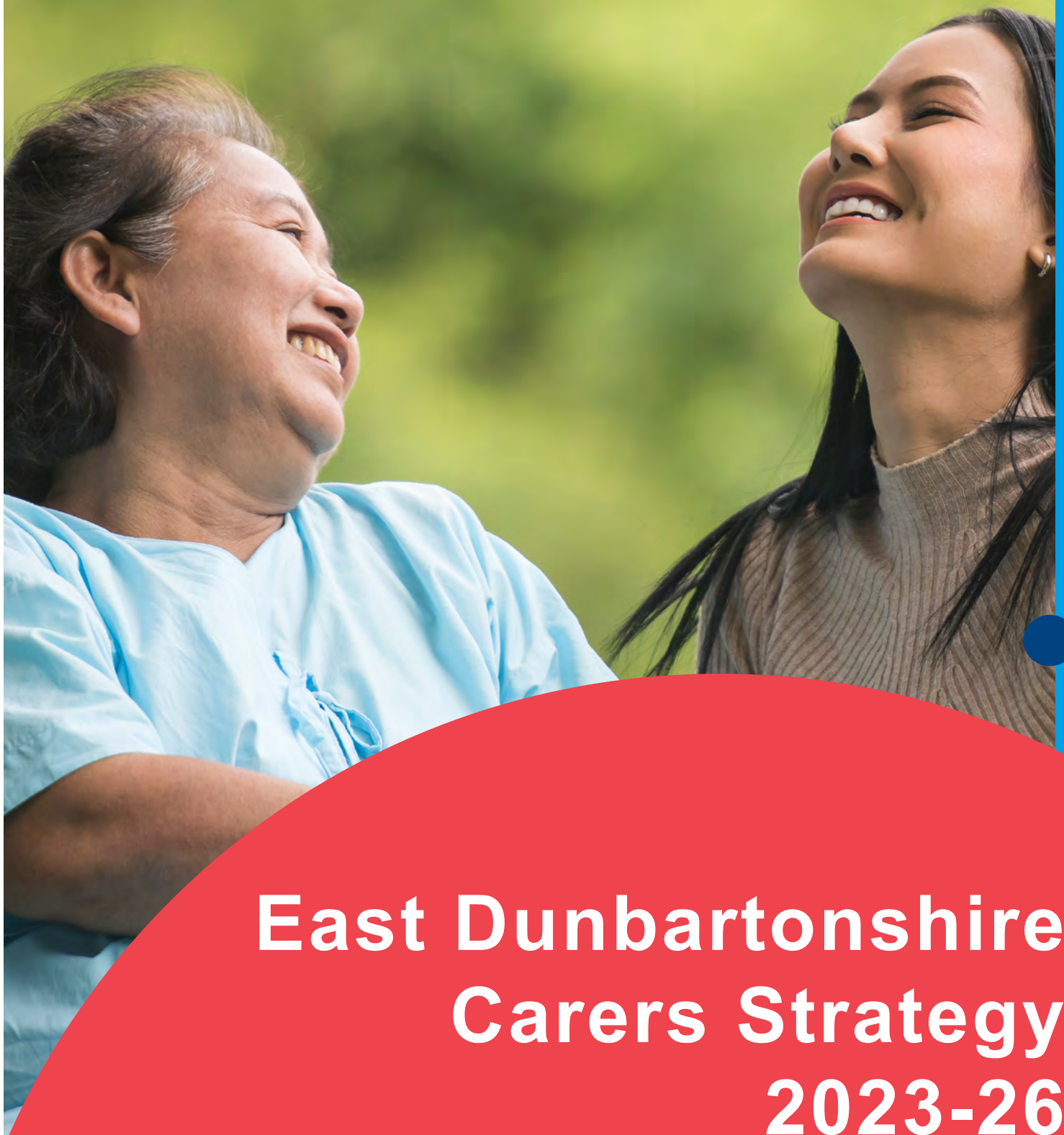
Date submitted:

If you would like to have your 6-month report reviewed by a Quality Assuror, please e-mail to: alastair.low@ggc.scot.nhs.uk

Throughout the development of the strategy, reference has been made to the general duties (Equality Act (2010) and to the HSCP Equality and Diversity (2017-2021) Policy document and how any proposed changes in service provision will meet the requirement;

- to eliminate unlawful discrimination
- advance equality of opportunity, and;
- promote good relations

In relation to the requirement to show due regard to eliminate unlawful discrimination, harassment and victimisation, the HSCP is aware that carers may be at increased risk of discrimination by association, and will take all proportionate steps to ensure the burden of care is not exacerbated unfairly through our corporate decision making processes.



East Dunbartonshire Carers Strategy 2023-26

Adult and Young Carers



Foreward

East Dunbartonshire Health and Social Care Partnership (HSCP) recognises the enormous contribution that informal carers make to the safety, health and wellbeing of the most vulnerable members of our community. This new Carers Strategy is designed to set out the priorities to support carers themselves. It forms a wider commitment by the HSCP and its partners to engage with carers individually and collectively, to meet their own needs and help them to balance the demands of their caring role with their other obligations, personal hopes and aspirations.

There are around 17,000 carers in our community who are not employed to care; they do so voluntarily to support a family member or friend. Every caring role is unique and may range from supporting someone for a few hours a week, to providing full time care. The impact of caring can be rewarding but it can also impact very heavily on the health and wellbeing of carers themselves. It can affect their own family, work life and relationships.

The Covid-19 pandemic has been particularly impactful for carers, with formal support services being suspended for long periods in line with Government direction, with the responsibility then falling to carers to replace these essential lifelines. As we move through and out of the pandemic we understand that more needs to be done to improve support for carers, particularly at a time when communities are feeling the added pressure of a cost of living crisis. This strategy sets out a commitment to improve and develop services in the following ways:

- Better information and advice on formal and informal supports
- Better and earlier identification of carers;
- Carers should be involved in planning for their support and that of the cared for person, including hospital discharge;
- Carers should be supported to continue to care, building on their strengths and assets;
- The choice of support available should be increased to enable Carers to have a balance with life outside of caring;

- Adult Carer Support Plans and Young Carer Statements uptake should be increased;
- Carers health and wellbeing should be prioritised;
- The impact of financial hardship and inequality should be recognised;
- Earlier engagement and prevention of crisis should be prioritised;
- Carer-friendly communities should be promoted;
- Adult and Young Carers should be involved in the planning of new services and supports;
- The impact of the Covid-19 pandemic for carers should be recognised and prioritised.

In East Dunbartonshire we have a strong track record of effective partnership working, with carers, our staff, people who use our services, local communities and our partners in the Council, NHS and third and independent sectors. We have well established mechanisms that allow carers to be involved in a meaningful way to inform the planning and development of services at all levels. This strong collaboration will continue to be instrumental in delivering this new Carers Strategy effectively.

We will continue to involve and listen to carers and will be as innovative and responsive as possible, to ensure that carers feel properly respected, understood and supported. We would also wish to place on record our enormous appreciation for the contribution that carers make to the lives of the people they support and to their wider communities.



Jacquie Forbes
Chair
East Dunbartonshire HSCP Board




Caroline Sinclair
Chief Officer
East Dunbartonshire
HSCP



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Introduction

Carers

The Carers (Scotland) Act 2016 defines a carer as



an individual who provides or intends to provide care for another individual (the 'cared-for person')



Carers (sometimes called informal carers) are not employed to care, they do so voluntarily to support a family member or friend.

People may become carers at almost any stage in their lives, including when they are young, and may be from all walks of life. Carers may be in employment, in education, retired, or they may provide care full time. Care may be provided a few times a week or for more significant periods. Caring for someone can be short term, perhaps because of a new condition or illness, or long term for someone with a lifelong or degenerative condition. A caring role can range from providing essential supervision or supporting someone with specific tasks through to providing intensive support with everyday life such as bathing, eating and drinking.

Each carer, and their caring role, is unique. Carers report that their role can have many positive features and rewards, but it is recognised that caring can have a significant impact upon a carer's health, wellbeing and relationships.

Many people who provide care may not see themselves as a 'carer', but rather that they are providing a natural supporting role for their loved one that may increase over time.

The Act defines a "Young Carer" as a carer who is under the age of 18, or over 18 and still in education. Young carers are young people and children first, and whilst they may value and enjoy aspects of the caring role they fulfil within their families, they may experience fewer opportunities to access social, recreational or educational opportunities and may experience greater disruption and anxiety for the person they care for.

East Dunbartonshire Carers Strategy

The Carers Act requires each Health and Social Care Partnership (HSCP) to prepare a local carer strategy and review that strategy every three years. The East Dunbartonshire HSCP brings together the Council and Health Board through a number of strategic planning groups, to jointly plan health and social care services, together with a range of stakeholder representatives, including carers.

The Carers Act sets out what a Carers Strategy needs to contain, as a minimum, so the contents of a Carers Strategy might look and feel a bit different to other strategies produced by the Health and Social Care Partnership. In essence though, the strategy is designed to set out what arrangements are in place now for carers and what the HSCP aims to put in place over the period of the strategy, through engagement with local carers themselves.

The East Dunbartonshire Carers Strategy forms part of a family of plans and strategies that sit under the overarching umbrella of the HSCP Strategic Plan. The Strategic Plan sets out the HSCP's vision and values, its strategic priorities and enablers and its programme of action over the period 2022-25.



Carers in East Dunbartonshire: Numbers and Trends

Scotland's carers make a huge contribution to the people they care for and to our communities. The Scottish Government estimates that there are more people providing significant amounts of care for relatives or friends than staff working either in the NHS or in social care¹.

The actual number of carers is not exactly known but it was estimated that there were 700,000 to 800,000 unpaid carers in Scotland before the COVID-19 pandemic, which equates to around 16,000 carers in East Dunbartonshire².

The 2020 Scottish Health telephone survey results reported there were 839,000 adult carers living in Scotland in August – September 2020, equating to nearly 17,000 carers in East Dunbartonshire³. These different sources provide very similar results on the number of people caring, which gives us increased confidence on the accuracy of the prevalence rates.



There are around

16,000 - 17,000

unpaid carers in East Dunbartonshire

¹ [NHSScotland workforce data to June 2020 | NHS Education for: Scottish Social Services Council Data | SSSC](#)

² [Scotland's carers: update release - gov.scot \(www.gov.scot\)](#)

³ [Scotland's carers: update release - gov.scot \(www.gov.scot\)](#)

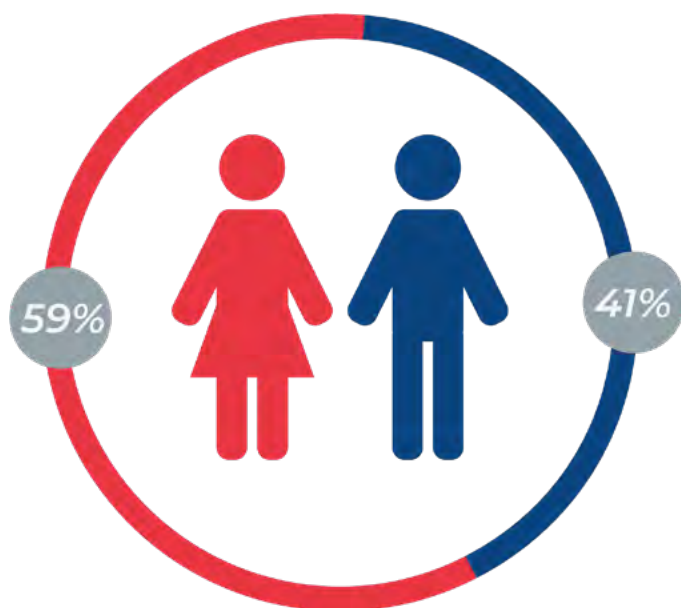
Age and gender (data based on Scottish Government prevalence rates)

The Scottish Government estimates that there are around 93,000 young carers and young adult carers in Scotland⁴ which equates to approximately 1,840 for a population the size of East Dunbartonshire.

Although people can become carers at any stage, they are most likely to be caring between the ages of 45-54. In this age group, over a quarter of all women and around a sixth of all men are carers⁵.

There are over 2,660 carers aged 16+ caring for 35 hours a week or more in East Dunbartonshire. Around a quarter of older carers (aged 65 and over) provide 35 hours of care a week or more compared with just under a tenth of carers aged under 24⁶.

Overall, 59% of carers are women and 41% are men. Throughout the working years, women are more likely to be carers than men⁷. With gender stereotypes surrounding caring still present in our society, there is a risk that women feel more pressured to undertake caring roles. This pressure can negatively impact on a woman's career path and be a key contributor to the gender pay gap.



59% of carers are women
41% are men

⁴ Introduction - Young carers: review of research and data - gov.scot (www.gov.scot)

⁵ Scottish Health Survey - gov.scot (www.gov.scot)

⁶ Scottish Health Survey - gov.scot (www.gov.scot)

⁷ Scottish Health Survey - gov.scot (www.gov.scot)

Demographic pressures

Scotland's population is ageing, with numbers of very old people predicted to continue growing alongside a proportionately smaller and shrinking working age population. In East Dunbartonshire, the numbers of older people aged 85+ has increased faster than any other HSCP area in Scotland, with this fastest growth expected to continue for the next 10 years⁸. This is a success story in terms of improved health and wellbeing and longer life expectancy, but it has significant implications for the future of care and support in Scotland.

With demand for health and social care services predicted to increase 25% by 2031⁹, the role and contribution of carers will be even more critical in the future.

Demand for health and social care services predicted to increase

25% by 2031



Intensive caring and equality

29% of carers in the most deprived areas care for 35 hours a week or above – more than double the level in the least deprived areas. The impact of caring may be exacerbated by existing inequalities of low incomes and poor health in these areas¹⁰.

Demographic factors, culturally held beliefs and practices, a recent history of migration and settlement, and social, economic and material disadvantage shape the demand for and supply of unpaid care in minority ethnic groups¹¹.



29%

of carers in the most deprived areas care for

35 hours a week

or above

⁸ [Projected Population of Scotland \(2018-based\) | National Records of Scotland \(nrscotland.gov.uk\)](#)

⁹ [Health Scotland statistics](#)

¹⁰ Hirst, M. (2005) Health Inequalities and Informal Care - End of Project Report. University of York, [Available at: York University](#)

¹¹ [Supporting South Asian carers and those they care for: the role of the primary health care team. - PMC \(nih.gov\)](#)

Carers Known to Services

At the time of preparing this strategy, there were 1402 carers known to the HSCP's Social Work Services¹². The number of carers known to services remains at around 8% of the estimated number of people undertaking informal care in East Dunbartonshire. This is likely in some respects to be a consequence of eligibility criteria that generally limits formal social work support to individuals at critical or substantial risk. Around 270 new carers are identified by the HSCP each year, with around 225 supported to complete an Adult Carer Support Plan. More than half of the carers known to services are over 65 years old, with the gender split almost exactly that of the nation balance at 61% being female.

Carers Link is a local voluntary organisation that offer a range of personalised supports to adult carers and young carers across East Dunbartonshire. In 2021, Carers Link provided 2042 carers with at least one form of direct support from staff or volunteers, involving a wide range of service supports. Each year Carers Link attracts an average of 400 new carer referrals. Since its establishment, Carers Link has supported over 6,000 carers.

Young Carers Known to Services

529 carers under the age of 24 are registered with Carers Link, although not all are active cases. Notably 383 are under the age of 15. Over 14% come from the most deprived areas. 51% are contributing to the care of a sibling. 227 young carers received one-to-one or group support from the service in the last year.

At the time of preparing this strategy, there were 110 pupils with caring responsibilities known to Education Services in East Dunbartonshire. Those are all pupils whose caring responsibilities result in them receiving additional support from the school. This is only a subset of a much larger number of young carers who are not in receipt of additional support.

Working Carers Known to Services

A growing number of people fulfil a dual role balancing employment with caring responsibilities. The challenges people can face in combining work and care may be stressful and debilitating. Any changes to care needs and support arrangements may bring additional uncertainty to their working lives. At present we do not hold consistent data on the numbers or proportion of carers who are in employment, which is something we would like to remedy.

Increasing Demand for Health and Social Care

Most of our health and wellbeing needs will be common to most other HSCP areas, but there are particular issues for every area. It is important that we understand what our population needs and priorities are. We have recently updated our Joint Strategic Needs Assessments, which provide a detailed analysis of our population's health and social care circumstances. The box below sets out some of the headlines from this work. These trends will inevitably impact on families and carers now and in the future.

¹² East Dunbartonshire Council Carefirst MIS

Increasing Demand for Health and Social Care in East Dunbartonshire

Most of our health and wellbeing needs will be common to most other HSCP areas, but there are particular issues for every area. It is important that we understand what our population needs and priorities are. We have recently updated our Joint Strategic Needs Assessments, which provide a detailed analysis of our population's health and social care circumstances. The list below sets out some of the headlines from this work. These trends will inevitably impact on families and carers now and in the future.

- Age 85+ population is increasing by 5% per year – highest in Scotland
- Care at home and care home service demand is increasing by 5% per year (pre-Covid)
- East Dunbartonshire has higher proportion of some long-term conditions such as cancer, arthritis and coronary heart disease. This contributes to an elective hospital admissions rate around 20% higher than Greater Glasgow and Clyde and 50% higher compared with Scotland.
- East Dunbartonshire outpatient attendance rate is around 10% higher than Greater Glasgow and Clyde and Scotland, although our unscheduled attendance at emergency departments is generally lower.
- Mental health in younger people is a growing area of concern with high numbers of CAMHS referrals and waiting times, and increasing prescribing for depression and anxiety for young people.
- East Dunbartonshire has the highest rate of falls resulting in hospital admission, in Greater Glasgow and Clyde
- 8% of East Dunbartonshire adults identified at increasing risk of alcohol related harm
- Hospital-related pressures:
 - 162% increase in Hospital Assessment Team referrals 2008-2018
 - Demand pressures and complexity increases: 40% increase in unscheduled older people care projected to 2025 (from 2018). Orthopaedics of 31%.

Age 85+ population is increasing by **5% per year**





Key Policy Drivers / National Policy Context

The Carers (Scotland) Act 2016 was implemented on 1st April 2018 and is designed to support carers' health and wellbeing and help make caring more sustainable. The Act seeks to consolidate carers existing rights and recognises carers as equal partners. The Act includes duties for Councils and Health Boards (and consequently for Health and Social Care Partnerships) to provide support to carers, based on carers' identified needs, which meet local eligibility criteria. Funding is currently provided by the Scottish Government to support the implementation of the Carers (Scotland) Act 2016.

Many carers have legal powers in place which authorise them to act and make decisions on behalf of the person they care for. These are known as Powers of Attorney or Guardianship. Both legal frameworks come with a range of duties and responsibilities that must be adhered to and are supervised by the Office of The Public Guardian and the Health and Social Care Partnership.

There has been a number of important policies over recent years, which have sought to empower and develop choice for carers. Through Self Directed Support, for example, carers have greater choice and control of the services they receive and their involvement in the management of their support.



The box below sets out what we consider to be the key policy drivers over the period covered by this Carers Strategy 2023-26. This list does not include everything that the HSCP does on a daily basis; that would be a much longer list. Rather, we wanted to identify what we think would be the main drivers for change over the medium term that will affect carers and the support they receive.

Key Policy Drivers: National

- The Carers (Scotland) Act 2016
- The Carers Charter (2016)
- The National Carers Strategy 2022
- United Nations Convention on the Rights of the Child
- Human Rights Act 1998
- A Fairer Healthier Scotland (June 2012)
- Public Bodies (Joint Working) (Scotland) Act 2014
- National Clinical Strategy for Scotland (2016)
- A Fairer Scotland for Disabled People: Delivery Plan (Dec 2016)
- Health and Social Care Delivery Plan (Dec 2016)
- The National Care Service (Scotland) Bill 2022
- Healthcare Improvement Scotland: Making Care Better - Better Quality Health and Social Care for Everyone in Scotland: A strategy for supporting better care in Scotland: 2017–2022
- Social Care (Self Directed Support) (Scotland) Act 2013
- National Mental Health Strategy 2017-2027 (March 2017)
- Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy
- National Learning Disability Strategy: The Keys to Life
- Coming home: complex care needs and out of area placements 2018
- The Fairer Scotland Duty (April 2018)
- Best Value: revised statutory guidance 2020
A Scotland Where Everybody Thrives: Public Health Scotland's Strategic Plan 2020–23 (Dec 2020)
- Re-mobilise, Recover, Re-design: the framework for NHS Scotland
- Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic
- Audit Scotland: Health and Social Care Integration - Update on progress (Nov 2018)
- Digital Strategy for Scotland (2021)

- Ministerial Strategic Group for Health and Community Care: Review of Progress with Integration of Health and Social Care (Feb 2019)
- Scottish Govt: Framework for Community Health and Social Care Integrated Services (Nov 2019)
- The Promise: action to take forward the findings of the independent care review for care experienced children and young people (Oct 2020)
- Coronavirus (COVID-19): Strategic Framework
- The Independent Review of Adult Social Care (March 2021)
- Community Mental Health and Wellbeing Supports and Services Framework (Children and Young People)
- Transforming nursing, midwifery and health professions roles
- Suicide Prevention Action Plan: Every Life Matters

Key Policy Drivers: Local

- East Dunbartonshire HSCP Strategic Plan 2022-25
- The East Dunbartonshire Local Outcome Improvement Plan (2017-27)
- NHSGG&C Health and Social Care Strategy: Moving Forward Together (July 2019)
- Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-28
- Fair Access to Community Care (Adults) Policy (March 2019) NHSGG&C and East Dunbartonshire Council Covid-19 Recovery and Remobilisation Plans
- East Dunbartonshire HSCP Recovery and Transition Plan
- NHSGG&C Board-wide strategies:
- Mental Health, Learning Disability, Unscheduled Care, Health Visiting, School Nursing, District Nursing, Rehabilitation
- Joint Inspection of HSCP Adult Services in East Dunbartonshire (July 2019)



Identification of Carers

As acknowledged above, carers do not always self-identify or associate with the term 'carer' and if carers do not identify as a carer, then they are unlikely to consider asking for access to carer support through the formal route, via an Adult Carers Support Plan or Young Carer Statement. Indeed, they may not know where to go to seek support or know what support may be available.

According to research¹³, many carers take years to recognise their role, missing out on crucial financial, practical and emotional support in the meantime. The research demonstrated that, by not receiving support at an early stage, the negative impacts of caring are intensified with many carers missing out on benefits and entitlements and others forced to give up work altogether, with a significant long-term effect on personal and family finances. On a personal level, a lack of practical help can have a huge impact on health and wellbeing, from long-term physical health effects such as back pain, to mental ill health and social isolation as a result of caring without a supportive network. The longer it takes to identify as a carer the more likely it is that carers will struggle without the support and advice they need.

People become carers when a family member or friend cannot manage without help because of an illness, frailty, disability or other health and wellbeing concern. The caring journey may start in a doctor's surgery, with a nurse specialist, at a hospital outpatient clinic or at hospital discharge when the cared for person receives their diagnosis.

Key to supporting carers is identifying carers as early as possible. By identifying carers earlier, we can provide advice and/or support to ensure they remain healthy but also to help prevent a breakdown of the caring role.

In 2021/22 around 1402 carers were known to the HSCP, 2042 carers were receiving at least one form of direct support from Carers Link and 110 young carers were known to Education services. These numbers are much less than the 16,000 carers that the Scottish Government estimates live in East Dunbartonshire.

¹³ Missing out: the identification challenge - Social Care Online (scie-socialcareonline.org.uk)

This strategy recognises the need for all organisations working in support of carers to act together to help identify more carers that live in East Dunbartonshire, so it forms one of our key strategic priorities. This support might not always require structured formal support for everyone, but it is essential that people who provide informal care know that there is advice available to them and the opportunity to have their own needs understood. The HSCP also recognises the importance of identifying and supporting carers of people from ethnic minority backgrounds, Gypsy/Travellers communities, and ensuring that carers of people with all forms of disability or other debilitating health issue are identified and supported by the right organisations.



Achievements and Successes

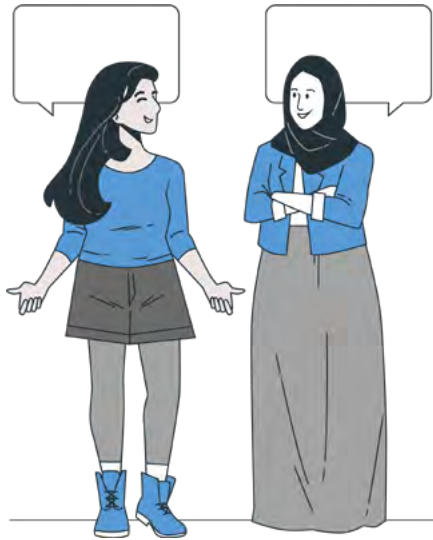
This is not the East Dunbartonshire HSCP's first Carers Strategy. The Carers (Scotland) Act 2016 requires that HSCPs prepare a local Carer Strategy and review that strategy every three years. Since our last Carers Strategy was published in 2019, we have worked with partners, carers and communities to improve support to carers in many ways, including:

- Increasing identification of adult and young carers;
- Increasing levels of short break provision, at home, centre based, community based and residential, for a higher number of carers. For example, in 2021/22 an equivalent of 13,384 weeks of direct or indirect carer support was provided for 2067 cared for people (aged 18+), with an additional equivalent of 188 weeks of short breaks provided to carers of 29 children with disabilities. Indirect carer support is when a service is provided to meet the needs of a cared for person, but which also brings breaks for carers, such as day services;
- Training and awareness provided to health, social work, social care and education services, including training to refresh knowledge of the Carers Act in 2022 and over 60 sessions per year provided by Carers Link;
- Continued involvement of carers in the planning of services at a strategic level through their representation on various HSCP strategic groups, most particularly through the Public Service User and Carer Group;
- Well-developed Carer Partnership Group operating in East Dunbartonshire that was instrumental in the development of this new Strategy;
- Information has been provided to carers in a range of languages;
- A formal review of the Adult Carer Support Plan template has been undertaken and addition of a template for reviewing the Adult Carer Support Plan. These focus on identifying and reporting on formal (HSCP funded) and informal (asset based) outcomes achieved with carers;
- Around 225 carers have been supported to complete an Adult Carer Support Plan, each year; with around 90 Young Carer Statements completed since 2019 and 18 complete since April 2022;

- Better information has been developed on short breaks, personalised to meet individual needs;
- Better ways to identify and engage with young carers has been established, with 280 young carers referred to Carers Link since April 2018;

280

young carers referred to
Carers Link since April 2018



- Since April 2018, 140 young carers regularly attend group and holiday period activities run by Carers Link;

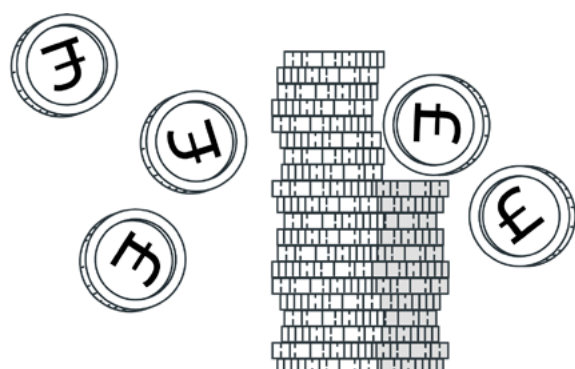
140

young carers regularly attend
group and holiday period activities run by
Carers Link



- A Short Breaks Statement was developed in 2018 and is being reviewed in conjunction with this new Carers Strategy;
- Carers continue to be encouraged to access all Self Directed Support options to maximise the level of flexibility and choice that is right for them;

- Carers Link providing grants for carers to access Short Breaks through the Time to Live Fund. During the pandemic, this fund almost trebled to just over £34,000 with over 100 carers benefitting;



Carers Link provided grants of
£34,000 for
 carers to access Short Breaks
 through the Time to Live Fund.

The HSCP's Public, Service User and Carer Representative Group exists to strengthen accountability and help influence the strategic planning of services. The group has also been very active in providing information and support to carers directly, including:

- Development of regular Covid information leaflets
- Planning, creation and delivery of 4 short covid awareness films.
- Leading a Power of Attorney (PoA) Awareness Campaign
- Encouraging the participation of carers in the work of the group
- 'Coalition of Carers - Equal, Expert and Valued' - HSCP Evaluation Report: In September 2022, the HSCP carried out an evaluation on carers' involvement in the HSCP decision making processes and what improvements the HSCP could make to enhance this. A report was approved with recommendations for action that are currently being implemented;
- The early development of 'Compassionate Communities', an approach aimed at supporting East Dunbartonshire to be recognised as a compassionate authority and to support individuals and families at times of greatest need.



Information and Services for Adult Carers and Young Carers

The Carers (Scotland) Act 2016 came into effect on 1st April 2018 and is designed to support carers' health and wellbeing, helping them to remain in their caring roles and be able to manage their own life alongside their caring responsibilities. The Act places a number of duties on Health and Social Care Partnerships, including the following:

- To offer an assessment of the support needs of a carer to every carer we identify or for any carer who requests one. These assessments are called "Support Plans" for adults or "Statements" for young people. These Plans/Statements are the gateway to formal carer support. Without completion of these we cannot determine eligibility.
- To discuss with the carer what plans need to be put in place in circumstances where the carer may unexpectedly be unable to support the cared for person, ensuring that these emergency plans are recorded in order that they can be enacted when required.
- To provide formal support to the carer where their identified needs meet local Eligibility Criteria, firstly exploring informal support opportunities for example, community, personal and financial assets. The eligibility criteria provide the route to formal support to address '**critical**' or '**substantial**' risks for adults and include '**moderate**' risks for young people.
- To involve carers in service design and delivery.
- To involve carers in the discussion and decisions regarding the support arrangements for the cared for person, managing conflict between the carer and the cared for person when disagreements regarding support arise.
- To provide signposting: information, advice and support has to be readily available for carers. Ensure that carers are signposted to all relevant organisations.
- To involve carers in hospital discharge arrangements for the cared for person.
- To follow national timescales for Support Plans where the cared for person is terminally ill.
- To publish a Short Breaks Statement - this is available on the HSCP Carers' page on East Dunbartonshire Council's website.
- To prepare a Carers' Strategy.

Information and Services

Information and advice to both existing and new carers is currently provided from a range of resources. Some of the available services are outlined here:

Social Work Services are delivered through the Health and Social Care Partnership. Social Work operates under wide-ranging duties to assess circumstances of people who may be in need of personal care, support and/or protection. As part of undertaking these duties to adults or children with disabilities or other health or wellbeing concerns, informal carers very often become known to Social Work. Social Work can arrange for carers to be offered Adult Carer Support Plans or Young Carer Statements that set out their support needs. The national standard is to operate within a six week period from assessment to service delivery, where services are required by carers within those timescales.

Carers Link is a local voluntary organisation established through efforts of local carers and the Health and Social Care Partnership. Carers Link is a 'one-stop shop' for carers and is often the first point of contact for carers to access information, advice and support. Carers Link provide a range of one-to-one supports, including a dedicated support service for young carers, providing some-to-one support, groups and activities. Carers Link can also help to complete Adult Carer Support Plans and Young Carer Statements and liaise with Social Work and Education on the carer's behalf.

Children's Education Services provided by the Council are responsible for ensuring that young carers who attend school are aware of their entitlement to support and can work with them to review their support needs via a Young Carer Statement. They can also refer young carers on to Social Work Services.

GP services are often the first point of contact for many carers. GPs provide access to condition-specific information and advice and can signpost the carer to other support services.

The OPAL Advice Line is delivered in partnership between Citizen Advice Bureau, Carers Link and Ceartas Advocacy Service and provides a single point of contact for all adult service users and carers (16+) living in East Dunbartonshire. The dedicated OPAL telephone line puts people in contact with a wide variety of information, advice and support services, from social and leisure activities through to voluntary sector, social work and social care support services.

Community Health Services provide a wide range of care, to support patients and carers to manage long-term conditions at home.

Post Diagnostic Support Services can provide condition-specific information, advice and support for carers following diagnosis. Post-diagnostic services are provided for people diagnosed with dementia and autism.

CEARTAS provides Independent Advocacy to adults (aged 16 or over) who are normally resident in East Dunbartonshire. Independent Advocacy is independent of any other service provider, like Social Work or Health, and works on the adult's behalf to make their voice stronger.

Citizens Advice Bureau (CAB) provides information, advice and support to adults on a variety of issues including; money and debt advice, employment rights, access to welfare benefits and support with housing issues.

Take Control East Dunbartonshire provide a one-to-one support service on all aspects of setting up a Self-Directed Support package in order to be able to live more independently in the community. This includes assistance in preparing for assessments, liaising with funders, and all aspects of successfully managing a support package.

East Dunbartonshire Association for Mental Health (EDAMH) offers one to one support to adults (aged 16 and over) experiencing mild to moderate mental ill health and their family and carers.

East Dunbartonshire Community Assets Map provides an online list of over 400 places, resources, activities and businesses in the area. Users can browse and add to the community assets by town or by categories such as outdoor, physical exercise, health and wellbeing.

National Carer Support Organisations provide carer specific information, advice and support usually through web-based information and phone helplines, for example: Carers Scotland and the Scottish Young Carers Service Alliance.

Shared Care Scotland offer services including events, publications and research reports, and an online directory of short break services. As one of six National Carers Organisations they also contribute to the development of policy and best practice for carers. They also operate the Short Breaks Fund on behalf of the Scottish Government, providing grants to third-sector organisations that support unpaid carers to take a break.



Engagement and Participation

Health and Social Care Partnerships are collaborative at heart; they include Councils and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing any new strategy, an HSCP must ensure that all of these stakeholders and partners are fully engaged in the process and have regard to the Health and Social Care Delivery Principles¹⁴. This ensures that a shared approach is taken to the planning of services to deliver the National Outcomes for Health and Wellbeing¹⁵ and to achieve the core aims of integration, which are:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

Many of these principles and outcomes described above clearly go wider than the delivery of support to carers, but how well care and support is provided to patients and service users impacts enormously on the well-being of family and friends that provide day to day care for them. It is essential therefore that we consider the whole system of health and social care when thinking about the needs of carers. That is why the Carers Strategy should be seen as part of a wider programme of improvement and development that is set out in the HSCP Strategic Plan 2022-25.

The COVID-19 pandemic has posed significant challenges regarding participation, engagement and consultation. Whilst wishing to ensure that our engagement to develop and shape the new Carers Strategy was as robust and effective as possible, we prioritised people's health, safety and welfare. In order to do this, the HSCP adopted a blended approach to communication, engagement and consultation that included online as well as in-person elements.

¹⁴ [Scottish Government publications](#)

¹⁵ [Scottish Government Publications](#)



Consultation on the Carers Strategy

In November 2022, the HSCP Board approved the commencement of a period of consultation on the initial summary report that set out its proposed areas for priority action, supported by a Communication, Engagement and Participation Plan.

The consultation exercise commenced in November 2022 and concluded in January 2023. The general responses indicated support with the areas identified for priority development, but with quite detailed commentary on the importance of making improvements happen. It will be the work of the East Dunbartonshire Carers Partnership Group to coordinate improvement activity in support of this strategy.

Set out below is a summary of the consultative comments received:

- The very challenging nature of caring and the difficulty in obtaining all the support to meet carers' needs properly;
- The critical importance of short breaks for carers to recharge and catch up with other things;
- The high regard for the work of Carers Link;
- Recognition of the support and contribution of social work;
- The impact of the reduction of formal support levels during Covid lockdown periods, which have not fully recovered, leaving carers significantly impacted;
- The importance of “checking in” on carer wellbeing regularly, to ensure they are coping;
- The need for better signposting to respite services and eligibility;
- The need for improved transition from childhood to adulthood;
- The consequences of late cancellation of respite support are very impactful and must be avoided wherever possible;
- The importance of carers being involved in their communities and playing a part in improving services.

On the strength of this consultative process, a draft Carers Strategy was prepared building around consensus on the proposed priorities and taking into account the comments received from carers during the engagement exercise. The HSCP Board then approved the commencement of a second round of consultation on this draft strategy at its meeting in March 2023, which generated detailed comments and suggestions that have been indispensable in the final drafting stages. A final Carers Strategy 2023-26 was then prepared for approval by the HSCP Board in June 2023.

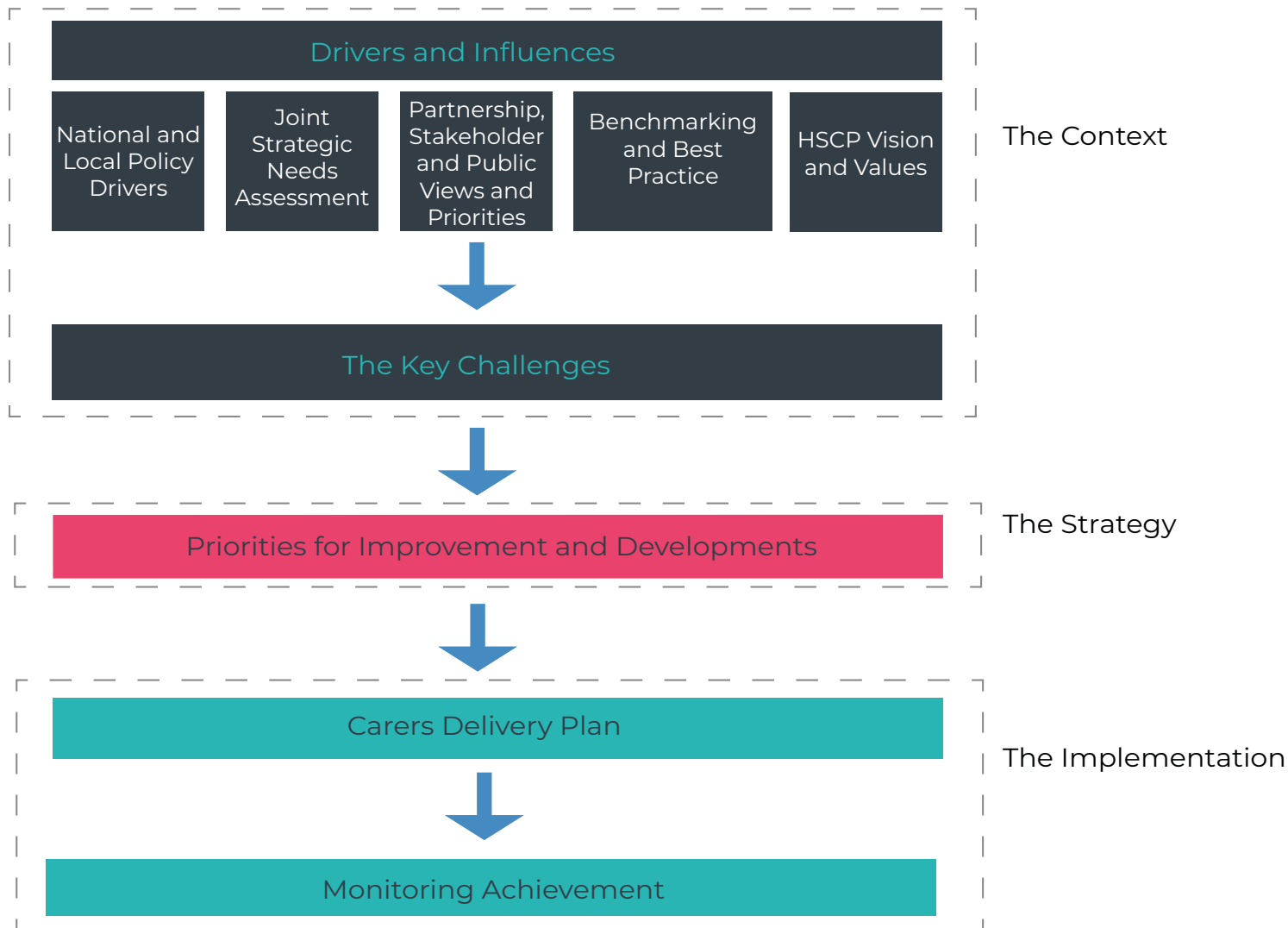
Developing and Agreeing the Priorities

A lot of what the HSCP needs to do to support carers is already set out in national and local policy. But not all HSCP areas are the same. Different HSCP areas have different pressures and population needs. It is important that we ensure that our Carers Strategy reflects what all HSCPs need to do, but also emphasises the priorities that are right for local needs and aspirations.



In preparing this new Carers Strategy, we needed to consider whether our existing priorities are the same or have changed. Changes might be due to new policy or legislation, they might be due to feedback from carers, they might be to take account of successful work that has been done elsewhere, or it may be due to changed circumstances. Since the last Carers Strategy, the COVID-19 pandemic has had an enormous impact on carers, so it will be essential to ensure that these impacts are recognised in the new strategy and plans developed to support carers through and out of the pandemic.

The diagram below illustrates the process that we undertook. The five boxes at the top are the main influences that inform the context of the new Carers Strategy. By analysing these we were able to identify what the priorities should be for us.



The HSCP carried out initial work by looking at the main pressures (or “drivers”) for change and improvement. Analysis of carer numbers and circumstances has also been undertaken to ensure that the Carers Strategy identifies and reflects these local needs in the development of its priorities. We have also looked at what has been included in recent Carers Strategies elsewhere, to help to inform our own thoughts.

Crucially important, we have reviewed the expressed views of carers themselves over recent years, locally and nationally. We found that many of the issues and priorities that have been raised in the past remain really important for carers.

Evolving national policy on carer support and the development of the National Care Service are rapidly developing agendas at the time of writing. This makes it a bit more difficult to predict what the landscape will be like over the period of the strategy and how this may change the action plans and resources available to implement the agreed priorities. As it stands, we have to make plans based upon what we know and what finance has been made available to the HSCP at the time of writing the Carers Strategy. However, if the Scottish Government makes available additional resources to support carers, then this can then be targeted towards accelerating the priorities set out in our local Carers Strategy, which makes it all the more important to get it right.



Carers Strategy Priorities and Delivery Plan 2023-26

After analysing the main policy drivers, the local needs analysis, the priority work being progressed elsewhere and taking into account feedback from the initial consultation survey, we think that the priorities for development and improvement over the next few years should be those set out below. Specific actions associated with these priorities are also set out:

Priority 1 - Better information and advice on formal and informal supports

We want to make it easier for people to recognise themselves as carers and to access support and advice. We aim to achieve this by:

- Developing and publicising clear signposting and pathways for all carers, as a means of navigating services;
- Developing an accessible directory of carers support options and making this available via all partners;
- Promoting Self Directed Support as a mechanism for ensuring choice for carers, the options available to them and how each will work for them.

Priority 2 - Better and earlier identification of carers

By helping people to self-identify as an unpaid carer or by raising awareness so that others can recognise unpaid care, we can open up access to information and support at the earliest opportunity. We aim to achieve this by:

- Carers Link to produce a regular e-bulletin to promote awareness and information for all partners on carer issues;
- Relaunching the Carers Partnership Network Group to maximise participation by all partners;
- Developing closer links with GPs through the review and development of engagement strategies, to help identify carers at the earliest opportunity;
- Delivering an 'Awareness Raising Campaign' led by Carers Link and supported by a communication strategy;
- Continuing the implementation of carer awareness guidance and training for all partners.

Priority 3 - Carers should be involved in planning for their support and that of the cared for person, including hospital discharge

There are duties placed on the HSCP to ensure that carers are involved in decisions that affect them and those they care for. We aim to achieve this by:

- Encouraging and supporting applications for legal powers where appropriate, to provide carers with the authority to act where necessary on behalf of an adult with incapacity;
- Improving digital engagement options, including the use of digital apps, online support plans and digital access;
- Promoting the use of advocacy, by all partners;
- Embedding the 'Discharge Without Delay Programme', to improve pathways through hospital settings and ensure continued engagement and involvement with carers at the point of hospital discharge

Priority 4 - Carers should be supported to continue to care, building on their strengths and assets

Carers are invested in their caring role and wish in the main to continue to care but need support to do so. We recognise this substantial commitment and aim to support this by:

- Embedding Self Directed Support as the default approach for all carers, to enable them to arrange support at a time that sustains their other commitments, including employment;
- Improving opportunities for carers to share information through peer support and by encouraging representation and involvement in community forums, such as ECHO (Every Carer has Opinions) and locality Carer Cafés;
- Improving processes that support the identification of young carers, to ensure they have access to the same opportunities as their peers, with the arrangement of replacement care.

Priority 5 - The choice of support available should be increased to enable Carers to have a balance with life outside of caring

Carers should be able to take breaks from their caring responsibilities in a way that best meets their needs. We aim to achieve this by:

- Continuing to deliver on our Short Break Statement, to ensure carers understand their rights to a break and have information on the breaks available in their area;
- Developing innovative approaches to broaden the type and nature of available short breaks;
- Continuing to work with Shared Care Scotland and other agencies to develop greater availability and choice of short breaks.

Priority 6 - Adult Carer Support Plans and Young Carer Statements uptake should be increased

The Carers Act provides for each carer's right to a personalised plan to identify what is important to them. We aim to achieve this by:

- Supporting local third sector organisations to promote and maximise the uptake of Young Carer Statements and Adult Carer Support Plans;
- Increasing the completion of Young Carer Statements with Children's Social Work, Education and Health Professionals;
- Developing online systems to support the electronic updating of Young Carer Statements and Adult Carer Support Plans.

Priority 7 - Carers health and wellbeing should be prioritised

We want to prioritise and promote the welfare and wellbeing of carers through the implementation of this strategy. We aim to achieve this by:

- Engaging with third sector partners to grow and develop individual trauma informed services, including bereavement support, therapeutic and wellbeing based options;
- Investing in carer access to resources such as the National Wellbeing Hub, East Dunbartonshire Asset Map, local leisure and health services;
- Promoting the awareness and knowledge of suicide prevention and intervention amongst statutory and third sector health and social care professionals and carers;
- Pursuing the development of Adult and Young Carer ID Cards, with associated reward schemes linked to carer-friendly community aspirations.

Priority 8 - The impact of financial hardship and inequality should be recognised

We want to ensure that carers can balance their caring responsibilities with the ability to work, attend education and have a meaningful quality of life beyond caring. We aim to achieve this by:

- Encouraging uptake of the Young Scot Young Carers Card (11+) and the Young Carers Grant (16-18);
- Increasing access to financial support, including the Scottish Carers Assistance payment by engaging with Citizens Advice Bureau (CAB), East Dunbartonshire Voluntary Action (EDVA) and Child Poverty Action Group (CPAG);
- Promoting unpaid carer access to eligible financial support, including by signposting to the Scottish Government Cost of Living Support Scotland website¹⁶, in response to the current cost of living pressures

Priority 9 - Earlier engagement and prevention of crisis should be prioritised

We want to ensure that carers have choice and control and can access preventative support to keep caring situations manageable. We aim to achieve this by:

- Actively undertaking emergency planning with all carers in the development of the support plan and as part of review arrangements;
- Ensuring that the needs of carers are recognised and developed within supporting locality strategies, such as our Dementia, Autism, Learning Disability and Mental Health Strategies, led by existing partnership arrangements;
- Strengthening the implementation of Self Directed Support to improve early intervention.

¹⁶ [Scottish Government Cost of Living Campaign](#)

Priority 10 - Carer-friendly communities should be promoted

We want to foster a profound culture shift to make caring visible, valued and supported by a connected approach across communities and networks. We aim to achieve this by:

- Developing Awareness Raising Campaigns to promote the profile of unpaid care within communities;
- Promoting carer friendly workplaces, policies and Carer Positive Employer Accreditation Schemes aligned with Skills Development Scotland and Skills for Life Learning and Work;
- Applying the East Dunbartonshire HSCP Compassionate Communities Approach, which is being progressed by statutory and third sector partners to advance carer friendly communities;
- Working more collaboratively with housing providers to develop suitable housing options and adaptations which maximise independence, security and choice.

Priority 11 – Adult and Young Carers should be involved in the planning of new services and supports

We will continue to work with partners and people with lived and living experience to make sure that services work for everyone and are accessible and consistent. We aim to achieve this by:

- Promoting access to and membership of the Public, Service User & Carer Representative Group and locality based strategic groups, to increase the direct involvement of carers in decision making;
- Securing the views and experiences of carers to ensure that their voice directly influences decision making, service and strategic development;
- Developing consistent approaches to measure and feedback on the experiences and outcomes of carers;
- Improving analysis of carer data, including unmet need, engagement rates, and carer experience and satisfaction levels.

Priority 12 - The impact of the COVID-19 pandemic for carers should be recognised and prioritised

As we move into the new phase of living with COVID-19, we want to support carers to rebuild confidence and to re-engage with wider communities and services. We aim to achieve this by:

- Continuing to ensure that carers have access to the most current advice and guidance which takes account of their particular needs;
- Recognising the impact of bereavement on carers and considering how we can provide opportunities to commemorate and reflect;
- Promoting and encouraging access to wider services for support such as counselling provided by Carers Link and third sector partners.



What Happens Next?

The priorities for improvement and development set out above will provide the strategic framework for advancing carer support over the next three years. East Dunbartonshire Carers Partnership Group which has representation from social work, health, Carers Link, education, and carers themselves, will be tasked with taking these priorities and actions forward in collaboration with other organisations, groups and networks. Progress will be reported through the HSCP's Public Service User and Carer Group and Strategic Planning Group. Cognisance will be taken each year to overarching Scottish Government policy and financial frameworks.

Acknowledgements

The Health & Social Care Partnership would like to thank all of the carers who have given their time over recent years to attend meetings and events and to those who have shared their experiences and offered their expertise.

In particular, we would like to thank those who have participated directly to the work of the HSCP and the Carers Partnership Group.

We would also like to thank all of our statutory and voluntary partners for their commitment and support to the implementation of the Carers (Scotland) Act 2016 within East Dunbartonshire.

Other formats and translation

This document can be provided in large print, Braille or in audio format and can be translated into other community languages.

Please contact the Council on 0300 123 4510

اس متن کو درخواست کے مطابق چینی، عربی اور ہندی میں بھی پیش کیا جاسکتا ہے۔ براہ کرم 0300 123 4510 پر رابطہ کریں۔

اس متن کو درخواست کے مطابق بڑے فونٹ، برایل اور آڈیو فارمیٹ میں پیش کیا جاسکتا ہے اور اسے دیگر کمیونٹی زبانوں میں بھی تراجم کیا جاسکتا ہے۔ براہ کرم 0300 123 4510 پر رابطہ کریں۔

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TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	290623-7 Agenda Item Number 7
2	Report Title	Carers Strategy
3	Date direction issued by Integration Joint Board	Thursday 29 June 2023
4	Date from which direction takes effect	Thursday 23 March 2023
5	Direction to:	East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes 230323-10
7	Functions covered by direction	Implementation of the Carers' (Scotland) Act 2016
8	Full text of direction	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: <ul style="list-style-type: none"> Support the new Carers Strategy 2023-26, which will be presented for IJB approval in June 2023.
9	Budget allocated by Integration Joint Board to carry out direction	The total budget to support the Carers' (Scotland) Act 2016 is £441,818 in 2022/23.
10	Details of prior engagement where appropriate	There has been engagement with Council and Health Board CMTs and Elected Members as part of statutory consultation on the development of the new Carers Strategy 2023-26 in two phases during November 2022 to May 2023.
11	Outcomes	The development of the Carers Strategy 2023-26 will ensure the provisions of the Carers' (Scotland) Act 2016 (S31-33) are fulfilled in terms of the preparation and publication of a Carers Strategy for the area.
12	Performance monitoring arrangements	The HSCP Carers Partnership Group will take forward the planning the delivery of the Carers Strategy 2023-26 and in doing so will report to the HSCP Strategic Planning Group and Public Service User and Carer Group. Its implementation will also be reported to HSCP SMT.
13	Date direction will be reviewed	March 2026

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/08

CONTACT OFFICER: DAVID AITKEN, INTERIM HEAD OF ADULT SERVICES, TELEPHONE: 0300 123 4510

SUBJECT TITLE: EAST DUNBARTONSHIRE ALCOHOL AND DRUG PARTNERSHIP STRATEGY 2023-25

1.0 PURPOSE

1.1 The purpose of this report is to update the HSCP Board on the Alcohol and Drug Partnership Strategy 2023–25.

2.0 RECOMMENDATIONS

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

- 2.1** Note the content of this Report and approve the proposal to update and extend the Alcohol and Drug Partnership locality strategy for 2023-25.
- 2.2** Approve the directions set out at **Appendix 1**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Scotland's national strategy to address drug and alcohol harms and deaths 'Rights Respect and Recovery' was published in 2018. There are four key objectives as part of this national strategy:
- Prevention and early intervention
 - Developing recovery-oriented systems of care
 - Getting it right for children, young people and families
 - Public health approach to justice
- 3.2** The national strategy's aims were to ensure that fewer people developed problem drug use, and that there was access to effective, recovery focussed and person-centred support. Children and families affected by alcohol and drug use were to be safe, included and supported, and that vulnerable people were diverted from the justice system wherever possible and were fully supported.
- 3.3** Since the publication of the national strategy there have been a series of significant new initiatives including the Scottish Government's National Mission to reduce drug related deaths and harms, the implementation of Medication Assisted Treatment (MAT) Standards to ensure greater consistency and improved treatment and care standards, and initiatives to increase access to rehabilitation services.
- 3.4** In 2020, Alcohol and Drug Partnerships (ADPs) were asked by the Scottish Government to write a new three-year strategy to support the priorities of 'Rights Respect and Recovery'; a local delivery plan was also prepared aligned to the local strategy.
- 3.5** East Dunbartonshire's Alcohol and Drug Partnership Strategy was approved by the HSCP Board and submitted to the Scottish Government in October 2020 covering the period of 2020 – 2023.
- 3.6** In August 2021 Alcohol and Drug Partnerships received a recommendations paper from the Scottish Government and COSLA which emphasised the need for good local strategic planning, governance, strengthened responsibility and accountability. Alcohol and Drug Partnerships were also advised that a new Delivery Plan 'tool' was to be developed in partnership with the Scottish Government and COSLA to reflect the new national priorities developed after the publication of 'Rights, Respect and Recovery' including the National Mission, Whole Family Approach, Medication Assisted Treatment (MAT) Standards, Lived and Living Experience and Residential Rehabilitation.
- 3.7** The proposed Delivery Plan has not been published and Alcohol and Drug Partnerships have been advised that there will be no imminent update or publication of a new national strategy to replace 'Rights, Respect and Recovery'.
- 3.8** A new Annual Report template has been developed by the Scottish Government which we are advised will reflect the new priorities and demands on Alcohol and Drug Partnerships which is due to be circulated to Alcohol and Drug Partnerships in late May 2023 for submission in June/July 2023.
- 3.9** Alcohol and Drug Partnerships sought clarity through recent national forums regarding the preparation of locality strategies in the absence of a new national strategy, and conclusion of locality strategies. Alcohol and Drug Partnerships have

been advised that preparation of a new or extended locality strategy would be a decision to be agreed by individual Alcohol and Drug Partnerships and Health and Social Care Partnerships.

- 3.10** East Dunbartonshire Alcohol and Drug Partnership agreed that the current national strategy continued to reflect local needs subject to the addition of the new national priorities and objectives to include the National Mission, Medication Assisted Treatment (MAT) Standards, lived/living experience and residential rehabilitation, and proposed that an extension to the existing locality strategy was prepared to reflect local need and provide an updated framework for partners in East Dunbartonshire. It is proposed that the extended strategy will run from 2023 until the 31st March 2025 to align with current funding streams.
- 3.11** It is planned that the updated strategy will be prepared and presented to the HSCP board for final approval at the next board meeting.
- 3.12** A similar approach is proposed across Greater Glasgow and Clyde with agreement at the last Greater Glasgow and Clyde Alcohol and Drug Partnership Forum between all six partnerships to ensure consistency of approach across Greater Glasgow and Clyde.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – As 4.1

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None

4.5 Financial Implications – None

4.6 Procurement – The Alcohol and Drug Partnership commission a number of services to support the reduction of drug and alcohol related harm and provision of recovery-oriented services in East Dunbartonshire. These arrangements will remain unaffected by the proposed updated and extended locality strategy.

4.7 ICT – None

4.8 Corporate Assets – None.

4.9 Equalities Implications – An Equalities Impact Assessment will be prepared on the provisions of the updated and extended locality Alcohol and Drug Partnership 2023-25.

4.10 Sustainability – None

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 Limited risk implications: the extension to the Alcohol and Drug Partnership Strategy aligns to NHS Greater Glasgow and Clyde and Scottish Government expectations.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – No statutory duty however approach recommended by Alcohol and Drug Partnership on advice from the Scottish Government.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Extended Alcohol and Drug Partnership Strategy to be prepared for a two-year period 2023-2025.

6.3 **NHS GREATER GLASGOW & CLYDE** – Extended Alcohol and Drug Partnership Strategy to be prepared for a two-year period 2023-2025.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – Direction to Support the extension of the Alcohol and Drug Partnership Strategy required to update previous direction from March 2021 approved by HSCP Board.

7.0 **POLICY CHECKLIST**

7.1 This Report has been assessed against the Policy Development Checklist and as it is a revised policy which will be subject to an Equality Impact Assessment.

8.0 **APPENDICES**

8.1 **Appendix 1** – Direction

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	290623-08 Agenda Item Number 8
2	Report Title	East Dunbartonshire Alcohol and Drugs Partnership Strategy 2023-25
3	Date direction issued by Integration Joint Board	Thursday 29 June 2023
4	Date from which direction takes effect	Thursday 23 March 2023
5	Direction to:	East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes 250321 - 04
7	Functions covered by direction	Alcohol and Drug Partnership / Alcohol and Drugs Recovery Service
8	Full text of direction	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: <ul style="list-style-type: none"> Support the proposal to extend the Alcohol and Drug Partnership Strategy 2023-25. The extended strategy will be presented to the HSCP Board.
9	Budget allocated by Integration Joint Board to carry out direction	Funding for the implementation of the East Dunbartonshire ADP Strategy is provided centrally by Scottish Government.
10	Details of prior engagement where appropriate	Engagement with the Scottish Government, NHS GGC Alcohol and Drug Partnership Leads and consultation with members of the Alcohol and Drug Partnership including all statutory partners and third / voluntary sector partners. Further community engagement and wider consultation is planned.
11	Outcomes	The extension of the Alcohol and Drug Partnership Strategy will ensure that the provisions of the national strategy and updated priorities of the National Mission, Medication Assisted Treatment Standards and Rehabilitation are reflected and fulfilled within the locality strategy.
12	Performance monitoring arrangements	East Dunbartonshire Alcohol & Drug Partnership will take forward the delivery of the strategy reporting to Scottish Government, Public Health Scotland, HSCP Strategic Planning Group and HSCP SMT.
13	Date direction will be reviewed	March 2025

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	29TH JUNE 2023
REPORT REFERENCE:	HSCP/290623/09
CONTACT OFFICER:	KAREN LAMB, HEAD OF SPECIALIST CHILDREN'S SERVICES
SUBJECT TITLE:	MENTAL HEALTH RECOVERY AND RENEWAL PHASE 2 – REGIONAL SERVICES DEVELOPMENTS

1.0 PURPOSE

- 1.1** The purpose of this report is to seek approval in progressing the funded work streams associated with the Scottish Government's Mental Health Recovery and Renewal (MHRR) Plan, phase 2 of the programme. This is specifically in relation to the regional aspects of the MHRR phase 2 and approval is sought to commence the planning of these pathways with West of Scotland CAMHS, and West of Scotland Regional Planning colleagues. The planning process is designed to cover three financial years from 2023/24 to 2025/26.

2.0 RECOMMENDATIONS

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

- 2.1** Note the content of the Report;
- 2.2** Note the proposed development of all regional work streams in phase 2 of the Mental Health Recovery and Renewal plan;
- 2.3** Approve, retrospectively, the submission to the NHS West of Scotland Planning Group of the requested skeleton proposal on how NHSGGC would contribute to, or deliver, the regional aspects of the programme. This skeleton proposal was based on the high level summary outlined at section 3.6 of this report; and
- 2.4** Note the agreement reached to progress plans for the interim arrangement for the adolescent IPCU.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Scottish Government wrote to Health Boards on the 5th May 2020 outlining Phase 1 Mental Health Recovery and Renewal funding of £7.2m (£0.9m related to Waiting List Initiatives for 2 years only so £6.3m on a recurring basis) to focus on four areas for improvement, which centred on implementing the CAMHS and neurodevelopmental specifications and improving access to CAMHS services. Work on these areas is well progressed and, following the alignment and delegation of Specialist Children's Services to East Dunbartonshire Health and Social Care Partnership Board, future reports on the matter will be presented to the Board in due course.
- 3.2** Scottish Government wrote again to Health Boards on the 14th September 2021 to detail further funding and expectations in relation enhancing services including regionalisation to provide a wider range of support by skilled and specialist clinicians, under Phase 2 of the plan. Phase 2 of the Scottish Government's Mental Health Recovery and Renewal Plan has created an opportunity for exciting planning and development work which will improve CAMH Services for children and young people and their families and carers.
- 3.3** Indicative Phase 2 funding for the regional elements is circa £6.2m to provide or plan the regional components of CAMHS. The only existing regional resource within the GGC CAMHS services is the adolescent psychiatric in patient unit (Skye House on Stobhill Campus). The services to be commissioned / enhanced are noted in the table below.

This funding was provided in 2021/22, though due to delays in the project some of this money is still being used to develop services in 2023/24. Final funding figures for the current year and subsequent years are still to be officially confirmed and discussions are ongoing with Scottish Government and West of Scotland CAMHS regional stakeholders

A regional approach is required to progress the work to plan and implement the work streams. There is an established West of Scotland Regional Planning Group for NHS services which holds a coordinating lead role. The draft GGC service delivery proposals were submitted to that group, and, following regional coordination, the final proposal will be submitted to Scottish Government. Progress on the agreed final plan will be monitored and jointly reported between the local and regional structures.

Development	Allocation (£m)
Intensive Psychiatric Care Unit	1.6
Home Intensive Treatment Teams	1.5
Unscheduled Care Team – Out of Hours Psychiatry	1.0
Forensic/Secure Care/Learning Disability CAMHS	0.6
CAMHS Paediatric Liaison Service	1.5
	6.2

Regional Planning Programme

- 3.4** There are nine work streams associated to the Phase 2 MHRR funding, which will require planning and development work, some of which are pan GGC and some regional. This paper only focuses on the five regional work streams.
- 3.5** Planning work has commenced with the West of Scotland CAMHS planning group to gather information on current service provision. The Scottish Government have requested a skeleton proposal on how the region intend to deliver the regional aspects of the programme, including information on service models, care pathways, resources, outputs and outcomes (Appendix 1). This skeleton proposal is due for submission to Scottish Government on 30 June 2023. NHSGGC's draft proposal was based on the below high level descriptors of the work, further developed to meet the requirements of the Scottish Government request. The proposal was scheduled to be considered at the West of Scotland Regional Planning Board on 23rd June 2023, therefore this paper seeks retrospective approval. Should amendment be requested or required there will still be scope to undertake these before final submission to Scottish Government. The West of Scotland Regional Planning Group will undertake that final submission.
- 3.6 Regional Workstreams:**

CAMHS Intensive Psychiatric Care Units (IPCU) – a four bed facility to be delivered on a regional basis hosted by NHS Greater Glasgow and Clyde, on the basis that the new facility is to be adjacent to the existing 24 bed regional adolescent inpatient unit at Skye House.

There are two stages to delivery of the CAMHS IPCU

Stage 1 – delivery of an interim development of an adolescent IPCU in the Stobhill site to ensure this pathway is provided to those young people who need intensive psychiatric inpatient care. This enables delivery of the new regional service within a reasonable time scale with an anticipated go live date identified for early 2024 following completion of required capital works and implementation of a suitable workforce model.

Stage 2 – As the interim provision goes live, planning work will progress on a permanent solution for this development. Engagement with Adult Mental Health and NHSGGC Capital Planning has commenced and ongoing discussions are in place with the regional and national CAMHS colleagues. Regular meetings with West of Scotland Boards via the Regional CAMHS Planning Group will take place to provide regular updates and address any outstanding issues.

Over the next three years, the planning process will cover:

- 2023/24: renovate existing mental health ward on site adjacent to Adolescent Inpatient Unit at Stobhill Hospital (Munro Ward). This provides the interim 4 bed facility, while longer term options appraisal is developed.
- 2024/25: Munro ward will be fully operational with planning and developments ongoing for the permanent adolescent IPCU ward.
- 2025/26: Potential move to the permanent site with fully functioning unit.

Home Intensive Treatment Teams – to be delivered locally at Board level but planned regionally to ensure links to regional and national inpatient services.

NHSGGC already have a robust Intensive Home Treatment Team which has pathways in operation to support young people in and out of the inpatient units. Plans will ensure that an agreement is confirmed with Skye House, WoS adolescent inpatient unit, on the regional care pathway and standards of care provided when linking to each locally delivered Home Intensive Treatment Team.

Over the next three years, plans include:

- 2023/24: establish full staff complement and develop core specification specifically regarding flexible home support for young people and families with eating disorders
- 2024/25: requests specific to pathway be measured in terms of outcomes and feedback for young people and monitor length of stay in service and outcomes around accessing and receiving specialist assessment and in line with MEED guidelines. For home supports measure feedback from young people and parents and measure number of admissions to psychiatric care.
- 2025/26: Develop measurements across the pathway for young people receiving timely treatment and linked to regional inpatient pathway.

Out of Hours Psychiatry – The CAMHS Service Specification requires all territorial boards to have clear arrangements for access to unscheduled multidisciplinary care for under 18 year olds 'in' and 'out of' hours. GGC already have a robust Out of Hours CAMHS service comprised both a nursing, and medical team. Work is ongoing to establish access to CAMHS psychiatrists across the region, during the Out of Hours period. Ensuring medical support to the Unscheduled Care services will:

- potentially avoid admissions
- support appropriate admissions to Regional Adolescent Inpatient Unit
- reduce pressure on adult mental health systems, by reducing demand on them to assess/detain or admit young people

These plans will be delivered over the next three years. A brief outline of this would be:

- 2023/24: establish CAMHS psychiatry across the West of Scotland region
- 2024/25: if resource is available, roll out the on call arrangements across the region with measures in place to monitor activity, level of calls, travel and junior doctor activity.
- 2025/26: maintain the regional service with ongoing activity monitoring.

Forensic / Secure Care / Learning Disabilities CAMHS - Community services are to be developed and delivered regionally with links to local CAMHS services. It is still to be determined which boards will host these services and which service model will be adapted, though it is likely that a hub and spoke model approach will be planned.

It is likely that for the Forensic and Learning Disabilities pathways the service will involve a central hub with one Board providing a supporting role to the other regions. Support will involve specialist professional supervision, provision of consultations, offering clinical expertise and support by joint appointments with acute hospital services.

For CAMHS into Secure Care pathways, there is opportunity to develop a new service. Three of the five secure private providers in Scotland - and all for West of Scotland - are located within GGC. The secure pathway could include rapid access

via request for assistance from secure estate to the secure CAMHS pathway and staffing who can respond to meet needs of young people that are not available within secure estate. This would be offered via Tier 4 services to enable rapid response, specialist mental health assessment and formulation. This model would then enable young people to be supported back to home area with clear assessment and formulation and enable wider multiagency planning with and for young person. However, the details of this are still under discussion and are subject to change as part of the planning process.

These plans will be delivered over the next three years. A brief outline of this would be:

- 2023/24: establish full staff complement via recruitment processes and develop core specification for these pathways, with a launch of the regional services as soon as this allows.
- 2024/25: With the regional service now live, measure responsiveness of service and access in terms of waiting time and measure young person's voice and wishes via outcome measures. Requests specific to the secure pathway to be measured in terms of outcomes and feedback for young people and estate, monitor length of stay in service and outcomes around accessing and receiving specialist assessment prior to any movement outwith secure estate and in line with secure care pathway standards
- 2025/26: Develop and receive feedback on transition pathways in and out of inpatient care and develop the role of pharmacy in LD and Forensic pathways. Develop measurements across region for young people receiving timely treatment and feedback from regional partners in the case of the pathway development in and out of secure estate.

CAMHS Paediatric Liaison Service – there are a range of national, regional and local acute paediatric services and therefore the arrangements for provision of CAMHS liaison will require national, regional and local elements. NHS GGC currently has a 24/7 CAMHS Liaison Psychiatry service covering all acute sites covering 0-18 years. Regional planning for this service will focus on developing measurements across the region for young people receiving timely treatment and feedback from regional / wider partners including transition pathways outwith GGC to wider network of board areas.

Over the next three years, the planning process will cover:

- 2023/24: establish full staff complement and develop core specification specifically regarding transition pathways outwith GGC to wider network of board areas
- 2024/25: requests specific to the liaison pathway to be measured in terms of outcomes and feedback for young people and monitor length of stay in service and outcomes around accessing and receiving specialist assessment prior to any movement from the hospital estate and in line with MEED guidelines
- 2025/26: Develop measurement across region for young people receiving timely treatment and feedback from regional / wider partners in terms of transition pathways

3.7 The planning process for the Phase 2 regional services are at a very early stage and East Dunbartonshire HSCP are asked for approval for Specialist Children's Services to continue to develop proposals for this funded work, in collaboration with West of Scotland CAMHS colleagues. Regular updates on this work will be provided to the Board as it progresses. Discussions with the West of Scotland region and Scottish

Government, through the monthly Board engagement sessions, will also continue to support the delivery of this programme of work.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.1 Frontline Service to Customers – The development of the MHRR Phase 2 regional services has created an opportunity for exciting planning and development work which will improve CAMH Services for children and young people and their families and carers.

4.2 Workforce (including any significant resource implications) – The development of the MHRR Phase 2 regional services has workforce implications and there will be workforce planning undertaken in relation to each area, with input from NHS staff side representatives.

4.3 Legal Implications – None.

4.4 Financial Implications – The programme of MHRR Phase 2 regional work requires to be carried out within the financial envelope provided by Scottish Government for this purpose. However, the recurring funding allocations from SG have yet to be confirmed for 2023/24 to support this programme. Proposals for service delivery models are being developed and will be considered at the regional planning forums before final submission to SG. There may be elements which are beyond the original indicative allocations which will require additional funding to be made available to support delivery of these proposed models on a regional basis.

4.5 Procurement – None.

4.6 ICT – None.

4.7 Corporate Assets – None.

4.8 Equalities Implications – None.

4.9 Sustainability – None.

4.10 Other – None.

5.0 MANAGEMENT OF RISK

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

- 5.1** The programme of MHRR Phase 2 regional work will be overseen by the West of Scotland regional Planning Group and locally by the NHSGGC Specialist Children's Services CAMHS Planning and Performance Group. Which will include a process to capture and review any risks, supported by a project plan.

6.0 IMPACT

- 6.1 STATUTORY DUTY** – None

- 6.2 EAST DUNBARTONSHIRE COUNCIL** – None.

- 6.3 NHS GREATER GLASGOW & CLYDE** – A direction is required to NHSGGC to progress the required submission of outline MHRR Phase 2 regional proposals in line with the high level summary outlined within this report.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

- 8.1 Appendix 1** – CAMHS Improvement – Regional Delivery Of The National CAMHS Service Specification – Planning Process And Next Steps

- 8.2 Appendix 2** – Direction



NHS Directors of Regional Planning
NHS Chairs of Regional Planning Groups
Directors of Finance, NHS Boards

Copy to:
Chief Finance Officers, Integration Joint Boards
Chief Executives, NHS Boards
CAMHS and Neurodevelopmental Managers
Mental Health NHS Board Leads

By Email

17 May 2023

Dear Colleague,

CAMHS IMPROVEMENT – REGIONAL DELIVERY OF THE NATIONAL CAMHS SERVICE SPECIFICATION – PLANNING PROCESS AND NEXT STEPS

Overview

As you will be aware, the Scottish Government published its draft [2023-24 Budget](#) on 15 December 2022, which was subsequently approved by the Scottish Parliament on 21 February 2023.

The 2022-23 Mental Health Outcomes Framework letter of 16 December 2022, outlined the process for allocation of future funding to support the delivery of the regional and national elements of the [National Child and Adolescent Mental Health Service \(CAMHS\) Specification](#) and our approach to the planning and funding of this work to continue to develop CAMHS over the course of this Parliament. The aim continues to be to ensure we increase access to CAMHS for the most vulnerable children and young people who experience the highest risks, increase capacity and support essential improvements to the service.

The regional and national elements excluded from the Mental Health Outcomes Framework allocation, and therefore to be funded separately, are:

- Access to CAMHS Intensive Home Treatment and Urgent Care;
- Access to CAMHS and, in particular, Child & Adolescent Psychiatry for children and young people who receive urgent care out of usual working hours;
- CAMHS for children and young people who have learning disabilities, forensic and youth justice needs, and young people in secure care and the national young offenders institution (HMYOI Polmont);
- CAMHS for children and young people receiving care and treatment in acute hospitals.
- Establishment of regional Intensive Psychiatric Care Units (IPCUs) in NHS Tayside, Lothian and Greater Glasgow and Clyde.

Further detail about the regional working requirements for each of these workstreams is outlined below.

A separate letter will be issued simultaneously regarding the planning process for the regional Intensive Psychiatric Care Units (IPCU). This letter will be issued directly to NHS Boards hosting the IPCUs, as agreed following the publication of the [Review of Intensive Psychiatric Care provision for young people](#) – NHS Tayside, Lothian and Greater Glasgow and Clyde – and will outline a similar process for planning and next steps.

Ask of NHS Boards

In order for Scottish Government to begin to determine funding requirements to the end of the parliamentary term (end of March 2026) based on need and delivery of outcomes, I ask that you **submit proposals on how you intend to deliver the regional aspects of the CAMHS Service Specification**, as outlined above. A basic template for proposals is included at **Annex A** – please add additional elements to the template if appropriate for your region.

Each proposal should include:

- Proposals for service models, pathways, standards of care, phasing, outputs and outcomes to be achieved in each pathway;
- An analysis of current provision, including existing staffing and budget in each of the pathways and boards in the region, and gaps based on the proposed service models;
- A plan which is delivered over the next 3 financial years (to 2025/26) including the service elements for each pathway per board and the costs for each board within the region;
- Arrangements for governance, quality monitoring and reporting, performance reporting and regular review at a regional level;
- Timeline and process for approval from the Regional Planning Group in each region.

It would be helpful, to support the Scottish Government's budget approval process, if indicative costs associated with this work could be provided **by 30 June 2023** – this should be in the form of a skeleton proposal outlining proposed service models, staffing, budget requirements and phasing. These proposals should be submitted to Elaine Kelley (elaine.kelley@gov.scot), Senior Policy Manager for CAMHS Improvement **by 30 June 2023**.

Regional Programme Management resource

NHS Directors of Regional Planning are in the process of recruiting Regional Programme Management Planning Support Teams to support boards in developing and co-ordinating regional proposals. Letters of assurance for 2023-24 budget associated with this resource were allocated to Directors of Regional Planning on 1 March 2023 with the expectation this would allow them to progress with planning and recruitment of resource. You should contact your Director of Regional Planning if you have any questions with regard to this resource. Contact details are provided below:

- **West of Scotland** – Fiona Mackay (fiona.mackay2@ggc.scot.nhs.uk), Director of Planning, NHS Greater Glasgow and Clyde; Neil Ferguson, Director of Regional Planning (neil.ferguson2@ggc.scot.nhs.uk)
- **North of Scotland** – Jim Cannon (james.cannon2@nhs.scot), Director of Regional Planning, North of Scotland
- **East/South of Scotland** – Colin Briggs (colin.briggs@nhslotian.scot.nhs.uk), Director of Planning, NHS Lothian; Peter McLoughlin, Interim Director of Regional Planning (peter.mcloughlin@nhslotian.scot.nhs.uk)

Regional working requirements

As noted above, the workstreams to be planned and delivered on a regional basis are:

- **CAMHS Intensive Home Treatment Teams and Urgent Care** – to be delivered locally but within agreed clinical care pathways and standards in partnership with regional adolescent Inpatient Units (IPUs), and the National Child IPU. We recommend that the business case including the pathway, standards, workforce and financial plan be developed regionally with the support of the new Regional Planning Support Teams and agreed at Regional Planning Groups.
- **Access to Child & Adolescent Psychiatry for children and young people who access urgent care out of usual working hours** – to build capacity to enable urgent care response teams to have access to input and expertise from Child & Adolescent Psychiatry where necessary. **This will include support to local decision makers where children and young people require support and treatment using the Mental Health (Scotland) Act.** This should be provided by a range of means including remotely via telephone or video call.
- **CAMHS for children and young people who have learning disabilities, forensic and youth justice needs, and young people in secure care and the national young offenders institution (HM/YOI Polmont)** – via regional multidisciplinary teams providing consultation, advice, training and support to local CAMHS services – and direct intervention for children and young people with the most complex needs. Boards in each region should discuss and agree the local delivery arrangements informed by the evidence, local needs and national guidance. We recommend that the delivery arrangements, regional care pathway and standards of care be developed with the support of Regional Planning Support Teams and approved by Regional Planning Groups.
- **CAMHS for children and young people who are receiving care and treatment in acute hospitals** – there are a range of national, regional and local acute paediatric services provided across acute care and therefore the arrangements for provision of CAMHS within acute hospitals will require national, regional and local elements. We recommend that the proposed delivery arrangements, care pathway and standards of care be planned regionally and agreed at Regional Planning Groups.

There are a range of National Advisory Groups established and supported by Scottish Government for workstreams and we have included contact details in **Annex B**. Scottish Government policy leads and the National Professional Advisor for Children and Young People's Mental Health will offer support and advice to Regional Planning Support Teams and via Regional Directors of Planning.

We are grateful for the valuable work that you do in partnership with Scottish Government's Mental Health Directorate and for the effort that has gone into developing plans to continue service development activities over the last two years. I know how important it is for your organisation to have some clarity in terms of your future budget, so you can plan your activity and provide reassurance to your board, your staff and the people you support.

Scottish Ministers have outlined their commitment to continue funding for CAMHS to ensure sustainable long term improvements can be made to the service and to ensure that children and young people have access to the right support, when they need it most. We are committed to ensuring that funding will be provided to CAMHS by the end of this Parliamentary term to enable full implementation of the CAMHS Specification.

Scottish Ministers are similarly committed to supporting Boards, Local Authorities and Third Sector organisations to improve neurodevelopmental services for children and young people through the implementation of the [National Neurodevelopmental Service Specification](#) for children and young people. Funding will be allocated to NHS Boards to support this work via the Mental Health Outcomes Framework.

Mental Health Directorate are still in the process of planning budget allocations for 2023-24. However, receiving your skeleton proposals **by 30 June 2023** will assist us in forward planning. Recognising the ongoing financial challenges facing all parts of the public sector, we are aware that some regional service developments will need to be phased. This will be year 1 of a 3 year programme. We issued a letter of assurance for Regional Planning Support Teams for a period of 2 years initially, with an annual review to consider progress and support requirements as the programme develops into year 3. Funding is subject to Ministerial agreement and Scottish Parliament's approval of the annual Scottish budget. However, for planning purposes, funding is expected over a 3 year period.

We hope this provides an increased level of clarity around our longer term agenda for investing in CAMHS and would encourage you to plan on this basis.

Final allocation letters will be issued once formal proposals have been received from regions as per template at **Annex A**.

I hope that this letter has been helpful, and I would be grateful if you could pass this letter on to any relevant interests within your organisations.

If you have any questions, please contact Elaine Kelley in the Scottish Government's Mental Health Division at elaine.kelley@gov.scot.

Best wishes and we look forward to working with you.



Gavin Gray
Deputy Director, Improving Mental Health Services, Scottish Government

CAMHS REGIONAL PLANNING TEMPLATE:

To be returned to Elaine Kelley (elaine.kelley@gov.scot) **by 30 June 2023.**

Existing provision/resources	
What is the current level of service provided in each pathway for each board?	
What is the current level of resource (budget and staffing) deployed for each pathway in each board?	

Region:	
Date of completion:	
Regional lead contact:	<i>(This may be Regional Programme Manager once in post, or other key lead)</i>
Director of Regional Planning:	
Process of governance and approval from Regional Planning Groups:	<u>What is the process?</u> <u>What is the proposed timescale?</u>

NB: Skeleton proposals for each pathway should contain description of: Service Model; Care Pathway; Resource required (staffing and budget); Phasing (from 2023/24 to 2025/26); Outputs (activity, volume etc) and Outcomes (using the CAMHS Service Specification as a guide).

Regional Workstreams				
	Delivery and Outcomes Year 1 (2023-24)	Delivery and Outcomes Year 2 (2024-25)	Delivery and Outcomes Year 3 (2025-26)	Host/Lead Board
Intensive Home Treatment Teams and Urgent Care				
TOTAL COST (per year)	£	£	£	
Access to CAMHS for Children and Young People who receive urgent care OoH – in particular, Child & Adolescent Psychiatry.				
TOTAL COST (per year)	£	£	£	

CAMHS for children and young people with Learning Disabilities, Forensic needs and risks, and young people in secure care and the young offenders institution.				
TOTAL COST (per year)	£	£	£	
Access to CAMHS for children and young people receiving acute hospital care.				
TOTAL COST (per year)	£	£	£	
TOTAL OVERALL (per year)	£	£	£	

Additional comments:

NATIONAL ADVISORY GROUPS – CONTACT DETAILS

Group	Lead contact in Scottish Government
National Learning Disabilities CAMHS Advisory Group	Donna Munro, Clinical Project Manager for CAMHS Community Pathways donna.munro@gov.scot
National Forensic and Secure Care CAMHS Advisory Group	Donna Munro, Clinical Project Manager for CAMHS Community Pathways donna.munro@gov.scot
National Discussion for Intensive Psychiatric Care Units (IPCUs)	Donna Munro, Clinical Project Manager for CAMHS Community Pathways donna.munro@gov.scot

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	220623-09 Agenda Item Number 9
2	Report Title	Mental Health Recovery And Renewal Phase 2 – Regional Services Developments
3	Date direction issued by Integration Joint Board	Thursday 29 June 2023
4	Date from which direction takes effect	Thursday 29 June 2023
5	Direction to:	Greater Glasgow & Clyde NHS Board
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	no
7	Functions covered by direction	Submission of outline proposals to deliver the regional components of the CAMHS Mental Health Recovery and Renewal Phase 2 Regional Services
8	Full text of direction	The IJB hereby directs Greater Glasgow & Clyde NHS Board to: <ul style="list-style-type: none"> Note retrospective approval to the submission to the NHS West of Scotland Planning Group of the requested skeleton proposal on how NHSGGC would contribute to, or deliver, the regional aspects of the programme. This skeleton proposal was based on the high level summary outlined at section 3.6 of the report
9	Budget allocated by Integration Joint Board to carry out direction	The total budget relating to the MHRR P2 work is to be contained within the 6.2m allocated to for this purpose.
10	Details of prior engagement where appropriate	There has been engagement with NHSGGC Specialist Children’s Services CAMHS Planning and Performance Group, NHS Corporate Management Team (on IPCU aspect), the West of Scotland CAMHS Group and the West of Scotland Regional Planning Group.
11	Outcomes	Submission of the high level proposals through the West of Scotland Regional Planning group which will enable confirmation to be received from Scottish Government that the plans can progress which in turn offer the opportunity to provide an opportunity for planning and development work which will improve CAMH Services for children and young people and their families and carers.

12	Performance monitoring arrangements	The ongoing delivery of the MHRR P2 work will be overseen by the West of Scotland Regional Planning group and locally by the NHSGGC Specialist Children's Services CAMHS Planning and Performance Group and reported to the HSCP Board at regular intervals.
13	Date direction will be reviewed	June 2024

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29th JUNE 2023

REPORT REFERENCE: HSCP/290623/10

CONTACT OFFICER: ALAN CAIRNS / ALISON WILLACY, PLANNING
PERFORMANCE & QUALITY MANAGER

SUBJECT TITLE: HSCP ANNUAL PERFORMANCE REPORT
2022-23

1.0 PURPOSE

1.1 The purpose of this report is to present for consideration and approval the HSCP Annual Performance Report 2022-23, that sets out progress towards the delivery of its Strategic Plan and in pursuance of the National Health & Wellbeing Outcomes.

2.0 RECOMMENDATIONS

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

- 2.1** Considers the HSCP Annual Performance Report 2022-23 at **Appendix 1**.
- 2.2** Approves the Annual Performance Report 2022-23 for publication.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 places an obligation on Integration Joint Boards to publish a performance report annually, for publication by 31 July each year. The minimum contents of annual performance reports are prescribed in regulation and guidance and include:

- a) An assessment of performance in relation to the national health and wellbeing outcomes.
- b) A description of the extent to which the arrangements set out in the strategic plan and the expenditure allocated in the financial statement have achieved, or contributed to achieving, the national health and wellbeing outcomes;
- c) Information about the integration authority's performance against key indicators or measures in relation to the national health and wellbeing outcomes over the reporting year and 5 preceding years where complete);
- d) Financial planning and performance;
- e) Best value in planning and carrying out integration functions;
- f) Performance in respect to localities;
- g) Inspection and regulation of services.

3.2 An Annual Performance Report for 2022-23 is set out at **Appendix 1** for consideration and approval.

3.3 Public Health Scotland have advised that the primary source of data for some national indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2022; this ensures that these indicators are based on the most complete and robust data currently available. Accordingly, full 2022 calendar year data is used as a proxy for 2022-23 data for these indicators, with previous years based on financial year data.

3.4 This Annual Performance Report follows a revised format from previous years, in order to reflect the structure and priorities of the overarching Strategic Plan 2022-25. It also aims to provide an improved approach to measuring success, both quantitative and qualitative. The document also highlights examples of innovative practice that the HSCP teams and services have delivered during the year, aimed at improving personal outcomes.

3.5 The report illustrates the magnitude of the pandemic over the period since March 2020, with services and service users continuing to experience impact, particularly during the winter period.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention

4. Public Protection
5. Supporting Carers and Families
7. Post-pandemic Renewal
8. Maximising Operational Integration

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

- 4.2 Frontline Service to Customers – None
- 4.3 Workforce (including any significant resource implications) – None
- 4.4 Legal Implications – The publication of the HSCP Annual Performance Report meets duties set out in Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 4.5 Financial Implications – none.
- 4.6 Procurement – none.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – none.
- 4.10 Sustainability – none.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – The publication of the HSCP Annual Performance Report meets duties set out in Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – None
- 6.3 **NHS GREATER GLASGOW & CLYDE** – None.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – None

7.0 **POLICY CHECKLIST**

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

8.0 APPENDICES

8.1 Appendix 1 – HSCP Annual Performance Report 2022-23

Annual Performance Report 2022/23



CONTENTS

Introduction

Part 1 Strategic Planning and Delivery

Part 2 How Well Are We Achieving Our Priorities

Part 3 How Well Are We Developing Our Enablers

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Part 5 Hosted Services

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Part 7 Financial Performance

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Annex 1 National Outcomes and Local Strategic Priorities & Enablers

Annex 2 Care Inspectorate Evaluations – Local Services

Annex 3 Comparative Income & Expenditure 2015/16 – 2022/23

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Annex 5 Notes on Performance Data Methodology

Introduction

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

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

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

In addition, we have included information on:

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

Our Priorities

The pressure on delivering health and social care has continued to be intense throughout the period of this report, due in part to the continuing impact and consequences of the Coronavirus pandemic. With fluctuating emergency response arrangements and the impact on services and staffing levels, the HSCP has had to continue to adapt to a fast pace of change and respond quickly to frequently changing circumstances and regulations. This was particularly felt during the winter months, when pressure on services was exceptional, contributed to by a return to high influenza rates and the rebounding of demand that was inevitably under-presented during successive periods of lockdown. It is clear that it will take a period of time for health and social care capacity to rebalance and recover from the impact of the last three years.

The HSCP and its staff have risen to these challenges and have continued to work to support the most vulnerable people in our community and promote social justice, equality and safety. Our considerable achievements and innovative practice this year are evident in this report. It is also important to note that the pandemic has affected our ability to deliver some of our regular performance targets, due to the impact on services and staff. Where targets have been achieved, it is also important to recognise the external influences that may have impacted on these achievements. For this reason, the review of

performance in 2022/23 has to be viewed through the lens of the unique set of circumstances that we have all been living through.

Our focus over the last 12 months has also been to align our priorities to our new HSCP Strategic Plan 2022/25, so this Annual Performance Report will look a little different to previous years, as we have structured it to reflect our new strategic priorities and enablers. Our overall aim continues to be to ensure the people of East Dunbartonshire receive the best service possible in a way that is fair, responsive and person-centred.

We were reminded through our Staff Award nominations this year of the outstanding work delivered on a daily basis by our committed workforce, that so consistently go the extra mile for the people that they support. It felt particularly special to be able to hold the Awards ceremony in person this year, after such a challenging period for everyone.

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



Jacquie Forbes

Chair
East Dunbartonshire
HSCP Board



Caroline Sinclair

Chief Officer
East Dunbartonshire
HSCP

Part 1. Strategic Planning and Delivery

Strategic Plan

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

In January 2022, the HSCP Board approved a new HSCP Strategic Plan for the period 2022/25¹. This new plan reflects on the progress the Partnership has made and sets out the strategic direction for the next three years. Our vision remains unchanged, and our refreshed strategic priorities continue to reflect and support delivery of the national outcomes. Demonstrating our achievement towards these will be the focus of annual performance reporting from this year.

However, it is important to acknowledge that the landscape of health and social care has changed markedly in the few short years since the last plan was published. Our aspiration to improve and develop services and partnerships in our 2018/21 Strategic Plan was affected significantly by financial pressures, which were shared with the Health Board and Council. This was compounded by increasing demand pressures, both in terms of increasing volume and increasing complexity of levels of care. The impact of the Covid-19 pandemic has been substantial and may continue to be felt over the full period of our Strategic Plan 2022/25.

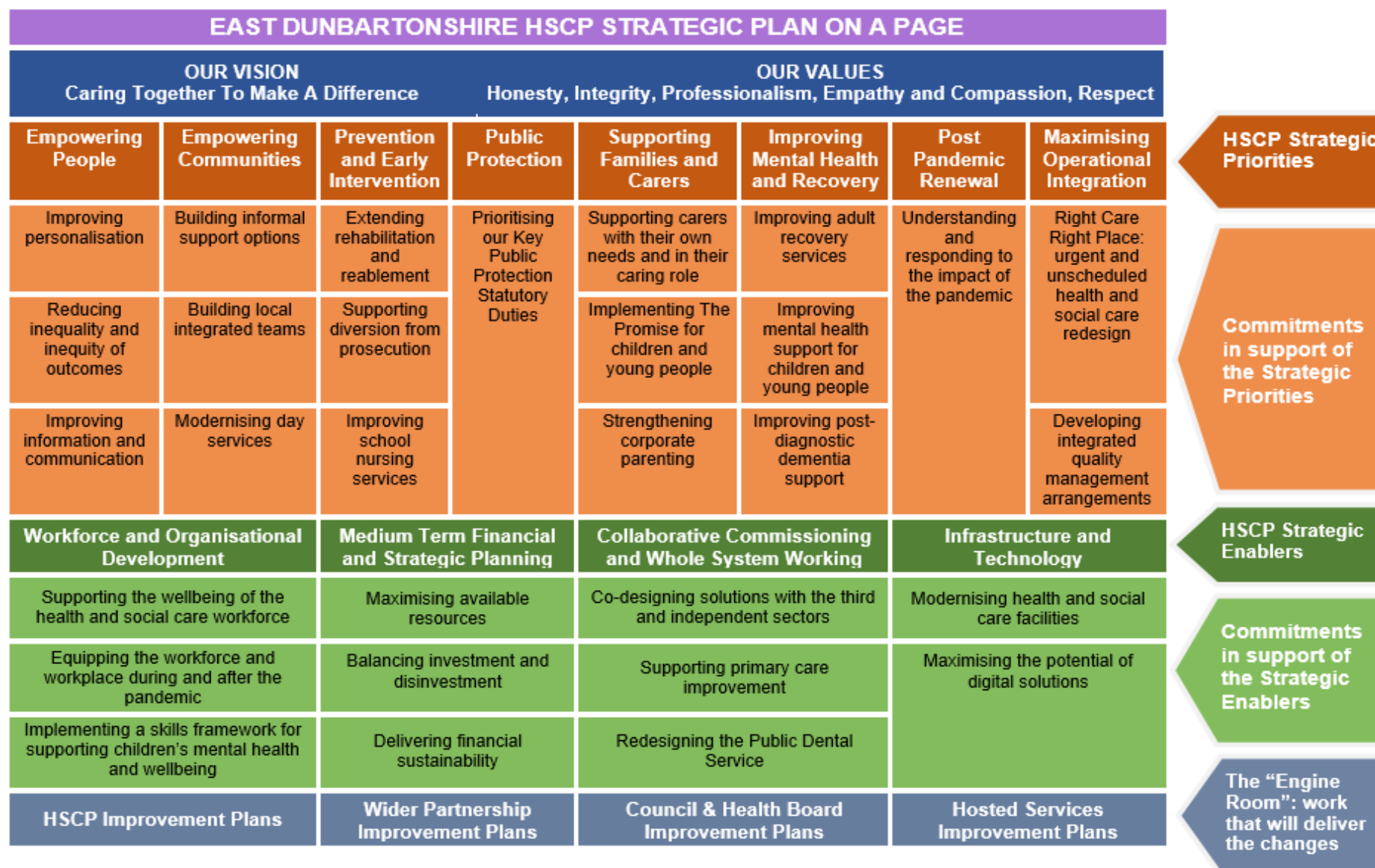
For these reasons, our Strategic Plan 2022/25 has aspirations based on the realities of the pressures being faced in the health and social care sectors and building towards a fair, equitable, sustainable, modern and efficient approach to service delivery. Some of these areas of redesign will take longer than the period of the Strategic Plan to deliver. Without new resource streams, any requirement to invest further in one service area will require greater efficiency or disinvestment in another. Implementing the Plan will also continue to be based on certain assumptions and dependencies that can in reality be fragile. Our overall focus will be to:

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

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

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

The illustration below provides an overview of the Strategic Plan 2022-25. It shows the relationship between the strategic priorities and enablers and the actions that will be taken forward in support of these.



Annual Delivery Plan

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

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

There were a total of 31 initiatives to be taken forward within the Delivery Plan during 2022/23. Many of these initiatives are expected to take more than one year to complete. By the end of 2022/23, progress towards these projects were as follows:

- 24 were successfully completed.
- 1 was programmed to continue beyond 2022/23, but were on track for completion within their overall timescales.
- 6 were reported to be at risk of delay and will be carried forward into the 2023/24 Delivery Plan or into the Heads of Service Delivery Plan for 2023/24.

A summary of the completed Annual Delivery Plan 2022/23 is set out below, with more detail provided in the priority sections later in the report:

HSCP ANNUAL DELIVERY PLAN 2022/23: PROGRESS

Initiative	Strategic Plan Priority	Strategic Plan Commitment	National Outcome
Initiatives Successfully Completed By End 2022/23:			
Develop an HSCP Public Health Strategy and refresh objectives for Public Health Improvement Team	Empowering People	Reduce inequality and inequity of outcomes	1, 2, 3, 4, 5, 6, 7, 9
Redesign of HSCP website	Empowering People	Improving information and communication	1, 2, 3, 4, 5, 6, 7, 9
Increase uptake of support at a distance	Empowering People	Improve Personalisation	1, 2, 3, 4, 5, 6, 7, 9
Learning Disability: service review, action plan and implementation	Empowering Communities	Modernising day services	1, 2, 3, 4, 5, 6, 9

Initiative	Strategic Plan Priority	Strategic Plan Commitment	National Outcome
Develop a Social Support for Older People Strategy	Empowering Communities	Modernising day services	1, 2, 3, 4, 5, 6, 9
Refresh HSCP Locality Plans	Empowering Communities	Building local integrated teams	1, 2, 3, 4, 5, 6, 9
Identify a staff base in the West locality	Empowering Communities	Building local integrated teams	1, 2, 3, 4, 5, 6, 9
Review and redefine operational approaches to community-led support	Empowering Communities	Building informal support options	1, 2, 3, 4, 5, 6, 9
Prioritise Public Protection	Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection	4, 5, 7
Delivery of Year 2 of Children's House Project	Supporting Families and Carers	Strengthen corporate parenting	1, 2, 3, 4, 5, 6, 7
Review and update HSCP Carers Strategy	Supporting Families and Carers	Supporting carers with their own needs and in their caring role	1, 2, 3, 4, 5, 6, 7
Implementation of "The Promise"	Supporting Families and Carers	Implementing The Promise for children and young people	1, 2, 3, 4, 5, 6, 7
Review current model of Post Diagnostic Support delivery	Improving Mental Health and Recovery	Improve post-diagnostic support for people with dementia	1, 2, 3, 4, 5, 6, 7
Implement the Children and Young People's Mental Health and Wellbeing Framework	Improving Mental Health and Recovery	Improve mental health support for children and young people	1, 2, 3, 4, 5, 6, 7
Review accommodation arrangements in line with Scottish Government guidance and alongside Health Board and Council policies	Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	1, 4, 5, 8, 9
Develop and implement an organisational	Post Pandemic Renewal	Understanding and responding to the	1, 4, 5, 8, 9

Initiative	Strategic Plan Priority	Strategic Plan Commitment	National Outcome
development plan in support of staff orientation back to buildings		impact of the pandemic	
Address the backlog in unpaid work services, as alternative to custodial sentences	Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	1, 4, 5, 8, 9
Review mainstream Covid-19 testing procedures and implement in line with requirements.	Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	1, 4, 5, 8, 9
Refresh and streamline Personal Protective Equipment (PPE) arrangements	Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	1, 4, 5, 8, 9
Develop and implement a Joint Commissioning Plan for Unscheduled Care	Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	3, 4, 7, 8, 9
Deliver a range of measures to support staff wellbeing.	Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	3, 4, 7, 8, 9
Develop an Annual Delivery Plan for 2022/23	Medium Terms Financial and Strategic Planning	Balancing investment and disinvestment	1, 2, 3, 4, 5, 6, 7, 8, 9
Review the engagement framework in support of collaborative approaches with third and independent sector providers	Collaborative Commissioning	Co-designing solutions with the third and independent sectors	1, 2, 3, 4, 5, 6, 7, 8, 9
Develop and implement an HSCP Property Strategy	Infrastructure and Technology	Modernising health and social care facilities	2, 5, 7, 9

Initiatives with longer term timescales that were on track at end of 2022/23:			
Conclude implementation of the Primary Care Improvement Plan Memorandum of Understanding (2)	Collaborative Commissioning	Supporting Primary Care Improvement	1, 2, 3, 4, 5, 6, 7, 8, 9
Initiatives with longer term timescales that were delayed at end of 2022/23:			
Develop a compassionate communities model in East Dunbartonshire	Empowering Communities	Building informal support options	1, 2, 3, 4, 5, 6, 9
Review of Community Occupational Therapy and Reablement services across the HSCP	Prevention and Early Intervention	Extending rehabilitation and re-ablement	1, 2, 4, 5, 6, 9
Review of commissioned mental health and alcohol and drugs services. Develop action plan for reshaping of services	Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	1, 2, 3, 4, 5, 6, 7
Implement the recommendations from the Public Dental Service review Programme Board	Workforce and Organisational Development	Redesigning the Public Dental Service to support the right care is being delivered in the right place at the right time	1, 2, 3, 4, 5, 6, 7, 8, 9
Review HSCP organisational structures	Medium Term Financial and Strategic Planning	Maximising available resources	1, 2, 3, 4, 5, 6, 7, 8, 9
Implement 22/23 Digital Action Plan	Infrastructure and Technology	Maximising the potential of digital solutions	1, 2, 3, 4, 5, 6, 7, 8, 9

PERFORMANCE MANAGEMENT FRAMEWORK

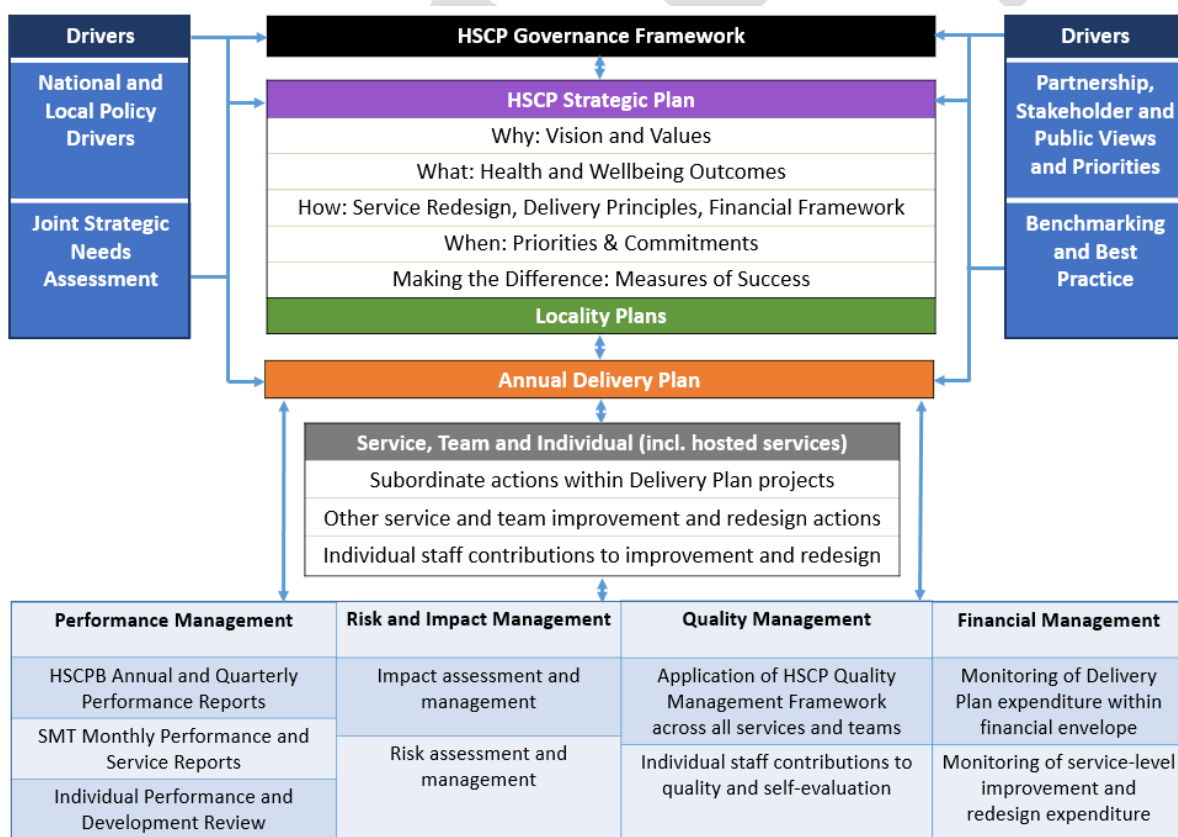
The HSCP has a Performance Management Framework in place that sets out how it measures, monitors and continuously seeks to improve what it does. This is designed to ensure confidence at all levels that it knows how well it is performing, that it knows what should improve and how, and that it knows the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

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

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

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

Fig 1: Improvement Planning and Organisational Alignment



A Framework for Community Health and Social Care Integrated Services

In November 2019, the Scottish Government published A Framework for Community Health and Social Care Integrated Services² which was designed to inform the development of local transformation plans, drawing on what has been found to be effective through impact evaluation. We used this document to support the preparation of our Strategic Plan 2022-25. It inspired the Strategic Plan's structure that distinguishes strategic priorities from strategic enablers, it provided a checklist for consideration when setting out our programme of action and it provided a foundation of evidence-based approaches to improving service user, informal carer and organisational outcomes. The progress set out in this Annual Performance Report therefore aligns itself strongly with the provisions within the Framework.

DRAFT

² [a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf \(hscscotland.scot\)](#)

Part 2. How Well Are We Achieving Our Priorities?

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

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



Empowering People

Our Highlights

Adoption of a range of digital solutions to support self-management.	A refreshed Public Health Strategy developed and approved.
New Public Protection website launched, providing more intuitive and accessible information and advice.	Adults with Incapacity Procedures updated and supported with joint training.

Our Progress

Objectives for 2022/25	Progress in 2022/23
<i>Commitment: Improving Personalisation</i>	
Embed and further develop digital solutions, to support self-management (Redesign).	<p>There has been an increase in the technological and digital options available to support self-management and provide support at a distance. These have included:</p> <ul style="list-style-type: none"> • Ask Sara (online equipment ordering for service users); • Remote diabetic monitoring; • Remote Blood Pressure monitoring; • Electronic Medicines Management (EMAR) piloted within homecare; • Techni-Care project delivery (self-monitoring, self-management of an individual's health status, maximising physical activity); • "Attend Anywhere" video and tele conferencing for Cognitive Behavioural Therapy consultations

Objectives for 2022/25	Progress in 2022/23
	<p>and use by Community and Primary Care teams;</p> <ul style="list-style-type: none"> • The successful use of “Mind of My Own” app by looked after children to self-report how they are feeling; • The trial of “SOL Connect” to provide support to people living in their own homes remotely. • Progress towards analogue to digital transition for Telecare / Community Alarms, in preparation for the switchover in 2024. <p>Work with the Scottish Government to support a local digital maturity assessment to inform our action plan, has not materialised as planned. The HSCP is now looking to participate in a national programme to reflect our readiness and capabilities to take forward the digital agenda.</p>
<p>Further develop person centred, rights-based, outcome focused approaches (Improvement).</p>	<p>In response to the Mental Welfare commission Report “Authority to Discharge” and its recommendations, the HSCP developed and fully implemented an action plan during 2022/23. Our Adults with Incapacity Procedures were reviewed jointly with legal services and updated to reflect additional safeguards and considerations relating to ‘deprivation of liberty’. Leadership sessions and revised training sessions were delivered and rolled out to all relevant HSCP staff. Further work to embed these updated procedures is planned for 2023/24 involving other staff groups including clinical team leads.</p> <p>Social Work has established a Creative and Innovative Directory of Support Packages that describes individualised approaches to meeting people’s personal outcomes that are a bit different from the norm. This Directory is then available for colleagues to generate creative approaches and to share good practice.</p>
<p><i>Commitment: Reducing inequality and inequity of outcomes</i></p>	
<p>Further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision (Improvement).</p>	<p>A new post of HSCP Communications, Engagement and Equalities Officer has been approved, for deployment during 2023/24.</p>

Objectives for 2022/25	Progress in 2022/23
	<p>A review of HSCP compliance with the Public Sector Equality Duty was completed during 2023/24 with an action plan in place to advance our position.</p> <p>Based on the National Priorities, a refreshed Public Health Strategy has been draft concluded to facilitate further coproduction and sign-off for implementation.</p>
<i>Commitment: Improving information and communication</i>	
<p>Improve service information and public communication systems, advice, reflecting specific communication needs and preferences (Improvement).</p>	<p>In 2022/23, a new Public Protection website was launched, which makes information more accessible and user-friendly.</p> <p>The HSCP’s general website content has been reviewed and updated in preparation for its move to a new platform within its hosted site in East Dunbartonshire Councils website. This should make the information more accessible and intuitive.</p>

Our Performance

➤ National Integration Indicators Used To Measure This Priority:

This section provides the HSCP’s performance against national core integration indicators (Notes on methodology at Annex 5):

RAG KEY



Positive performance improved in 2022/23



Performance steady (within 5% change in either direction). Arrow direction denotes improving/declining performance



Performance declined in 2022/23

Indicator, Rating and Rank		Performance Trend
<p>1) Percentage of adults able to look after their health very well or quite well (National Outcome 1) (Objective: increase)</p>		
<p>National ranking (biennial): 7 ↓</p>	<p>Comparison with Previous Survey: ↓</p>	

Indicator, Rating and Rank		Performance Trend
<p>2) Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2) (Objective: increase)</p>		
<p>National ranking (biennial): 3 ↑</p>	<p>Comparison with previous survey: ✓</p>	

Indicator, Rating and Rank		Performance Trend
<p>3) Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (National Outcome 2, 3) (Objective: increase)</p>		
<p>National ranking (biennial): 9 ↑</p>	<p>Comparison with previous survey: ↑</p>	

Indicator, Rating and Rank		Performance Trend
<p>5) Total percentage of adults receiving any care or support who rated it as excellent or good (National Outcome 3) (Objective: increase)</p>		
<p>National ranking (biennial):</p> <p>21</p> <p>↓</p>	<p>Comparison with previous survey:</p> <p>↓</p>	

Indicator, Rating and Rank		Performance Trend
<p>6) Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3) (Objective: increase)</p>		
<p>National ranking (biennial):</p> <p>13</p> <p>↓</p>	<p>Comparison with previous survey:</p> <p>↓</p>	

Indicator, Rating and Rank		Performance Trend
<p>7) Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (National Outcome 4) (Objective: increase)</p>		
<p>National ranking (biennial):</p> <p>20</p> <p>↓</p>	<p>Comparison with previous survey:</p> <p>↓</p>	




Indicator, Rating and Rank		Performance Trend
15) Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9) (Objective: increase)		
National ranking: 29 	Comparison with Previous Year: 	






Indicator, Rating and Rank		Performance Trend
18) Percentage of adults with intensive care needs receiving care at home (National Outcome 2) (Objective: increase)		
National ranking: 13 	Comparison with Previous Year: 	

This section provides the HSCP's performance against Scottish Government Ministerial Strategic Group (MSG) indicators:

Indicator	Performance Trend
6. Last 6 months of life spent at home or in a community setting – (% of population) (National Outcomes 2,3,9) (Objective: increase)	
 (Performance broadly in line with Scottish average)	

Other National and Local Indicators of Performance & Quality:

RAG KEY		On or above target
		Within agreed variance of target
		Below target

PI Title	2022/23			Note
	Status	Value	Target	
Empowering People				
Percentage of people 65+ indicating satisfaction with their social interaction opportunities		95%	95%	Local performance indicator based on a sample of 50 case reviews analysed each quarter.
Percentage of service users satisfied with their involvement in the design of their care packages		96%	95%	Local performance indicator based on a sample of 50 case reviews analysed each quarter.
Number of homecare hours per 1,000 population aged 65+		511	389	Balance of Care. Based on 2022/23 Quarter 4 census period. Aim = to maximise in comparison to support in institutional settings.
Percentage of adults in receipt of social work / social care services who have had their personal outcomes fully or partially met		100%	100%	As a minimum, outcomes should reduce risks from a substantial to a moderate level, but the arranging of informal support may additionally contribute to improving quality of life. Aim = to maximise
Smoking quits at 12 weeks post quit in the 40% most deprived areas		19	21	Service facing difficulties due to stock shortages of Varenicline and other Nicotine Replacement Therapies. Data based on 2022 calendar year data. Aim = to maximise.



Empowering Communities

Our Highlights

Opening of the new purpose-built Allander Day Service for adults with learning and intellectual disabilities.	The HSCP Social Support Strategy for Older People 2023-28 was developed and approved.
Co-location of services continues, to ensure locally responsive, collaborative and accessible services.	Updated community asset map for people with mental health issues.

Our Progress in 2022/23

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Building informal support options</i>	
Work with communities to develop a network of assets and informal supports, to complement formal, statutory support options (Redesign).	<p>The HSCP has sought to develop and implement a model of community led support locally based on best practice, which seeks to reduce waiting lists and divert needs to alternative effective service options.</p> <p>A series of community drop-in sessions have been piloted to support healthy ageing and independent living. The programme is currently being evaluated to consider development of future delivery options.</p> <p>The HSCP and its partners have also refreshed an Asset Map, which is an interactive tool to support people to find local groups and facilities for their own and others' health and wellbeing. The map is populated by community members and local partners.</p> <p>The HSCP aimed to develop and implement a delivery plan for No One Dies Alone (NODA) within East Dunbartonshire. The start of this project was delayed due to funding issues which was resolved in December 2022, when work commenced. This project will continue to be delivered in 2023/24.</p> <p>The HSCP Older People Local Area Co-ordination team has undertaken excellent work with local people to develop new informal social support groups during 2023/24 (see Part 6).</p>

<i>Commitment: Building local integrated teams</i>	
<p>Develop local, co-located services with integrated multi-disciplinary teams to improve services and reduce our carbon footprint (Redesign).</p>	<p>During 2022/23, the co-location of health and social work children and families staff was successfully established, resulting in improved communication, collaboration and relationship building.</p> <p>Locality Planning has now been re-established within the HSCP and will continue to operate through re-established arrangements and supported by the updated locality need and demand profiles.</p> <p>Localities will aim to deliver improved outcomes for local people via collaboration and partnership action and the development and implementation of 2023/24 Locality Plans.</p> <p>The multidisciplinary locality practitioner collaboratives in community health and care services continue to work well to improve outcomes for people and communities. Scope has been identified to expand this model to other care groups.</p> <p>Premises within Milngavie have been identified and suitably adapted for the use of HSCP staff within the West locality, which supports local integrated working. Further work is underway to continue to embed the aspirations of full co-location and integrated working.</p>
<i>Commitment: Modernising day services</i>	
<p>Redesign day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options (Redesign).</p>	<p>March 2023 saw the opening of the new purpose-built Allander Day Service for adults with learning and intellectual disabilities. This new space is co-located with the new Allander Leisure Centre, which offers reciprocal access arrangements, progressive activity-based therapies and extensive accessible resources. The new centre is founded on the principles of a community based approach to service delivery.</p> <p>New initiatives have been developed to support employment / employability, community participation and volunteering established to enhance personalised support options and to promote choice, community integration and independence.</p> <p>This year we have established two new Local Area Coordinator posts to support employment initiatives for adults affected by learning disability, learning difficulty and autism. In the first year of operation the team has worked with twenty eight adults of whom fourteen are now in paid employment, fifteen in further education and seventeen within volunteer</p>

	<p>placements with a number accessing more than one sector.</p> <p>Across all of the HSCP's day service redesign approaches, there has been a continued focus on developing community-based support alternatives to formal day care with employment opportunities and programmes developed in line with an employability pathway and the continued growth and development of community assets.</p> <p>Following a period of consultation on a new model for the delivery of social support options for older people, the Social Support Strategy for Older People 2023-2028 was developed and approved.</p> <p>The first year of the Strategy involves undertaking activities to commission and develop the agreed day centre model, moving to two rather than three formal centres, and to progress the growth in informal community-based social supports.</p>
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Prevention and Early Intervention

Our Highlights

Building greater rehabilitation and reablement into care at home services, to promote independence and reduce over-dependence on services	Continuously improving hospital discharge planning arrangements.
Delivery of Anxiety Management (LIAM) interventions by School Nursing Services.	Extended diversion in Justice Services, to ensure individual needs are met at the earliest opportunity, to enable people to desist from further crime.

Our Progress in 2022/23

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Extending rehabilitation and reablement</i>	
Further develop rehabilitation services and reablement approaches to sustain people for longer in the community (Improvement)	<p>The HSCP has committed to a review of community Occupational Therapy (OT) and Reablement services, to deliver an improved service model which addresses OT waiting times and maximises use of equipment and digital options. The project has been delayed due to progress reviews in services that support reviews, but remains programmed for action in 2023/24.</p> <p>Local rehabilitation services have worked closely with our Care at Home Service during the year to evolve service models focused on personal goals that involve delivering care and support with people rather than for people, where possible. Careful review of care packages has encouraged reablement and reduction in over-reliance on formal care.</p> <p>Weekly multidisciplinary meetings within our Home for Me Service allow for well-managed care and discharge planning resulting in over 85% of individuals requiring no further support at the end of 6-8 weeks.</p>

<i>Commitment: Supporting diversion from prosecution</i>	
Extend the range of options for diversion from prosecution available to the Procurator Fiscal Service to extend ability to address the underlying causes of offending, as an alternative to prosecution (Improvement).	<p>Youth Justice team have had an increase in staff training in AIM3 which is a dynamic assessment model that helps practitioners to assess harmful sexual behaviours. This has supported more diversion reports from practitioners able to manage risks within the community.</p> <p>In 2022/23 the Social Work Justice Team has implemented new diversion guidance and extended diversion to ensure individual needs are met at the earliest opportunity, to enable people to desist from further crime.</p>
<i>Commitment: Improving school nursing services</i>	
Develop School Nursing Services in line with “Transforming Nursing, Midwifery and Health Professions’ Roles: The school nursing role” (Improvement).	During 2022/23, the School Nursing Service delivered Lets Introduce Anxiety Management (LIAM) interventions as part of the development of enhanced support options. This was very successful, with a waiting list now in place due to demand.

Our Performance

➤ National Integration Indicators Used To Measure This Priority:

This section provides the HSCP’s performance against national core integration indicators:

RAG KEY



Positive performance improved in 2022/23



Performance steady (within 5% change in either direction). Arrow direction denotes improving/declining performance






Performance declined in 2022/23





Indicator, Rating and Rank		Performance Trend																								
<p>11) Premature mortality rate for people aged under 75yrs per 100,000 persons (National Outcome 1,5) (Objective: decrease)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 11</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2015</td><td>300</td><td>450</td></tr> <tr><td>2016</td><td>350</td><td>450</td></tr> <tr><td>2017</td><td>320</td><td>430</td></tr> <tr><td>2018</td><td>280</td><td>440</td></tr> <tr><td>2019</td><td>300</td><td>430</td></tr> <tr><td>2020</td><td>310</td><td>460</td></tr> <tr><td>2021</td><td>288.8</td><td>465.9</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2015	300	450	2016	350	450	2017	320	430	2018	280	440	2019	300	430	2020	310	460	2021	288.8	465.9
Year	East Dunbartonshire		Scotland																							
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2016	350	450																								
2017	320	430																								
2018	280	440																								
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2020	310	460																								
2021	288.8	465.9																								
<p>National ranking: 1</p>	<p>Comparison with Previous Year: </p>																									

Indicator, Rating and Rank		Performance Trend																								
<p>14) Readmission to hospital within 28 days (per 1,000 population) (National Outcome 2,4,7,9) (Objective: decrease)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 14</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2016/17</td><td>80</td><td>100</td></tr> <tr><td>2017/18</td><td>78</td><td>100</td></tr> <tr><td>2018/19</td><td>75</td><td>100</td></tr> <tr><td>2019/20</td><td>75</td><td>100</td></tr> <tr><td>2020/21</td><td>85</td><td>120</td></tr> <tr><td>2021/22</td><td>80</td><td>105</td></tr> <tr><td>2022</td><td>79.4</td><td>101.2</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016/17	80	100	2017/18	78	100	2018/19	75	100	2019/20	75	100	2020/21	85	120	2021/22	80	105	2022	79.4	101.2
Year	East Dunbartonshire		Scotland																							
2016/17	80	100																								
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2020/21	85	120																								
2021/22	80	105																								
2022	79.4	101.2																								
<p>National ranking: 6</p>	<p>Comparison with Previous Year: </p>																									

Indicator, Rating and Rank		Performance Trend																								
<p>16) Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9) (Objective: decrease)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 16</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2016/17</td><td>21</td><td>21</td></tr> <tr><td>2017/18</td><td>24</td><td>22</td></tr> <tr><td>2018/19</td><td>25</td><td>23</td></tr> <tr><td>2019/20</td><td>22</td><td>22</td></tr> <tr><td>2020/21</td><td>21</td><td>22</td></tr> <tr><td>2021/22</td><td>22</td><td>22</td></tr> <tr><td>2022</td><td>22.6</td><td>22.1</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016/17	21	21	2017/18	24	22	2018/19	25	23	2019/20	22	22	2020/21	21	22	2021/22	22	22	2022	22.6	22.1
Year	East Dunbartonshire		Scotland																							
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2018/19	25	23																								
2019/20	22	22																								
2020/21	21	22																								
2021/22	22	22																								
2022	22.6	22.1																								
<p>National ranking: 18</p>	<p>Comparison with Previous Year: </p>																									

➤ **Other National and Local Indicators of Performance & Quality:**

RAG KEY		On or above target
		Within agreed variance of target
		Below target

PI Title	2022/23			Note
	Status	Value	Target	
Prevention & Early Intervention				
% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery		97.6%	95%	The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service-users. Aim = to maximise.
% of CJSW Reports submitted to court by due date		95%	95%	National Outcomes & Standards (2010) states that the court will receive reports electronically from social work, no later than midday on the day before the court hearing. Aim = to maximise.
The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order		93%	80%	The criminal justice social work service has responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days. Aim = to maximise.
% of Court report requests allocated to a Social Worker within 2 Working Days of Receipt		100%	100%	National Outcomes & Standards (2010) places responsibility on the criminal justice service to provide an allocated criminal justice worker within 24 hours of the Court imposing a community sentence. Aim = to maximise.



Delivering our Key Social Work Public Protection Statutory Duties

Our Highlights

Increased delivery of Moving Forward Making Changes treatment programme for sex offenders, to reduce risk to the public.	Promotion of the 'Safe and Together' model which is designed to support victims of domestic violence and keep children safe and together with the protective parent.
Updating and implementing the new Child Protection Guidelines.	The implementation of the Violence and Sex Offenders register (VISOR) and associated procedures.

Our Progress in 2022/23




Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Prioritising public protection</i>	
Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns (Improvement).	<p>East Dunbartonshire HSCP ensures the highest quality standards in identifying and responding to actual and potential social work public protection concerns through the implementation this year of:</p> <ul style="list-style-type: none"> • 'Safe and Together' model which is designed to support victims of domestic violence and keep children safe and together with the protective parent; • The implementation of the Violence and Sex Offenders register (VISOR) and associated procedures; • Updating and implementing the new Child Protection Guidelines; • Establishment of the Public Protection Leadership Group; • Increased delivery of Moving Forward Making Changes treatment programme for sex offenders, to reduce risk to the public;



Our Performance

➤ National Integration Indicators Used To Measure This Priority:

This section provides the HSCP's performance against national core integration indicators:




RAG KEY



-  Positive performance improved in 2022/23
-  Performance steady (within 5% change in either direction). Arrow direction denotes improving/declining performance
-  Performance declined in 2022/23



Indicator, Rating and Rank		Performance Trend
<p>9) Percentage of adults supported at home who agreed they felt safe (National Outcome 7)</p> <p>(Objective: increase)</p>		
<p>National ranking:</p> <p style="text-align: center;">8</p> <p style="text-align: center;"></p>	<p>Comparison with Previous Year:</p> <p style="text-align: center;"></p>	

➤ **Other National and Local Indicators of Performance & Quality:**

RAG KEY

-  On or above target
-  Within agreed variance of target
-  Below target

PI Title	2022/23			Note
	Status	Value	Target	
Public Protection				
% of first Child Protection review case conferences taking place within 3 months of registration		100%	95%	Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise
% of Adult Protection cases where the required timescales have been met		94%	92%	This indicator measures the speed with which sequential Adult Support and Protection actions are taken against timescales laid out in local social work procedures. Aim = to maximise

PI Title	2022/23			Note
	Status	Value	Target	
% of initial Child Protection Planning Meetings taking place within target timescale		88%	90%	National targets have been changed during 2022/23 from 21 to 28 days. Target was achieved in three quarters out of four. A very small number of delays (<5) occurred in the April to June period that also caused the overall annual target to be missed. All were rescheduled to enable partner agency and parental attendance. Aim = to maximise
Percentage of first Review Child Protection Planning Meetings taking place within 6 months of registration		100%	95%	Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

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Supporting Families and Carers

Our Highlights

HSCP has reviewed, consulted on and updated its Carers Strategy for 2023-26, with supporting action plan.	The Promise Steering Group has implemented its action plan designed to improve outcomes for looked after children.
The HSCP Health Visiting Team received UNICEF Gold 4 Year Revalidation in 2022/23.	Delivery of Year 2 of the Children's House Project has been completed, designed to improve the outcomes for care experienced young people moving on from care placements

Our Progress in 2022/23

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Supporting carers with their own needs and in their caring role</i>	
Recognise better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice (Improvement).	<p>East Dunbartonshire HSCP has consulted, reviewed and updated its Carers Strategy, which will be presented for approval to the HSCP Board in June 2023. This new strategy has been developed with the full involvement of carers, third sector partners and wider stakeholders. Our new Carers Strategy reflects the aspirations of the new national strategy but locates itself as an expression of local needs and priorities within East Dunbartonshire.</p> <p>When reviewing and updating the existing Adult Carer Support Plan, it was concluded that it didn't fully capture personal outcomes. So the HSCP worked in partnership with Carers Link and a small group of Social Work practitioners to update the Adult Carers Support Plan, to more fully record personal outcomes. The group also developed a new Review document designed to report on the extent to which carers' personal outcomes were being achieved, both informal and formal.</p>

<i>Commitment: Implementing The Promise for children and young people</i>	
<p>Ensure that every care experienced child grows up loved, safe and respected, able to realise their full potential (Improvement).</p>	<p>The Promise Steering Group has implemented its action plan designed to improve outcomes for looked after children. This ensures that East Dunbartonshire HSCP is compliant with The Promise and its key principles are being embedded: (i) listening to children and young people, (ii) relationships, (iii) quality of care, (iv) sibling contact.</p> <p>The HSCP Health Visiting Team received UNICEF Gold 4 Year Revalidation in 2022/23. This award reflects standards designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support their health and development. However, ongoing resourcing issues in 2022/23 affected the Health Visiting team from fully implementing the Universal Health Visiting Pathway.</p>
<i>Commitment: Strengthening corporate parenting</i>	
<p>Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively (Improvement).</p>	<p>Delivery of Year 2 of Children’s House Project: The purpose of the house project is to improve outcomes for Care Experienced Young People moving on from care placements. There was a 100% success rate this year with 7 young people moving into their new homes. This was underpinned by strengthened links with the Council’s Housing Services to increase appropriate housing offers for care experienced young people.</p> <p>Other work in support of corporate parenting during 2022/23 included:</p> <ul style="list-style-type: none"> • Joint working with Police Scotland to develop increased awareness of the difficulties and challenges care experienced young people face; • Enhanced links were developed during the year with Woman’s Aid, as domestic violence is a particular area of focused work for our care experienced young people; • Care experienced young people attended Education Additional Support Needs Leadership Forum and gave presentation on the challenges they face; • Recognition at the HSCP and Health Board Award Ceremonies of care experienced young people’s contribution through their Champs’ Board

Our Performance

➤ National Integration Indicators Used To Measure This Priority:

This section provides the HSCP's performance against national core integration indicators:

RAG KEY



Positive performance improved in 2022/23



Performance steady (within 5% change in either direction). Arrow direction denotes improving/declining performance



Performance declined in 2022/23

Indicator, Rating and Rank		Performance Trend																		
8) Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6) (Objective: increase)		<table border="1"> <caption>Performance Trend Data</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>~38</td> <td>~42</td> </tr> <tr> <td>2015/16</td> <td>~42</td> <td>~40</td> </tr> <tr> <td>2017/18</td> <td>~40</td> <td>~38</td> </tr> <tr> <td>2019/20</td> <td>~38</td> <td>~36</td> </tr> <tr> <td>2021/22</td> <td>30.2</td> <td>29.7</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2013/14	~38	~42	2015/16	~42	~40	2017/18	~40	~38	2019/20	~38	~36	2021/22	30.2	29.7
Year	East Dunbartonshire (%)		Scotland (%)																	
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2015/16	~42	~40																		
2017/18	~40	~38																		
2019/20	~38	~36																		
2021/22	30.2	29.7																		
National ranking: 16 	Comparison with Previous Year: 																			

➤ Other National and Local Indicators of Performance & Quality:

RAG KEY







On or above target



Within agreed variance of target



Below target

PI Title	2022/23			Note
	Status	Value	Target	
Supporting Families & Carers				
Percentage of child care Integrated Comprehensive Assessments (ICA) for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target		92%	75%	This is a national target that is reported to SCRA and Scottish Government in accordance with time intervals monitoring. Aim = to maximise
Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated		87%	100%	National performance indicator. Subject to the impact of small numbers. Off target due to a small number of reviews (<5) outwith timescale, all to accommodate attendance by key personnel. Aim = to maximise
Balance of Care for looked after children: percentage of children being looked after in the Community		83%	89%	National performance indicator. Work continues to redress the balance of care by reviewing out of authority placements and continuing the Foster Carer recruitment campaign. Aim = to maximise
Percentage of children receiving 27-30 months assessment		96.6%	85%	This indicator relates to early identification of children with additional developmental needs and can then be referred to specialist services. Aim = to maximise



Improving Mental Health and Recovery

Our Highlights

A wide range of improvements were achieved during 2022/23 to improve mental health services and support for children and young people.	Implementation of Medication Assisted Treatment (MAT) Standards, which promote safe, accessible and consistently high quality treatment for those affected by problematic drug use.
Agreement with the Mental Health Network and Scottish Drugs Foundation to work on a collaborative basis on local service user engagement	Highly successful joint working between the Community Mental Health Team and Alcohol and Drug Recovery Service on joint protocols and joint training initiatives

Our Progress in 2022/23

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Improving adult mental health and alcohol and drugs recovery</i>	
Redesign services for adult mental health and alcohol and drugs services to develop a recovery focussed approach (Redesign).	<p>The HSCP is reviewing the commissioned Mental Health and Alcohol & Drugs recovery services to develop enhanced, holistic recovery focused services across adult mental health and alcohol and drugs recovery.</p> <p>The HSCP has been unsuccessful in recruiting a Project Lead, which has delayed progress with this initiative. However, initial consultation and engagement sessions and Provider Forum led to agreement from Healthcare Improvement Scotland to support plans to take forward a Collaborative Commissioning model. Agreement was also reached with Mental Health Network and Scottish Drugs Foundation to work on a collaborative basis on local service user engagement.</p> <p>As part of our Drug Death Action Plan a focus of work has been to enhance joint working between the Community Mental Health Team and Alcohol and Drug Recovery Service. Joint protocols have been reviewed and updated and a series of joint training initiatives developed on trauma and substance misuse, motivational interviewing, children affected by substance misuse and 'Staying Alive'.</p> <p>Extensive work has been undertaken during 2022/23 to implement Medication Assisted Treatment (MAT) standards, which ensure safe, accessible and consistently high-quality treatment for those affected</p>

Objectives for 2022-25	Progress in 2022/23
	<p>by problematic drug use, to help reduce drug deaths and other harms and promote recovery</p> <p>The development of a new Mental Health Strategy commenced in 2022/23.</p>
<i>Commitment: Improving mental health support for children and young people</i>	
<p>The provision of faster, more responsive support for children and young people with mental health challenges (Improvement).</p>	<p>A wide range of actions were undertaken during 2022/23 to improve mental health services and support for children and young people, including:</p> <ul style="list-style-type: none"> • Implementation of the Children’s Mental Health and wellbeing framework; • Improvements to Tier 1 and Tier 2 mental health and wellbeing services for children, young people and families, by developing a Compassionate Distress Response Service and the extension of school counselling and nurture approaches in schools; • Extension of Lifelink counselling to those aged 16+ who are no longer in Education or care experienced. • Children and Adolescent Mental Health Services (CAMHS) improved its performance against waiting times targets during 2022/23. By the final quarter of 2022/23, 74.1% of children seen or otherwise discharged from the CAMHS waiting list had experienced a wait of less than 18 weeks. This is below the 90% referral to treatment (RTT) target but an improvement from the start of the year where only 36.5% met the target. The service plans for further workforce expansion, in line with Scottish Government recommendations.
<i>Commitment: Improving post-diagnostic support for people with dementia</i>	
<p>Increase the capacity of the post diagnostic support service (Improvement).</p>	<p>The model for delivering Post Diagnostic Support has been reviewed and the service has been brought wholly in-house and additional hours added to the structure. It is expected that these changes will bring better performance in relation to people being seen within 12 weeks from their diagnosis.</p>

Our Performance

➤ National and Local Indicators of Performance & Quality:

RAG KEY



On or above target



Within agreed variance of target



Below target

PI Title	2022/23			Note
	Status	Value	Target	
Improving Mental Health & Recovery				
Percentage of people waiting less than 18 weeks to start treatment for psychological therapies		98.6%	90%	This includes the Community, Primary and Older People's Mental Health Teams. The service has delivered above target during 2022/23. Aim = to maximise.
Total number of Alcohol Brief Interventions delivered during the year		332	487	The delivery of ABIs has been below target since the onset of the pandemic. Recovery plans are in place including maximising digital technology and rebuilding capacity within GP surgeries. Aim = to maximise.
Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of less than 18 weeks		74.11%	90%	Based on Q4 census period. The CAMHS service has substantially increased compliance with this standard, from 37% in Q1, but remains short of the national referral to treatment target. Aim = to maximise.
Percentage of People Waiting less than 3 weeks for Drug & Alcohol Treatment		89.1%	90%	Due to routine delays with data finalisation by Public Health Scotland, the figures here are for 2022 full calendar year. Performance is very marginally below 90% but within variance of 2%
Percentage of people newly diagnosed with dementia receiving Post Diagnostic Support (PDS)		0%	90%	In the early part of 2021/22, the service was operating almost at target levels, but became severely impacted by

PI Title	2022/23			Note
	Status	Value	Target	
				staffing issues that have persisted throughout 2022/23. The service has now moved over to a new operating model which should address performance issues.

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Our Highlights

Extensive impact assessment work undertaken to evaluate consequence of the pandemic on health and social care needs and complexity, to inform revised service models and approaches.	Successful phased approach to supporting staff safely back to the workplace, operating to a hybrid working pattern and in line with national guidance
Successful local clearing of the backlog of Community Payback Orders that had been suspended nationally in successive periods during lockdown.	The HSCP Care Homes Support Team, working closely with local care homes, to ensure excellence in care and support for people living in this setting.

Our Progress in 2022/23

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Understanding and responding to the impact of the pandemic</i>	
Understand the impact of the pandemic on the health and wellbeing of our population (including those living in care homes), the responses necessary to meet these needs and resource requirements (Redesign).	<p><u>Workforce</u></p> <p>Risk assessments and the review of guidance in relation to physical distancing and mask wearing continued to be undertaken throughout the year in line with the changing guidance from the Scottish Government.</p> <p>Guidance within buildings has been aligned to a blended working approach where staff work both at home and in the workplace. This continued to be reviewed and changes to location of teams within building were put in place when necessary, to ensure maximum opportunities for integrated working.</p> <p>An Organisational Development plan was put in place to support staff returning to building based working arrangements with continued communication with staff throughout 2022/23. Staff are now working to respective partner blended working policies.</p> <p><u>Community Payback Orders</u></p> <p>During 2020-22, work placements as an alternative to custodial services were suspended by the Scottish Government during two extended periods due to Covid-19 public health constraints. This consequently</p>

Objectives for 2022-25	Progress in 2022/23
	<p>led to a backlog in those with Community Payback Orders.</p> <p>The Community Justice Team put mechanisms in place to address the unpaid work services backlog and ensuring those sentenced are able to complete their hours without breaching any order. The backlog was successfully cleared by quarter 3 of 2022/23.</p> <p><u>Covid-19 Testing</u></p> <p>Operational processes for mainstream Covid-19 testing were clarified and implemented. Resourcing was agreed and testing processes in line with current Scottish Government requirements were mainstreamed via the HSCP Covid-19 Hub.</p> <p><u>Personal Protective Equipment</u></p> <p>Consolidated arrangements to maintain support to PPE distribution to support the ongoing delivery of front facing services in line with guidance was organised through the PPE Hub.</p> <p><u>Care Homes Support Team</u></p> <p>We have continued to develop our integrated Care Homes Support Team, working closely with local care homes, to ensure excellence in care and support for people living in this setting.</p> <p><u>Analysis of Impact</u></p> <p>With the support of Public Health Scotland, the HSCP has undertaken a range of impact analyses to help understand better the short, medium and longer term impact of the pandemic on people’s health and social care needs, to support planning and service redesign. Increasing complexity and volume of care needs are evident across most services. This indicates a growing need for more sophisticated methods of measuring frailty and complexity and the relative impacts of different (and new) service models.</p>

Our Performance

➤ National and Local Indicators of Performance & Quality:

RAG KEY



On or above target



Within agreed variance of target



Below target

PI Title	2022/23			Note
	Status	Value	Target	
Post Pandemic Renewal				
Reduction of Covid-19 backlog of Unpaid Work Orders (Outstanding Hours)		5,578 hours	5,578 hours	Backlog of Unpaid Work Orders due to the suspension of service during Covid-19 has been cleared within timescale.

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Maximising Operational Integration

Our Highlights

<p>The 2022/23 actions within the Joint Commissioning Plan for Unscheduled Care were successfully implemented, based on collaborative and innovative working practices.</p>	<p>Integrated quality management was further developed across the partnership, with enhanced oversight through clinical and care governance.</p>
<p>The HSCP evaluated its Adults with Incapacity practice. This led to an integrated action plan that is now being implemented across the HSCP.</p>	<p>The HSCP's Vulnerable Pregnancy Process was reviewed and updated during 2022/23, leading to better information sharing and collaboration with Education Services and GPs.</p>

Our Progress in 2022/23

Objectives for 2022-25	Progress in 2022/23
<p><i>Commitment: Right Care Right Place: urgent and unscheduled health and social care redesign</i></p>	
<p>Improve patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs and preventing unnecessary hospital care (Redesign).</p>	<p>The 2022/23 actions within the Joint Commissioning Plan for unscheduled care were successfully implemented and included:</p> <ul style="list-style-type: none"> • CAPA (Care About Physical Activity) established and embedded within Support to Care Homes Team • Development of a network for Activity Co-ordinators within each Care Home to provide support, share ideas and embed principles of CAPA. • Participation in GGC wide Home First Response Huddles • Development of a framework to support Frailty Practitioner competencies • Recruitment of a Frailty Practitioner • Participation in the GGC Discharge Without Delay programme • Implementation of extended core hours in our Adult Community Nursing (District Nursing) service; • Primary Care Advanced Nurse Practitioner service responding to urgent care and home visiting needs in support of General Practice;

Objectives for 2022-25	Progress in 2022/23
	<ul style="list-style-type: none"> • Growth of the District Nurse Advanced Nurse Practitioner (DNANP) capacity; • Increased capacity in the Hospital Assessment Team, who have dealt with a 30% increase in referrals in the last year. <p>Hospital delayed discharge performance has fluctuated with significant challenges around placement to care homes in line with choice and affordability issues, and in meeting care at home demand in some areas.</p> <p>The HSCP's Vulnerable Pregnancy Process was updated during 2022/23. The aim of this approach is to undertake holistic, person centred assessments for vulnerable pregnant women and unborn babies that will identify and minimise risk. Particular improvements have been made to information sharing and collaboration with Education Services and GPs.</p>
<i>Commitment: Developing integrated quality management arrangements</i>	
<p>Further develop robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework (Improvement).</p>	<p>The HSCP's Quality Management Framework was refreshed to reflect the impact of Covid-19 and a more robust connection to the Clinical & Care Governance Group was established.</p> <p>A new governance post was established and filled, to support the implementation of the HSCP Quality Management Framework.</p> <p>A new Self-Assessment Module was developed and piloted, that aims to strengthen team capacity for quality management and improvement action. This approach has been successful and will be rolled out to all teams and services during 2023/24, as part of the wider Performance Management Framework.</p> <p>The HSCP undertook a detailed self-evaluation of its practice with respect to Adults with Incapacity legislation and standards in 2022/23. The findings and analysis highlighted strengths in assessment and risk assessment, engagement with carers and families, application of legislation and appropriate use of powers.</p>

Objectives for 2022-25	Progress in 2022/23
	<p>Areas for improvement identified were in relation to improving recording, consistent advocacy involvement, and establishing powers more proactively. An Improvement Action Plan is now taking forward these findings.</p> <p>The development of enhanced quality management has also been extended within Care at Home services and with new audit tools applied to Adult Community Nursing Services.</p>

Our Performance

➤ National Integration Indicators Used To Measure This Priority:

This section provides the HSCP's performance against national core integration indicators:

RAG KEY



Positive performance improved in 2022/23

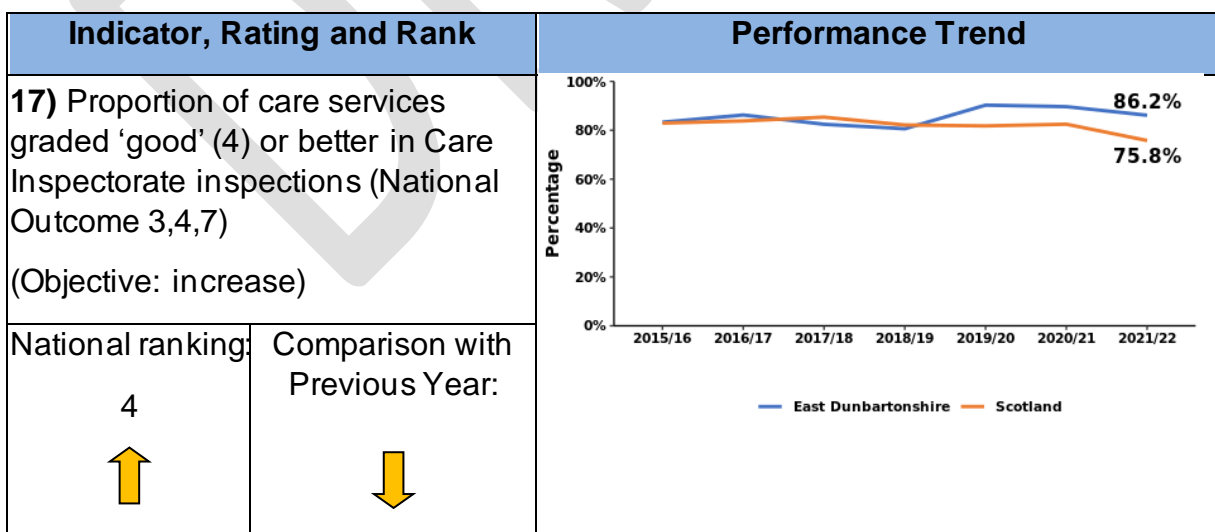
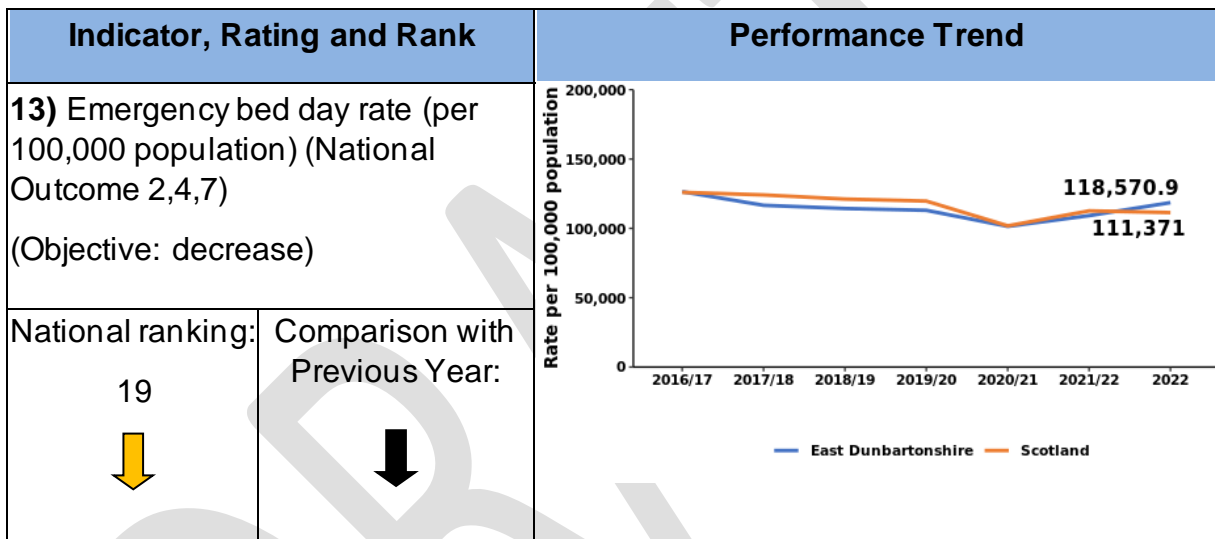
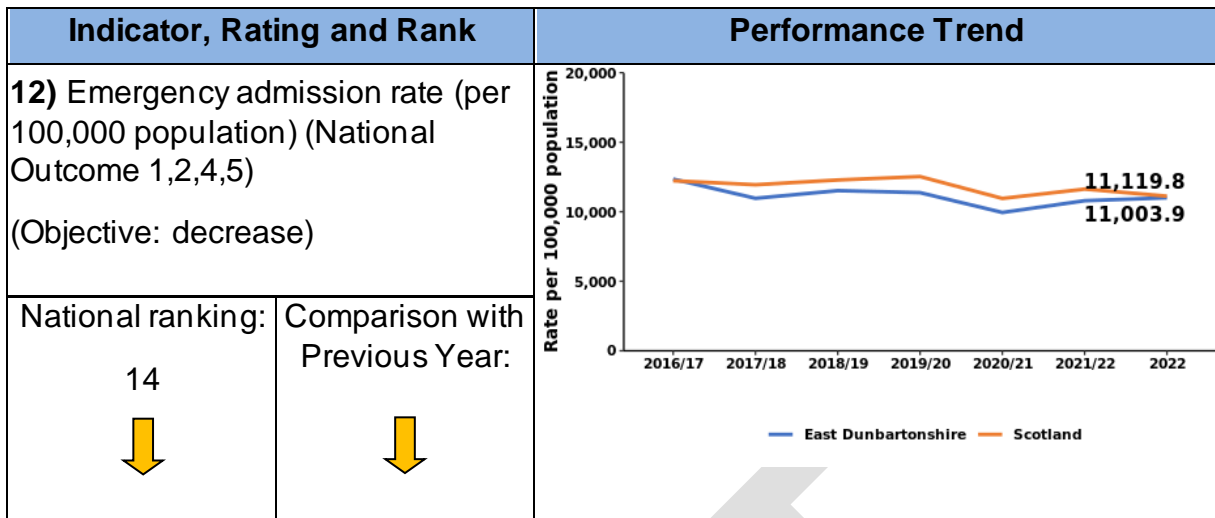


Performance steady (within 5% change in either direction). Arrow direction denotes improving/declining performance



Performance declined in 2022/23

Indicator, Rating and Rank	Performance Trend																		
<p>4) Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9) (Objective: increase)</p>	<table border="1"> <caption>Performance Trend Data</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>~75</td> <td>~78</td> </tr> <tr> <td>2015/16</td> <td>~75</td> <td>~75</td> </tr> <tr> <td>2017/18</td> <td>~85</td> <td>~75</td> </tr> <tr> <td>2019/20</td> <td>~75</td> <td>~75</td> </tr> <tr> <td>2021/22</td> <td>66.4</td> <td>64</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2013/14	~75	~78	2015/16	~75	~75	2017/18	~85	~75	2019/20	~75	~75	2021/22	66.4	64
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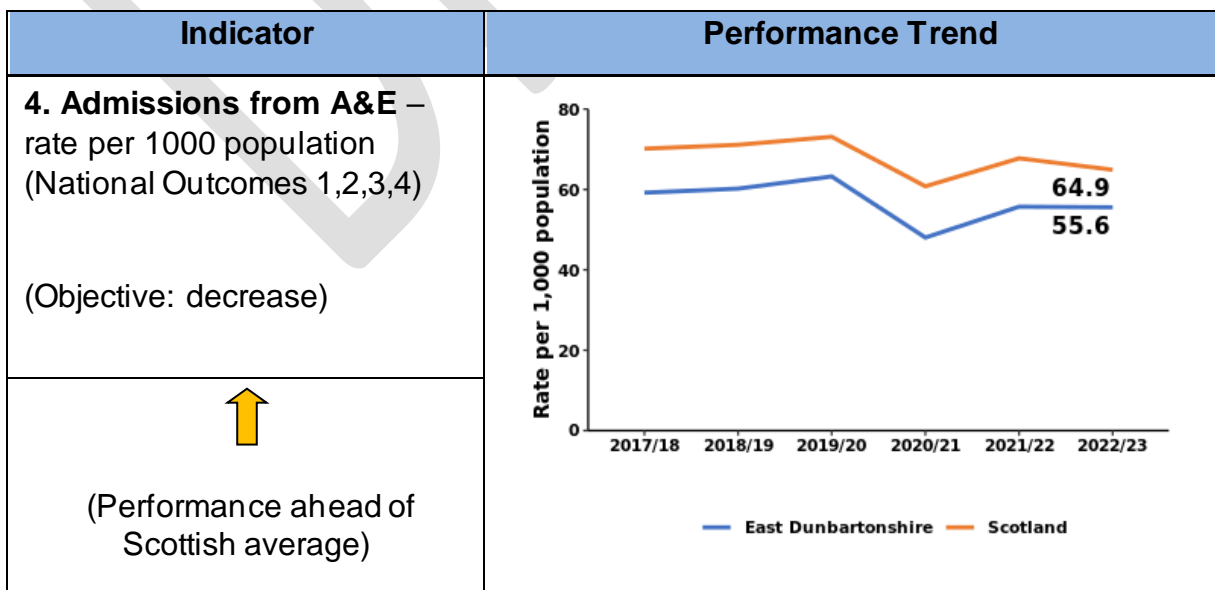
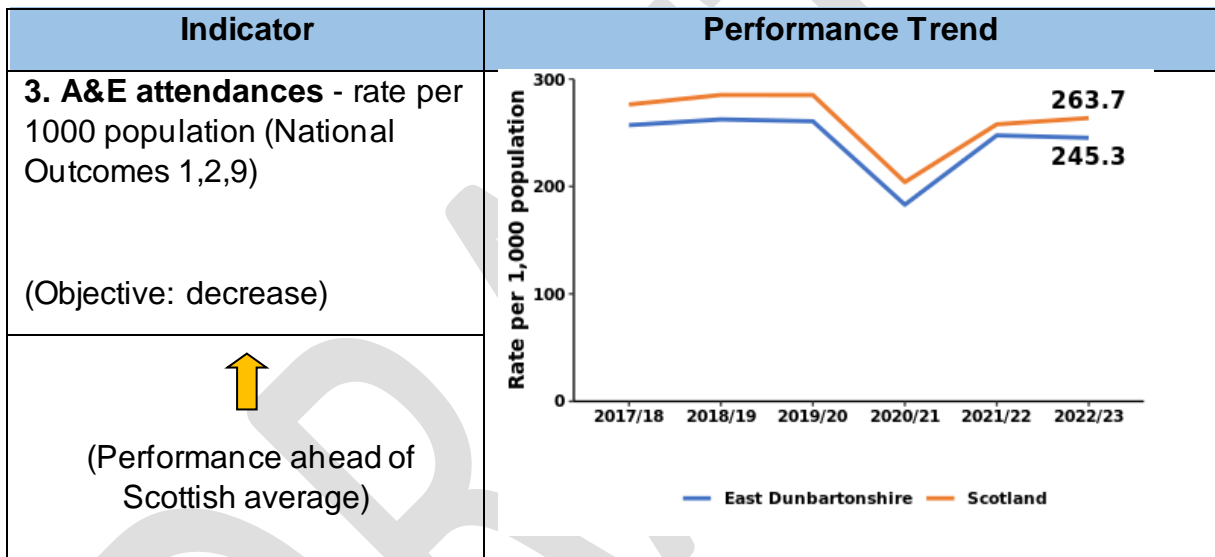
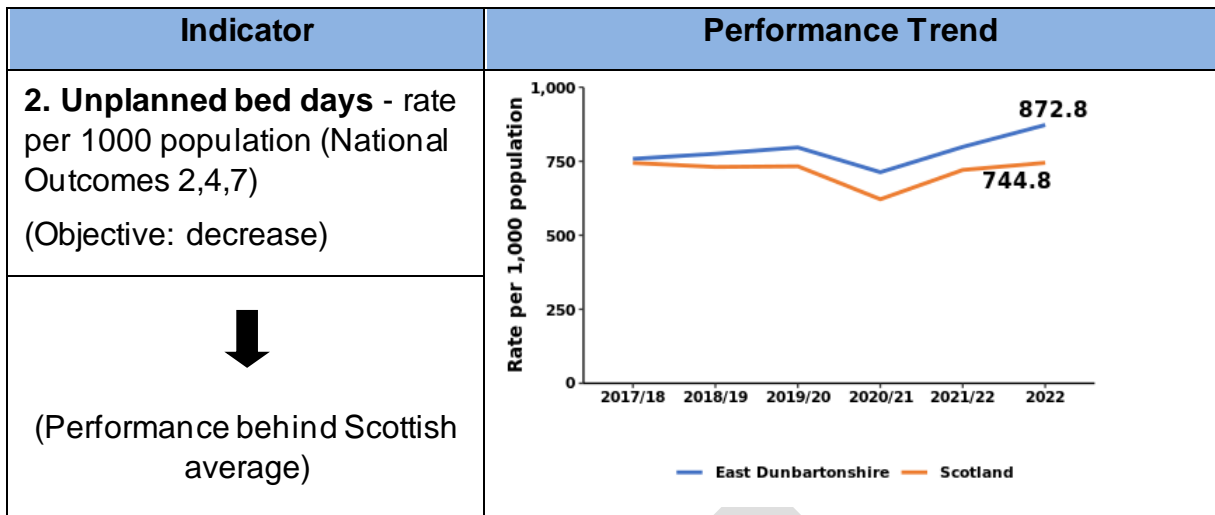


Indicator, Rating and Rank		Performance Trend																								
<p>19) Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) (National Outcome 2,3,4,9) (Objective: decrease)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 19</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>~180</td> <td>~850</td> </tr> <tr> <td>2017/18</td> <td>~200</td> <td>~750</td> </tr> <tr> <td>2018/19</td> <td>~350</td> <td>~800</td> </tr> <tr> <td>2019/20</td> <td>~300</td> <td>~750</td> </tr> <tr> <td>2020/21</td> <td>~280</td> <td>~500</td> </tr> <tr> <td>2021/22</td> <td>~320</td> <td>~750</td> </tr> <tr> <td>2022/23</td> <td>493.2</td> <td>919.3</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016/17	~180	~850	2017/18	~200	~750	2018/19	~350	~800	2019/20	~300	~750	2020/21	~280	~500	2021/22	~320	~750	2022/23	493.2	919.3
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Indicator, Rating and Rank		Performance Trend																		
<p>20) Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9) (Objective: decrease)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 20</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>~22%</td> <td>~23%</td> </tr> <tr> <td>2016/17</td> <td>~22%</td> <td>~23%</td> </tr> <tr> <td>2017/18</td> <td>~22%</td> <td>~24%</td> </tr> <tr> <td>2018/19</td> <td>~22%</td> <td>~24%</td> </tr> <tr> <td>2019/20</td> <td>21.8%</td> <td>24%</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2015/16	~22%	~23%	2016/17	~22%	~23%	2017/18	~22%	~24%	2018/19	~22%	~24%	2019/20	21.8%	24%
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This section provides the HSCP's performance against Scottish Government Ministerial Strategic Group (MSG) indicators

Indicator and Rating	Performance Trend																					
<p>1. Unplanned admissions – rate per 1000 population (National Outcomes 1,2,3,4) (Objective: decrease)</p>	<table border="1"> <caption>Performance Trend Data for Indicator 1</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~95</td> <td>~105</td> </tr> <tr> <td>2018/19</td> <td>~98</td> <td>~105</td> </tr> <tr> <td>2019/20</td> <td>~98</td> <td>~105</td> </tr> <tr> <td>2020/21</td> <td>~85</td> <td>~95</td> </tr> <tr> <td>2021/22</td> <td>~92</td> <td>~100</td> </tr> <tr> <td>2022</td> <td>97.6</td> <td>101.6</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2017/18	~95	~105	2018/19	~98	~105	2019/20	~98	~105	2020/21	~85	~95	2021/22	~92	~100	2022	97.6	101.6
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Indicator	Performance Trend																		
<p>5. Delayed discharge bed days - rate per 1000 population (National Outcomes 2,3,4,9)</p> <p>(Objective: decrease)</p>	<table border="1"> <caption>Rate per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>~48</td> <td>~98</td> </tr> <tr> <td>2019/20</td> <td>~52</td> <td>~100</td> </tr> <tr> <td>2020/21</td> <td>~45</td> <td>~65</td> </tr> <tr> <td>2021/22</td> <td>~50</td> <td>~100</td> </tr> <tr> <td>2022/23</td> <td>69.9</td> <td>120.8</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	~48	~98	2019/20	~52	~100	2020/21	~45	~65	2021/22	~50	~100	2022/23	69.9	120.8
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Part 3. How Well Are We Developing Our Enablers?

This section of the Annual Performance Report sets out our progress towards the achievement of the enablers that underpin the priorities set out in our HSCP Strategic Plan and the associated national health and Wellbeing Outcomes

Workforce & Organisational Development

Our Progress in 2022/23

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Supporting the wellbeing of the health and social care workforce</i>	
Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised (Redesign).	<p>A range of measures have been developed and put in place to support staff wellbeing including:</p> <ul style="list-style-type: none"> • Participation in ‘Sunflower’ campaign • Promotion of Active Staff activities • Circulation of advice on financial wellbeing • Distribution of staff thank you packs • Establishment of MS Teams page for the sharing of information and resources • Individual relaxation sessions • Provision of snacks and drinks for staff to address well-being and cost of living concerns • Development of activity calendars • Delivery of a series of workshops offered to all HSCP staff by our Community Mental Health Team. The sessions aimed to develop skills in self-compassion to promote wellbeing, and to learn new skills to help manage stress.
<i>Commitment: Equipping the workforce and workplace during and after the pandemic</i>	
Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic (Redesign).	During 2022/23, significant additional investment was made in core community health and social care services, and in adult social work. Capacity has improved across many areas of the HSCP functions, but persistent difficulties in recruiting to Social Worker, Mental Health Officer, Health Visiting and Social Care posts continues to present challenges. These challenges have impacted negatively on our capacity to respond to the level and complexity of presenting need.

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Redesigning the Public Dental Service</i>	
Redesign the Public Dental Service by implementing a new service delivery model (Redesign).	<p>The redesign of the Public Dental Service to support the right care being delivered in the right place at the right time was significantly impacted by the pandemic and its impact on the services it provides.</p> <p>The recommendations have been reviewed in light of the changes that have been made to the Public Dental Service as a result of the pandemic and these recommendations will be implemented in 2023/24.</p>
<i>Commitment: Implementing a skills framework for supporting children's mental health and wellbeing</i>	
Support the improvement of children's mental health and wellbeing, by implementing a national workforce knowledge and skills framework (Improvement).	The HSCP successfully completed Year 2 of the workforce knowledge and skills framework, notably establishing a Compassionate Distress Response Service and extending Lifelink Counselling.

 **Medium Term Financial & Strategic Planning**

Our Progress in 2022/23

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Maximising available resources</i>	
Maximise available resources through efficiency, collaboration and integrated working (Improvement).	<p>The HSCP was able to manage service delivery within the budget set for 2022/23 in delivery of our strategic priorities. This included reporting on and maximising the funding available for specific priorities including the Primary Care Improvement Plan, Mental Health Action 15, Annual Delivery Plan, Mental Health Rapid Response (MHRRS) service and Adult Winter Planning.</p> <p>The HSCP aimed to increase adult social work capacity in line with the Scottish Government funding allocation and implement a revised operating model which is fit for purpose and aligned to the strategic priorities of the HSCP. Not all posts were filled as planned, due to resourcing issues within partner bodies to support job evaluation and recruitment. Work continue to progress these roles.</p>

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Balancing investment and disinvestment</i>	
Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan (Improvement).	<p>The IJB was able to set a balanced budget for 2023/24 in March which included a savings programme under written by general reserves to smooth in the delivery of key areas of disinvestment.</p> <p>Annual Delivery Plans are now developed each year to support the delivery of the HSCPs Strategic Plan priorities. These are underpinned by Head of Service Plans and Team Plans. The overarching planning, performance governance arrangements supporting these mechanisms are set out in a new HSCP Performance Management Framework.</p> <p>Successful redesign during 2022/23 in areas that aim to reduce overdependence on formal support, in support of more informal, rehabilitative and re-abling services demonstrate the work that the HSCP is doing to rebalance overall investment to deliver improved outcomes. This can also be demonstrated with the work undertaken to localise services to add value through improved integration and collaboration.</p>
<i>Commitment: Delivering financial sustainability</i>	
Ensure longer term sustainability of services within available resources (Redesign)	The financial planning assumptions were updated for the next 5 years with work progressing to identify areas of service redesign which will deliver a balanced budget position for the HSCP going forward.



Collaborative Commissioning and Whole System Working

Our Progress in 2022/23

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Co-designing solutions with the third and independent sectors</i>	
Build collaborative commissioning through the development of improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers (Redesign).	Collaborative commissioning approaches were introduced during 2022/23 in the areas of mental health services and alcohol and drugs services. This now provides a foundation for delivering this approach across other care groups and service areas.

Objectives for 2022-25	Progress in 2022/23
	A review of the engagement framework used to support the HSCPs collaborative approach with the third and independent sector was undertaken and a new model has been designed, approved and implemented.
<i>Commitment: Supporting primary care improvement</i>	
Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding (Improvement).	During 2022/23, the HSCP has continued with the implementation of the Primary Care Improvement Plan Memorandum of Understanding (2). Significant progress has been made. The HSCP is on track to complete a level of implementation deliverable within the current financial budget and with the limitations of accommodation and recruitment challenges.

Infrastructure & Technology

Our Progress in 2022/23

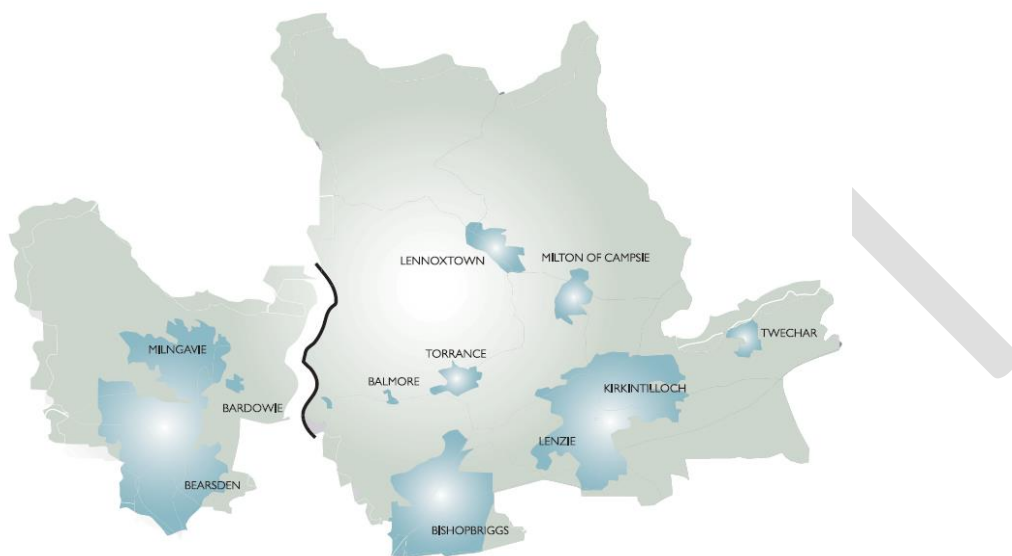
Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Modernising health and social care facilities</i>	
Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices (Redesign).	<p>The HSCP has developed a Property Strategy during 2022/23 which reflects and delivers on the priorities to support delivery of Primary Care Improvement Plan, wider HSCP property requirements and maximises opportunities related to hybrid working:</p> <p>An accommodation review progressed during 2022/23 with an expansion of space within Milngavie Enterprise Centre for office based staff previously located within Milngavie Clinic. This increases the opportunity to modernise clinical and therapeutic space close to local communities. Upgrades within the clinic have been completed during the year with more planned. A similar programme is underway within the East Locality, with shop-front premises</p>

Objectives for 2022-25	Progress in 2022/23
	<p>secured in the Bishopbriggs area to convert into primary care clinical space.</p> <p>A review of the Woodlands Centre clinic and Kirkintilloch Health and Care Centre is also progressing with design plans developed to maximise clinical and therapeutic space within these buildings. Options are being reviewed to further expand clinical and drop-in space within the West Locality.</p> <p>A Health Board wide property evaluation during 2022/23 gave strong support to progressing an integrated health and social care solution within the West Locality; a business case will be developed and taken forward over the next year.</p>
<i>Commitment: Maximising the potential of digital solutions</i>	
<p>The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone (Redesign).</p>	<p>The HSCP aims to implement its 2022/23 Digital Action Plan by 2024, which seeks to maximise experience of remote technology for a digitally enabled workforce, implement Analogue to Digital Telecare Transformation.</p> <p>Work towards Digital Maturity Assessment with the Scottish Government was not finalised due to delays within the Scottish Government and the loss of key information to inform the assessment. The HSCP is now participating in a national digital assessment of HSCPs.</p> <p>A number of local digital projects have concluded in the year, including “Ask Sara” which provides impartial advice about supportive equipment.</p>

Part 4. Locality Planning

The HSCP established two Locality Planning Groups during 2015/16 to support the understanding, planning and delivery of services around communities within these localities. These locality areas relate to natural communities. They consist of:

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



The Locality Groups have brought together a range of stakeholders including GPs, social workers and social care professionals, community health professionals, carers and service users to facilitate an active role in, and to provide leadership for local planning of service provision.

Three Primary Care Clusters exist in Kirkintilloch and the Villages, Bishopbriggs and Auchinairn, and Bearsden and Milngavie. Most community health, social work and social care services are organised into either locality or cluster teams.

Locality Planning Groups: 2022/23 Update

The continued response to the pandemic had an impact on the impetus and delivery of the locality planning groups. Due to operational pressures, both groups were stood down for 2021/22 and 2022/23.

During this interim period, the HSCP has reviewed the leadership, membership, purpose and governance of locality planning within the HSCP, developing a revised model that ensures a closer link between locality needs, resources and assets.

The operational Locality Practitioner Collaborative model has continued to grow and develop in line with the increasing development of locality-based services and has now been implemented across the authority.

Core membership of the Locality Practitioner Collaboratives meets weekly and consists of senior practitioners from the East and West Social Work Teams, Community Occupational Therapy and Sensory Impairment Service, Community Rehabilitation Teams, Adult Community Nursing, Older People's Mental Health Service and in-house Care at Home, with extended membership from Clinical and Primary Care Pharmacy Services, Adult Mental Health and Podiatry services.

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

Building on the success of this approach, a Community Health and Care Services Locality Operational Leads Group was to be established in December 2022 with membership consisting of Team Leaders and Managers from the aforementioned teams meeting monthly. This arrangement has been designed to work alongside the establishment of an Extended Locality Collaborative, with wider membership from Children and Families, Adult Mental Health, Learning Disabilities, Public Health Improvement, Primary care and the Alcohol and Drugs Recovery Service which will meet quarterly. Due to the prolonged and particularly intensive winter pressure period, the establishment of these new collaborative groups was deferred until April 2023.

The Locality Planning Group meetings are also scheduled to re-launch in April/May 2023 where agreement will be reached on their future priorities and areas of focus. Budget has been set aside for both locality groups to facilitate small projects and direct engagement.

Part 5. Hosted Services

Background and Context

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

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

East Dunbartonshire HSCP Board hosts two functions on behalf of the family of IJBs in the NHS Greater Glasgow and Clyde area: Specialist Children’s Services and Oral Health Services. These services are described in more detail below, with a summary of their achievements during 2022/23 and their planned priorities in the year ahead.



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

SCS has a large workforce based throughout the NHS Greater Glasgow and Clyde area. Some of these staff work within the local communities such as health centres, in hospitals and inpatient units, schools – mainstream and additional support for learning schools and within the patient’s home and we have many office bases throughout the NHS Greater Glasgow and Clyde area.

Across Scotland, there is a tiered approach to mental health services in the public sector. GIRFEC principles underpin service delivery in each tier and these are built into service specifications. Tier 1 mental health support is delivered locally and as part of universal services such as Health Visiting and Education. Tier 2 covers mild mental health presentations and is targeted towards those who need it. These services are usually delivered by voluntary and community organisations and offer short term interventions. Tier 3 community CAMHS services are targeted at children and young people with moderate to severe mental health needs who require assessment, intervention and management which is more specialist than that which can be provided by universal services. Tier 4 CAMHS services focus on highly specialist services operating on a GGC level with small numbers of children who require specialist care. GGC CAMHS also host the regional child and adolescent psychiatric in-patient unit at Skye House, and one national service, the national children's psychiatric in-patient unit for under 12s at the Royal Hospital for Children.

Areas of Development and Progress during 2022/23

Over the last year, development and improvement work has predominantly focused on phase 1 of the Mental Health Recovery and Renewal plan, amongst other local run initiatives designed to improve services within SCS. Some highlights include:

- Implementation of the national CAMHS specification across Tier 3 and 4. CAMHS have been developing services towards each of the 7 national standards and the service is working towards auditing and reporting on these to evidence successful implementation.
- The expansion of some community CAMH services from an upper age limit of 18, up to 25 for specific targeted groups, most particularly care experienced young people. This development has also been put in place for our learning disabilities pathway with staff recruited to carry out this work.
- The substantial reduction of waiting list backlogs for CAMHS. By the end of 2022/23, 74.1% of children / young people seen or otherwise discharged from the CAMHS waiting list had experienced a wait of less than 18 weeks. This is below the 90% national target but represents an improvement from the first quarter of 2022-23, when only 36.5% met the target.

Other work has been ongoing within phase 2 of the Mental Health Recovery and Renewal plan including the initial planning of a regional adolescent intensive psychiatric care unit, the improvement of CAMHS national data and the development of eating disorder services.

Areas for Focus during 2023/24

As part of the annual performance report and actions for the coming year, a series of development points linked to phase 2 of the Mental Health Recovery and Renewal plan will be important, alongside the ongoing effort for faster, more responsive support for children and young people.

We will continue to aim to meet the 18 week referral to treatment target to ensure children and young people are waiting less than 18 weeks. We will continue to focus on reducing the numbers waiting the longest. While the target has been met at the end of 2022/23 at a Health Board level, there are challenges in sustaining that

performance linked to a combination of ongoing recruitment challenges and the need to balance offering first appointments to young people newly referred, with offering further follow up appointments to those already being seen. CAMHS will therefore aim to achieve and sustain this by the mid-point of 2023/24 with the longest waits being targeted each month to further reduce the length of waits. The workforce plan will be reviewed to focus on professional groups able to increase case holding capacity to create a larger core of nursing and psychology staff.

Alongside the implementation of the national CAMHS specification, the national children and young people's Neurodevelopmental Specification will also be implemented throughout this year. This will create a third umbrella service across SCS, linking very closely with CAMHS and SCPT. The Neurodevelopmental Specification, along with clinical guidelines, a clinical competency framework and a demand and capacity model are all being developed for implementation. These are currently being piloted in two locality areas with the aim to roll out across NHS Greater Glasgow and Clyde, throughout the year.

SCS are working with Scottish Government, GGC eHealth and Public Health Scotland on the development of the Child, Adolescent and Psychological Therapies National Dataset (CAPTND), linking to all NHS Boards across Scotland. The aim is to improve the quantity and quality of monthly data submissions, alongside the improvement of data in general to support reporting on the national specifications. This work is underway and initial monitoring of improvements will be reported.



Oral Health Directorate

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

The OHD structure incorporates:

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

General Dental Services (GDS)

The role of the OHD General Dental Services administration team is to provide a comprehensive administrative support service to 800 General Dental Practitioners in Greater Glasgow and Clyde in accordance with The National Health Services (General Dental Services) (Scotland) Regulations 2010. The department acts as an enabling function providing practitioners with the necessary support and expertise associated with their terms and conditions obligations. The department supports the

organisation by ensuring that its statutory responsibilities are fulfilled in relation to this group of NHS independent contractors.

Public Dental Service (PDS)

The PDS service operates on a board-wide basis across 28 sites and provides comprehensive dental care and oral health education to priority group patients, including those with additional support needs, adult and paediatric learning disabilities, medically compromised and children who are unable to be seen routinely by GDS (these will include higher levels of treatment complexity and behavioural factors). Treatment is provided in clinics, schools and nurseries, care homes, outpatient daycentres, hospital settings, domiciliary visits, prisons and undergraduate outreach clinics.

Oral Health Improvement

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

Secondary Care Dental (SCD) Service

SCD services also known as Hospital Dental services are the main referral centre for specialist dental services for NHSGGC and the West of Scotland. SCD services accept patients on referral from medical and dental practitioners as well as tertiary referrals from other areas/specialties, including Emergency Dental Treatment Centre (EDTC) and the Out of Hours (OOH) service. Patients can be treated in outpatient clinics or, depending on the treatment required, patients are admitted as inpatients or day cases. Treatment is carried out in the Glasgow Dental Hospital (outpatients) as well as many hospital sites (inpatients/day cases) within the Acute Sector of NHSGGC.

Dental Public Health

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

Areas of Development and Progress during 2022/23

Over the last year development and improvement work has predominantly focused on recovery of primary and secondary care dental services. Some highlights include:

- Resurrection of the Public Dental Service Review post pandemic and the creation of short life working groups to re-align the recommendations of the review in a post Covid era.
- Revalidation of Paediatric General Anaesthetic (GA) waiting lists to respond to waiting times challenges and deflect as many patients as possible who are awaiting GA to other appropriate modalities of care and treatment.
- Through non-recurring Winter Preparedness Funding (WPF) the PDS was able to increase access to routine dental care for patients within GGC. The funding was used to support access to emergency and urgent dental care and support patients who were not able to register with a dentist. A highlight was the PDS's ability to respond to significant access issues within Inverclyde by creating an Access Centre. Furthermore, an occasional care clinic was set up to deliver emergency and routine dental services for patients referred by the EDTC and OOH clinics who could not access NHS dental care through their local general dental practitioner.
- The OHD stated a robust case and worked closely with Scottish Government to have Inverclyde (under the remote and rural label) included on the list of areas eligible to apply for financial incentives through the Scottish Dental Access Initiative. The initiative allows eligible practices/practitioners within the Inverclyde area to apply for the grant.

Areas for Focus during 2023/24

As part of the annual performance report for the coming year and in response expected changes within Dental Services in Scotland it is important for the OHD to focus on supporting access to NHS dentistry within Greater Glasgow and Clyde. We aim to scope and implement access initiatives throughout primary care oral health services. The key challenge is the awaited outcome of the Dental Reform process and the proposed Determination 1 of the Statement of Dental Remuneration.

Flexible implementation of the recommendations from the Public Dental Service review Programme Board are a key focus for 2023/24 with the creation of a work programme and key work streams alongside the appointment of a Programme Manager to support implementation within agreed timescales. Consideration needs to be given to the outcome of the review of the Statement of Dental Remuneration and the impact of Determination 1 on PDS services; this is expected in October 2023 and may result in changes or additionality to the recommendations in order to be responsive to PDS needs and protect its core services.

The creation and implementation of an OHD wide Communication and Engagement Strategy is a primary focus for the coming year. The initial focus will be establishing and capturing the OHD "audience" which spans both Primary and Secondary Care settings. The creation of a rolling communications programme and action plan that is meaningful to our audience and key stakeholders via social media and other mediums. The intention that by the end of the year the strategy will be embedded as business as usual.

Part 6. Other Achievements and Good Practice Highlights

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

Care About Physical Activity (CAPA):



Allied Health Professionals – Support to Care Homes

Care Home residents now have access to care and treatment when required by a Physiotherapist, Occupational Therapist or Senior Rehabilitation Worker, to support residents who have been discharged from hospital and who need support to improve their function or mobility, to remain as independent as possible as per the recommendations in the Scottish Government's Care About Physical Activity Agenda.

Care About Physical Activity Projects

Two projects have been initiated by the CAPA team in line with the National Improvement Programme for Physical Activity Projects within two local Care Homes. Each project aimed to improve the amount of physical activities offered to residents and support Care Home Staff in delivering activities based on the resident's interests and needs. Both have been a success and have encouraged residents to be more active, particularly male residents who had not previously been showing an interest in taking part in activities. These activities support the reduction and prevention of falls and improves the mental health of residents.

A new Care Home Activity Coordinators Peer Support Group has also been set up to enable Care Home staff to share ideas about what has worked well within their Care Homes in relation to increasing the physical activity of residents.

Falls Reduction

The CAPA team have been delivering awareness raising and training sessions to Care Home staff about the Falls Pathway. This approach supports good decision after a resident has fallen and provides staff with professional advice about alternatives to hospital attendance and potential admission.



UNICEF Baby Friendly Gold Award

The UNICEF UK Baby Friendly Initiative enables public services to better support families with feeding and developing close and loving relationships, so that all babies get the best possible start in life. The Health Visiting Service were awarded a UNICEF Baby Friendly gold award in November 2022.

District Nursing Service

Extension of Core Hours

After consultation and a test of change, the District Nursing Service implemented a new working-hours model in September 2023 to provide core services to patients between 08:30 and 22:00, 7 days a week. This new model has shown significant improvements in patient experience, particularly for palliative care, with timely responses to unplanned visits, better continuity of visits and improved communication across the service.

Quality Assurance

A new Quality Assurance audit has been implemented within the District Nursing service. This monthly audit includes in-depth exploration of nursing clinical records and shadowing to include qualitative and quantitative outcomes. Since June 2022, all three District Nursing teams have achieved a consistent Gold rating which is 90% compliance and over and demonstrates a high standard of care across the whole service.

Children's Mental Health and Emotional Wellbeing

During the pandemic the numbers of children and young people seeking support for anxiety and eating disorders increased significantly. In response, our Delivering for Children and Young People Partnership (DCYPP) prioritised improvements in this area. The aim has been to improve early access to mental health, wellbeing and emotional support that is fit for purpose, at the right time and in the right place. New funding has been used to develop local pilot projects, including a Compassionate Distress Response Service (aged 16-26) and additional counselling provided by LifeLink to support home schooled children and young people 16+ who are not in school. This service specifically targeted young people referred for support to the Children & Young People Mental Health Services (CAMHS).

Wayfinder – Peer Navigator for Justice Clients

Working in collaboration with the Alcohol and Drug Partnership and the Community Justice Partnership, Justice Social Work services secured funding from the Drugs Death Task Force, to commission a Peer Navigator post to enhance justice clients' ability to access alcohol and drugs services with a view to improving outcomes and reducing drug deaths.

The Peer Navigator has lived expertise and uses relationship-based practice to develop supportive and meaningful relationships with clients, many of whom are often difficult to engage. This service is aimed at men subject to community-based disposals and those returning to the community after custodial sentences.

Since coming into post the navigator has supported 15 clients to positive destinations.

Connect-ED



Connect-ED was an initiative piloted during 2022/23 to promote healthy aging and independence. It delivered a range of health and wellbeing information and support from the HSCP, the Council and local third sector services.

During the 6-month programme, 59 people were supported on issues including Power of Attorney and wills advice, provided by our Age Scotland partner. Others were provided with information on social clubs, walking groups and enquired about volunteering opportunities. It is also notable that all organisations who took part in the programme reported increased referrals and established new networks.

Mind of My Own App

The child care Integrated Comprehensive Assessment (ICA) cannot be completed and authorised for the Scottish Children's Reporter if the Child/Parents view is not recorded. In response to this, the Children and Families team have introduced the Mind of My Own App, which enables children and young people to communicate their views, experiences and feelings to a trusted adult in a safe digital space. This supports practitioner in understanding the child or young person, enables them to respond quickly to them and evidences their views.



Income Maximisation

In 2022 the Health Improvement Team devised and developed a digital QR code to support the Income Maximisation service. The service can now receive service user referrals directly from the new digital pathway incorporating a quicker self-referral route, streamlining the process and making the service more accessible for a wider range of individuals.

East Dunbartonshire Improving the Cancer Journey

This service, in partnership with Macmillan Cancer Support has been running for 16 months and helps people to get the support they need, whether that's physical, emotional, practical, medical or financial. In 2022 the service entered into partnership with Low Moss Prison to offer the service to those who live or work within the prison environment. This partnership is being cited as an area of good practice by both the Scottish Prison Service and The Scottish Government.



Children and Young People's Mental Health

The School Nursing service continues to support the increasing number of children and young people seeking support for mental health and wellbeing. Through training and development, the team have upskilled staff to support children and young people with complex health needs and/or emotional health and wellbeing needs. All school nurses provide Lets Introduce Anxiety Management (LIAM) intervention to 8-18 years.

Access to Advanced Practitioner – Festive Holiday Cover

Advanced Nurse Practitioner access was arranged over the 4 public holidays during the festive period to give advanced support to four care homes that were in a Covid-19 outbreak at the time as well as support to patients in their own home. Within the care homes, this resulted in 21 calls to NHS24 or GP Out of Hours being avoided as well as 12 potential hospital admissions being avoided. For those patients at home, 6 potential hospital admissions and 10 calls to GP Out of Hours were avoided.

Perinatal Mental Health Services

The Enjoy Your Baby Group has been expanded to include fathers and partners as well as mothers. It is an evidence-based programme for the management of stress, anxiety and depression for parents experiencing mild to moderate mental health challenges, during this period. The programme promotes early intervention, reducing the risk of deterioration using a recovery-based model of person-centered care, taking account of the parent's needs and that of their infant, partner and family.



Care Home Support Team

Anticipatory Care Planning (ACPs)

The Care Home Liaison nurses are promoting the importance of Anticipatory Care Planning for care home residents which is a plan for how and where they would like to be cared in the future and identifies what personal outcomes are important to that individual. This information is available on a shared electronic system accessed by the ambulance service, GPs and health staff working within community and Acute services. Anticipatory Care Plans enable a meaningful conversation with residents about preferred place of care and contribute to the reduction of unscheduled admissions and the facilitation of successful and timely discharge from hospital. Education has been provided to the whole team and to the community social work teams.



Project Milkshake

The Dietitian, in conjunction with the Care Home Dietetic team (Health Board wide), started a pilot project during 2022/23, Project Milkshake, within one East Dunbartonshire care home that promotes the use of milkshakes and a 'Food First' approach for residents experiencing weight loss.

Relatives Forum



In collaboration with Carers Link, a Relatives Forum has been established for relatives of care home residents with an emphasis on mutual support. Topics that have or will be covered include food, fluid and nutrition, bereavement, finances, meaningful / physical activities, life story work, palliative care and anticipatory care planning.

Community Mental Health Team

Attention Deficit Hyperactivity Disorder (ADHD)

During 2022/23 a new ADHD assessment clinic was established on a Saturday to enable people to attend out with working or school hours. This is proving popular with clinic attendance rates at 100%.

Public Dental Service

The Public Dental Service set up additional clinics in 2022/23 to tackle issues relating to reduced access to dental services experienced since the Covid-19 pandemic, in particular in General Dental Services. A Paediatric clinic has been set up to assess and treat children who have been unable to access routine dental care within General Dental Practice. A service for frail elderly patients has been established for patients who require routine domiciliary care but do not need input from the Special Care Dental Team. An occasional clinic has also been established to offer a single course of treatment for unregistered patients who required a course of dental care to secure oral health but were unable to register with a General Dental Practice due to ongoing access issues.



“Make it Work”

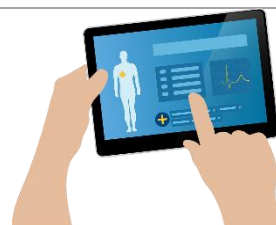
Having a job is considered to be one of the main positive influences on an individual’s ability to not reoffend. It not only improves their prospects of securing appropriate accommodation, healthcare, and more secure finances, but it can provide them with new peer groups, and help build their resilience and a positive self-image.

In collaboration with the Local Employability Partnership (LEP) the Community Justice team have introduced the ‘Make it Work’ East Dunbartonshire employability project for people in contact with the Justice system.

A dedicated employment advisor has been employed and 21 people started on the first year of the programme in 2022/23, with 14 gaining a qualification necessary for ongoing employment and 9 people starting employment.

Electronic Medical Administration Record (eMAR)

eMAR is an electronic medical records software which is an alternative to the paper-based Medical Administration (MAR) sheets used for managing medication administration. The HSCP Care at Home team are currently piloting eMAR through their scheduling system, with a small number of clients who are receiving prescribed creams in conjunction with the District Nursing Service. This enables the Care at Home Carers to apply the prescribed cream based on the scheduling and dosages entered by the District Nurses. The hope is that the eMAR system can be rolled out to a great number of customers for a wider number of prescribed medications in the future.



Home & Mobile Health Monitoring for Self-Management

Blood Pressure Monitoring

Blood pressure monitors have been distributed across 6 GP Practices involved in the rollout of the self-management of blood pressure monitoring. 176 patients so far are monitoring their blood pressure at home preventing repeat visits to their GP practice.



Community Treatment and Care Service (CTAC) - Vitamin B12 Injections

Patients have fed back to the CTAC team that for some of them, having to attend regular clinic appointments for their Vitamin B12 injections was negatively impacting on their life due to the time it took to attend appointments. This feedback led the team to introduce a test of change for interested patients which focused on developing training resources to support and educate willing participants to self-administer vitamin B12 injections. The pilot was launched successfully in March 23 with 16 service users now self-managing their condition. A further 30 service users have expressed an interest in undertaking the training to allow them to self-manage their condition.

Rehabilitation

Home For Me

The Home For Me service is a continuously developing joint service between the Community Rehabilitation Team and the Care at Home service. These services work jointly to provide a short period of rehabilitation and reablement to promote independence and reduce the need for an ongoing care package. The majority of service users have had a recent hospital admission and a change in their functional abilities.

This collaborative way of working allows individuals to receive care when required, whilst receiving rehabilitation, setting patient centered goals and reducing their reliance on services. The service has also been used to prevent admission to hospital where a short term packages of care has been put in place to support someone at home during a period of ill health. Currently the service manages to support 93% of individuals back to full independence. Customer feedback has been very positive.

Frailty Practitioners

East Dunbartonshire HSCP now has 2 Frailty Practitioner posts within the Community Rehab Team as part of a wider NHS Greater Glasgow & Clyde response to the issue of frailty across the Health Board area. The Frailty Practitioners provide a comprehensive assessment of individuals identified as living with frailty within the community.

Work has also commenced with 2 GP practices to identify individuals in the community who would benefit from a comprehensive assessment within their own home. They will then receive advice for self-management of any issues they may have been having, sign-posting to any supports they may need and/or a referral to any professional services they may require.

“Apna Ghar”

Apna Ghar is a new group within the Bearsden area for women from ethnic minority backgrounds. The group offers a friendly, welcoming environment, encouraging friendship and peer support.

The Older People Local Area Co-ordination Service worked in partnership with the volunteers and organiser for the group, East Dunbartonshire Voluntary Action (EDVA), the public and the Council to establish the group, secure accommodation, develop the group’s constitution and membership, and support funding applications. The group now operates independently with minimal ongoing assistance from the Local Area Co-ordination Team.

Alcohol and Drugs Recovery Service



The Alcohol and Drugs Recovery Service has developed a new Standard Operating Procedure that the Scottish Government are utilising as an example of good practice and sharing with other Alcohol and Drug Partnership areas.

AskSARA is a self-help website which gives impartial expert advice and information on products and equipment to help make daily living easier for older and disabled people. The HSCP continues to promote and raise awareness of the AskSARA service. There has been a 33% increase in activity from last year.

Engagement with Place Communities

During the past year, the HSCP has been working in partnership with our community planning partners to consult with the communities in Lennoxton, Hillhead and Harestanes, Twechar and Auchinairn. The consultation was undertaken to inform the new Locality Plans which will drive work in those areas and will replace the previous Place plans.

During the consultation, the Public Health Improvement Team engaged with approximately 420 people to find out what support they need as we work through and out of the pandemic and how we can help empower communities to support themselves in a true community-led approach.

This partnership approach has helped build and maintain stronger relationships between partners in East Dunbartonshire, share resources and skills and lead to a more joined up and community-led approach.

Income Maximisation

Over the past 5 years the Income Maximisation Service has generated a total of £3,898,000 of income which has directly benefited East Dunbartonshire residents. This service which is managed by the Public Health Improvement Team (HIT), supports the HSCPs ambition to mitigate poverty and increase health & wellbeing outcomes across East Dunbartonshire. In 2022 the HIT added a digital QR code to support referral to the income maximisation service. This has helped to streamline and simplifying the referral process, reducing barriers and widening its reach.

Trauma Informed Practice



A number of the teams across the HSCP have invested significantly in embedding trauma informed practice during 2022/23, recognising where people are affected by trauma and adversity, and better able to respond in ways that prevent further harm and support recovery. Staff training has been rolled out and work has begun to improve clinical spaces to appear more user friendly with framed pictures, furnishings and softer lighting. Noise outside rooms has also reduced by minimising staff use of the corridors. In November 2022 we appointed a Trauma Informed Coordinator to progress this work and support the Aces and Trauma Collaborative.

Joint Learning Disability Services

In line with Scotland's National Dementia Strategy, the team has been contributing towards the development of dementia support for people with learning disabilities. We have contributed towards the development of a new care plan guidance resource for Post Diagnostic Support. We have also been involved in the development and delivery of a dementia training programme, in line with the 'Promoting Excellence' framework, which is being rolled out across NHS GG&C Learning Disability Services.

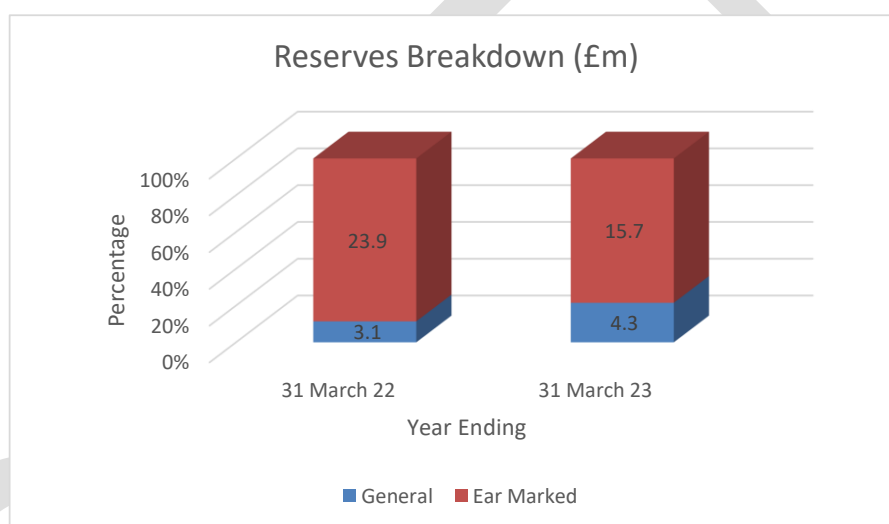
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Part 7. Financial Performance

Financial Performance 2022/23

The partnership's financial performance is presented in the Annual Accounts. The Comprehensive Income and Expenditure Statement (CIES) describes expenditure and income by care group across the IJB and shows an over spend of £6.928m against the partnership funding available for 2022/23. Adjusting this position for in year movements in reserves provides an underlying positive variance on budget of £4.387m for 2022/23 which represents operational service delivery for the year and has been reported throughout the year to the IJB through regular revenue monitoring updates.

This has reduced the overall reserves position for the HSCP from a balance of £26.990m at the year ending 31 March 2022 to that of a balance of £20.062m as at year ending 31 March 2023. The reserves can be broken down as follows:



The CIES includes £2.930m of expenditure related to the impact from Covid-19. The costs incurred during 2022/23 are set out in the table below.

Additional Covid-19 Costs - HSCP	2022-23 Revenue Total
Flu Vaccination & Covid-19 Vaccination (FVCV)	181,186
Additional Staff Costs (Contracted staff)	239,379
Additional Staff Costs (Non-contracted staff)	57,374
Additional Equipment and Maintenance	513
Additional PPE	30,321
Additional Capacity in Community	140,547
Children and Family Services	895,242
Covid-19 Financial Support for Adult Social Care Providers	1,167,495
Additional FHS Contractor Costs	72,322
Digital & IT costs	4,086
Loss of Income	141,237
Total Covid Costs - HSCP - All	2,929,701

Costs were covered through HSCP earmarked reserves, held for this specific purpose. The balance of reserves of £7.034m was returned to SG in the financial year to be redistributed across the sector to meet current Covid-19 priorities. The mechanism by which the funds were returned resulted in the contribution from NHSGG&C being reduced by this amount.

Financial Outturn Position 2022/23

The budget for East Dunbartonshire HSCP was approved by the IJB on the 24th March 2022. This provided a total net budget for the year of £199.034m (including £38.514m related to the set aside budget). This included £0.449m of agreed savings to be delivered through efficiencies, service redesign and transformation to deliver a balanced budget for the year and moving forward into future years.

There have been a number of adjustments to the budget since the HSCP Board in March 2022 which has increased the annual budget for 22/23 to £208.479m. These adjustments relate mainly to non-recurring funding from SG specific to the dental health bundle, family health services, PCIP, ADP and the pay award for NHS and social work staff. This is netted off against the reduction in the NHS contribution related to the return of Covid funding in year.

The partnership's financial performance across care groups is represented below:

Care Group Analysis	Annual Budget 2022/23 £000	Annual Expenditure 2022/23 £000	Year End Variance £000
Strategic & Resources	4,615	4,465	149
Older People & Adult Community Services	52,188	48,793	3,395
Physical Disability	5,314	5,093	221
Learning Disability	22,859	23,142	(283)
Mental Health	4,363	4,501	(138)
Addictions	1,916	1,307	609
Planning & Health Improvement	618	552	66
Childrens Services	15,632	14,930	702
Criminal Justice Services	416	455	(39)
Other Non Social Work Services	1,258	950	308
Family Health Services	33,220	33,218	2
Prescribing	21,095	22,027	(932)
Oral Health Services	11,713	12,738	(1,025)
Set Aside	40,306	40,306	0
Covid Expenditure	(7,034)	2,930	(9,964)
Net Expenditure	208,479	215,407	(6,928)

A breakdown of the projected underspend against the allocation from each partner agency is set out in the table below:

Partner Agency	Annual Budget 2022/23 £000	Actual Expenditure 2022/23 £000	Year End Variance 22/23 £000
East Dunbartonshire Council	71,437	77,737	(6,301)
NHS GG&C	137,042	137,670	(628)
TOTAL	208,479	215,407	(6,928)

The main reasons for the variances to budget for the HSCP during the year are set out below:

- **Mental Health, Learning Disability, Addiction Services, Health Improvement (£0.255m under spend)** - the overall variance relates to pressures in relation to increased taxi provision (as opposed to use of fleet transport) to support SW service users to access services, loss of income from charging due to numbers attending day services and in receipt of non-residential services not resuming to pre covid levels. This is offset by the numbers of care packages not resuming to pre covid levels anticipated at the time of setting the Budget for 2022/23, vacancies, ongoing recruitment and retention issues across nursing and psychology posts within MH and LD health services.
- **Community Health and Care Services – Older People / Physical Disability (underspend of £3.616m)** – there continued to be reduced levels of care home placements, supported living packages and care at home services purchased from the external market from that assumed at the time of setting the budget, due to the continuing impacts of Covid-19. Numbers are continuing to recover to more normalised levels. This mitigates pressures within the in-house care at home service and pressures in relation to equipment to support people to remain at home along with additional adult winter planning funding to increase capacity in this area. SG funding was made available in year for Adult winter planning which was not fully spent in year due to ongoing recruitment challenges in filling posts. This will be taken to earmarked reserves.

This also includes the refund of monies of £1.1m related to charges for continuing care beds within Fourhills Care Home dating back to 1st April 2019 (£0.3m related to 19/20, £0.4m related to 20/21 and £0.4m related to 21/22).

- **Children and Criminal Justice Services (underspend of £0.663m)** – there continued to be recruitment and retention challenges across Children’s services for the year. There was also reductions in external fostering and residential childcare placements as children move onto positive destinations. There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and will require the purchase of externally purchased placements to accommodate these children.

- **Housing Aids and Adaptations and Care of Gardens (underspend of £0.308m)** - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate – there has been a continuing underspend in relation to fleet recharges related to a downturn in transport provision needed as a consequence of Covid and a reduction in services requiring this type of transport. This is compounded by underspends across the care and repair service and private sector housing grants.
- **Prescribing (overspend of £0.932m)** - pressures in relation to price and volume increases across a range of medicines have been reported throughout the financial year which has resulted in an adverse variance in this area. A number of initiatives are in development to target the volume and types of prescriptions dispensed such as script-switch, review of use of formulary vs non formulary, waste reduction, repeat prescription practices. Prices across the market will continue due to global factors outwith the control of the HSCP, however use of alternative medicines will form part of the programme of initiatives being rolled out across East Dunbartonshire and more widely across GG&C.
- **Oral Health (overspend of £1.025m)** - the overspend relates to expenditure incurred in year on temporary staffing to address winter pressures and ventilation and equipment purchases in support of recovery of services following the pandemic to be funded from earmarked reserves set aside for this purpose. This was offset by some delays in filling vacancies during the year.
- **Covid Expenditure (overspend of £9.964m)** – there was expenditure related to Covid-19 during the year of £2.930m and the return of un-used reserves to SG of £7.034m. This expenditure will be met entirely from HSCP earmarked reserves held for this purpose.

Partnership Reserves

As at the 1 April 2022, the HSCP had a general (contingency) reserves balance of £3.1m. The surplus on operational service delivery generated during 2022/23 (£4.387m) will allow the HSCP to further that reserve in line with the HSCP Reserves Policy. This will provide the HSCP with some financial sustainability into future years and an ability to manage in year unplanned events and afford a contingency to manage budget pressures without the need to resort to additional partner contributions as a means of delivering a balanced budget.

The performance of the budget during 2022/23 supports the HSCP in the enhancement of a reserve to support the redesign of accommodation by a further £1m. This will increase the reserve already available to £3m to support the HSCP in delivery of its strategic priorities, primarily related to the delivery of the primary care improvement programme, moving services currently delivered within acute settings to local communities, such as Phlebotomy, and additional space to accommodate increased staffing capacity in response to Adult Winter Planning monies, adult

social work capacity funding. In addition it will facilitate the creation of a digital redesign programme of £0.5m in response to the outcome of a national digital maturity assessment and the work already underway as a result of the Covid-19 pandemic where resort to digital platforms moved forward significantly and needs ongoing investment to maintain and develop further. At its meeting in March 2023, the IJB approved the use of an element of contingency reserves to create a smoothing reserve to underwrite the delivery of the savings programme for 2023/24 of £0.594m and also to enhance the prescribing reserve by £1m to mitigate anticipated pressures related to increased price and volume demands during 2023/24. This provides a remaining balance on general reserves of £4.371m.

IJB's are empowered under the Public Bodies (Joint Working) Scotland Act 2014 (section 13) to hold reserves and recommends the development of a reserves policy and reserves strategy. A Reserves policy was approved by the IJB on the 11 August 2016. This provides for a prudent reserve of 2% of net expenditure (less Set Aside) which equates to approximately £3.8m for the partnership. The level of general reserves is in line with this prudent level and provides the partnership with a contingency to manage any unexpected in year pressures moving into future years of financial uncertainty.

While contingency reserves have increased during 2022/23, there has been a net reduction in the level of earmarked reserves from £23.912m to £15.691m with the application of reserves in year to deliver on specific strategic priorities. During 2022/23, the HSCP used £12.891m of its earmarked reserves. In the main this related to the application of £2.930m towards Covid-19 expenditure incurred in year, the return of £7.034m to SG of the balance of Covid reserves as well as the use of reserves to support expenditure related to the delivery of PCIP, Action 15 and Oral Health priorities. There were some additions to earmarked reserves in year of £1.576m (related primarily to ADP, Adult Winter Support Funding and Community Link workers) along with the creation / enhancement of earmarked reserves as set out above totalling ££3.094m provides for an overall net reduction in earmarked reserves for the year of £8.221m. This will leave a balance on earmarked reserves of £15.691m.

The total level of partnership reserves is now £20.062m.

Financial Planning

In setting the budget for 2023/24, the partnership had a funding gap of £3.894m following an analysis of cost pressures set against the funding available to support health and social care expenditure in East Dunbartonshire, this is set out in the table below:

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Recurring Budget 2022/23 (excl. Set aside)	69.918	92.118	162.036
SCS Budgets transferred to ED HSCP		30.074	30.074
Set Aside		38.382	38.382
Total Recurring Budget 2022/23	69.918	160.574	230.492
Financial Pressures - 23/24	6.724	1.640	8.364
2023/24 Budget Requirement	76.642	162.214	238.856
2023/24 Financial Settlement / Budget 2023-24	73.226	161.736	234.962
Financial Challenge 23/24	3.416	0.478	3.894
Savings Plan 23/24	(3.396)	(0.498)	(3.894)
Residual Financial Gap 23/24	0.020	(0.020)	(0.000)

Savings plans of £0.3894m were identified to mitigate the financial pressures which delivered a balanced budget position moving into 2023/24. There are a number of significant financial risks to the HSCP moving into 2023/24 with uncertainty on the funding to support pay uplifts for Social Work staff, pressures in relation to prescribing expected to continue into the new financial year, pressures on contractual spend for Social Work care providers with funding only available to support the SLW element and risks to the delivery of the savings programme in full. This has necessitated the need to enhance prescribing reserves and to create a smoothing reserve to underwrite and phase in elements of the savings plan during 2023/24 with full delivery expected in future financial years.

The HSCP has a Medium Term Financial Strategy for the period 2023 – 2028 which outlines the financial outlook over the next 5 years and provides a framework which will support the HSCP to remain financially sustainable. It forms an integral part of the HSCP's Strategic Plan, highlighting how the HSCP medium term financial planning principles will support the delivery of the HSCP's strategic priorities.

There are a number of key opportunities and challenges for the HSCP at a national and local level. The most significant being the Review of Adult Social Care, elements of which have now been reflected in the new programme for government. This may see significant investment across a range of areas including the development of a National Care Services on an equal footing to the National Health Service, expansion of support for lower-level needs and preventive community support, increasing support to unpaid carers and sums paid for free personal care.

The HSCP has particular demographic challenges.

The longer term impacts of the pandemic (Covid-19) are yet to be fully assessed and the impact of this on the delivery of health and social care services.

The Financial Challenge

The Medium Term Financial Strategy (MTFS) for the HSCP provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign. The MTFS was updated as part of the Budget Setting for 2023/24 in March 2023.

The main areas for consideration within the MTFS for the HSCP are:-

- The medium term financial outlook for the IJB provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign.
- The IJB is planning for a range of scenarios ranging from best to poor outcomes in terms of assumptions around cost increases and future funding settlements. This will require the identification of £17.2m to £38.4m of savings (previously £11.5m to £21.8m) with the most likely scenario being a financial gap of £17.2m over the next five years.
- This will extend to £42.3m (previously £28.9m) over the next 10 years, however this becomes a more uncertain picture as the future environment within which IJBs operate can vary greatly over a longer period of time.
- Based on the projected income and expenditure figures the IJB will require to achieve savings between £4.1m and £4.5m (previously £0.5m and £3.0m) each year from 2023/24s onwards.

The aim of the medium term financial strategy is to set out how the HSCP would take action to address this financial challenge across the key areas detailed below:

Key areas identified to close the financial gap



Delivering Services Differently through Transformation and Service Redesign

- Development of a programme for Transformation and service redesign which focuses on identifying and implementing opportunities to redesign services models of care in line with the ambitions of the HSCP Strategic Plan.



Efficiency Savings

- Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.



Strategic Commissioning

- Ensuring that the services purchased from the external market reflect the needs of the local population, deliver good quality support and align to the strategic priorities of the IJB.



Shifting the Balance of Care

- Progressing work around the un-scheduled care commissioning plan to address a shift in the balance of care away from hospital based services to services delivered within the community.



Prevention and Early Intervention

- Through the promotion of good health and wellbeing, self-management of long term conditions and intervening at an early stage to prevent escalation to more formal care settings.



Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity. This is an area of focus through the Review of Adult Social Care.

Part 8. Inspection and Regulation

Joint Inspections

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

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

The active phase of the inspection took place between October 2022 and February 2023 and the inspection report was published 18 April 2023. The report can be accessed on the Care Inspectorate's publications web page³.

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

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

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

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

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

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

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

Service Inspections

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

ANNEX 1: National Outcomes and Local Strategic Priorities & Enablers

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

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X	X		X	X	X	
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	X	X	X		X	X		
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	X	X			X	X		X
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X	X	X	X	X	X	X	X
5	Health and social care services contribute to	X	X	X	X	X	X	X	

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

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

ANNEX 2: CARE INSPECTORATE EVALUATIONS – LOCAL SERVICES

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

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

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

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

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

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

NEW INSPECTION MODEL:

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

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

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

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

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

ANNEX 3: COMPARATIVE INCOME & EXPENDITURE 2015/16 – 2022/23

Objective Analysis	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18
Strategic / resources	3,743	3,044	2,568	3,042	3,205	3,648
Addictions	1,692	1,351	1,369	1,285	1,360	1,253
Older people	47,551	42,664	38,644	39,410	36,916	34,531
Learning disability	23,380	20,479	19,333	19,580	18,559	18,068
Physical disability	5,093	5,005	4,880	4,067	4,042	4,003
Mental health	6,057	5,520	5,378	5,155	5,129	5,349
Adult services						
Children & families	14,930	14,795	14,262	14,277	13,514	13,056
Criminal justice	455	346	162	211	258	226
Other - non sw	984	810	741	817	946	1,198
Community health services						
Oral health	12,738	10,786	9,820	9,835	9,899	9,632
Family health services	33,218	31,314	29,822	27,678	25,848	24,724
Prescribing	22,027	19,936	19,178	19,484	19,072	19,473
Covid-19	2,930	6,245	7,215			
Operational costs	304	289	282	270	246	234
Cost of Services Managed By East Dunbartonshire HSCP	175,101	162,584	145,111	145,111	138,995	135,394

Set Aside for Delegated Services provided to Acute Services	40,306	35,982	36,975	32,247	27,471	17,381
Total Cost of Services to East Dunbartonshire HSCP	215,407	198,566	190,629	177,358	166,466	152,775
NHS Greater Glasgow & Clyde	(137,042)	(149,959)	(144,950)	(120,508)	(111,583)	(99,721)
East Dunbartonshire Council	(71,437)	(62,753)	(57,719)	(55,760)	(52,690)	(51,910)
Taxation & Non Specific grant Income	(208,479)	(212,712)	(202,669)	(176,268)	(164,273)	(151,631)
(Surplus) or deficit on Provision of Services	6,928	(14,146)	(12,040)	1,090	2,193	1,144
Movement in Reserves	6,928	(14,146)	(12,040)	1,090	2,193	1,144

General Reserves	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18
Movement in General Reserves only	(1,293)	(1,143)	(1,935)	41	916	1,703
Balance on Reserves	(4,371)	(3,078)	(1,935)	0	(41)	(957)

ANNEX 4: ACHIEVEMENT OF BEST VALUE

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

Best Value Audit June 2023 – HSCP Evaluation

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

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		<p>In addition IJB directions to the Health Board and Council require them to deliver our services in line with our strategic priorities and Best Value principles – ‘Optimise efficiency, effectiveness and flexibility’. This has been enhanced in light of the final strategic guidance on directions with regular oversight and monitoring of delivery through PAR Committee and IJB.</p>
5.	<p>Do you consider there to be a culture of continuous improvement?</p>	<p>The HSCP has an overarching Quality Management Framework that establishes a cultural and operational commitment to continuous improvement. This is being implemented across the HSCP with a Governance post now in place to provide effective oversight and monitoring of consistent quality aspects set out within the framework. Focus on self-evaluation work as a means for identifying improvement and preparation for strategic inspections. The HSCP Clinical & Care Governance Group provides strategic leadership in developing a culture of continuous improvement with representation across all professional disciplines and operational service groups with a focus on improving the quality of services delivered throughout the partnership. There is a range of activity in this area:</p> <ul style="list-style-type: none"> • A number of HSCP service areas now have service improvement plans in place and a focused approach to quality/continuous improvement (QI). Examples of these improvements are captured and reported through the Clinical & Care Governance Group and reported to the IJB. • The Public Service User and Carers group has been involved in developing improvement activity on areas highlighted through engagement events. • In addition, a number of service reviews and redesign work strands are underway/or planned to maximise effectiveness, resources and improve the patient/service users journey across East Dunbartonshire. • The HSCP Annual Delivery Plan is focussed on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach (subject to regular IJB reports). • Lessons learned through Covid-19 response has escalated a number of areas of improvement e.g. through maximising use of digital, virtual meetings, focus on aspects of quality improvement through enhanced support to care home sector.

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		<ul style="list-style-type: none"> • HSCP Organisational Development and Training, Learning and Education resources support services in undertaking improvement activity. • A wide range of stakeholder consultation and engagement exercises, to evaluate the quality of customer experience and outcomes. • Regular service audits, both internal and arm’s length. • An extensive range of self-evaluation activity, for example case-file assessment against quality standards. • There are opportunities for teams to be involved in Quality Improvement development, which includes ongoing support and coaching for their improvement activity through our organisational development lead. • Workforce planning and OD/service improvement (SI) activity is planned, monitored and evaluated through our Human Resources and Organisational Development leads. • A Quality and Improvement Framework has been developed to support continuous improvement within the in-house Care at Home Service.
6.	<p>Have there been any service reviews undertaken since establishment – have improvements in services and/or reductions in pressures as a result of joint working?</p>	<p>A robust process for progressing service reviews is in place with support from the Council’s transformation team where appropriate. A number of reviews have been undertaken including:</p> <ul style="list-style-type: none"> • Review of locality management arrangements to support locality working including alignment of contractual arrangements for care at home services. • Review of Learning Disability Services - Whole System Review of services to support individuals with a learning disability including daycare provision and supported accommodation. Overarching Adult Learning Disability Strategy established that sets out redesign priorities. Fair access and resource allocation policy approved and implemented to manage current and future demand on a sustainable basis and to achieve Best Value. LD Day service element concluded in 22/23 with successful move to the Allander Resource Centre as part of a wider community development. Further work will progress on employment opportunities and maximising supports within the community as well as re-patriating individuals in high cost daycare provision out with the area. Work underway to progress improvements and developments across LD in house and commissioned supported accommodation. • Review of Mental Health & Addiction Services through an updated needs assessment with an action plan for

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		<p>progression in line with recovery based approach and strategic realignment of commissioned services.</p> <ul style="list-style-type: none"> • Review of Older People’s Daycare and Social Supports model concluded during 22/23 with the development of an updated needs assessment and Older People’s Formal and Informal Social Supports and Daycare Strategy. This included the approval of a revised model for the delivery of centre based daycare which will facilitate investment into more community based supports. <p>The HSCP is also participating in a number of reviews in collaboration with NHS GGC such as</p> <ul style="list-style-type: none"> • Un scheduled Care Review / Commissioning Plan/ Design and Delivery Plan • Mental Health Review and 5 year Strategy • Primary Care Improvement Plan (PCIP) and delivery of the GP contract requirements <p>There are a number of work streams to be progressed through the HSCP Annual Delivery Plans which sets out the transformation activity for the year and the strategic areas of work the HSCP will be progressing during 23/24.</p>
7.	<p>Have identified improvement actions been prioritised in terms of those likely to have the greatest impact.</p>	<p>The oversight for any improvement activity identified through service review, inspection reports, incident reporting or complaints learning is through the Clinical and Care Governance Group. This is reported through the SMT, the Performance, Audit & Risk Committee and the IJB to ensure priority is afforded to progress areas of high risk with scope for most improvement.</p> <p>The Annual Delivery Board has a role to consider and oversee service redesign which will deliver service improvement including robust business cases and progress reporting to ensure effective delivery in line with strategic planning priorities and quality care governance and professional standards.</p>
8.	<p>What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures.</p>	<p>All savings proposals are subject to a full assessment which includes:</p> <ul style="list-style-type: none"> • Alignment to Strategic Plan • Alignment to quality care governance and professional standards including risk assessment by Professional Lead • Equalities impact assessed • Risk assessment by responsible Heads of Service and mitigating actions introduced • Stakeholder engagement as appropriate

Best Value Audit June 2023 – HSCP Evaluation

		Where possible, the HSCP look to take evidence based approaches or tests of change to ensure anticipated benefits are realised and there is no compromise to care.
9.	Is performance information reported to the board of sufficient detail to enable value of money to be assessed	<p>Regular budget and performance monitoring reports to the IJB give oversight of performance against agreed targets with narrative covering rationale, situational analysis and improvement actions for areas where performance is off target. These reports are presented quarterly as well as the detailed Annual Performance Report. Financial performance reported every cycle to IJB. Plans to revise format of performance report to include finance narrative to provide linkages of impact of performance on the partnership financial position.</p> <p>The Annual Service Delivery Plan aligns key priorities for service redesign and transformation to the delivery of efficiency savings which are regularly reported through the Financial monitoring reports to the IJB and regular scrutiny of the transformation plan through the Performance, Audit and risk committee.</p>
10.	How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable	<p>Workforce and Organisational Development plan linked to strategic plan. Oversight through Staff Partnership Forum and reporting through the IJB.</p> <p>Service review process involves staff partnership representation for consideration of workforce issues.</p> <p>Regular budget and performance monitoring reports to the IJB give oversight of this performance.</p> <p>Financial planning updates to the IJB on budget setting for the partnership highlighting areas for service redesign, impact and key risks. Regular review and update on reserves positions as a means of providing contingency to manage any in year unplanned events.</p> <p>All IJB reports contain a section outlining the financial implications of each paper for consideration.</p>

ANNEX 5: NOTES ON PERFORMANCE DATA METHODOLOGY

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

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

Notes on Core National Integration Indicators

Indicators 1-9 are reported by a national biennial Health and Social Care Experience Survey that reports every two years. The most recent data for this is 2021/22. East Dunbartonshire had a response rate of 30%, which equates to 2,400 returns, compared to a Scotland response rate of 24%, which equates to 130,000 returns. It is important to note the limitations of the survey due to small numbers, which introduces a margin of error at a local level. Comparison of “performance” using this data should therefore be seen as an approximation.

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

More information on the survey and changes in the methodology are available by clicking here:

[Scottish Government Health Care Experience Survey](#)

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

The primary sources of the remaining data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. Annual figures for these indicators are presented by financial year until the most recent reporting year. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2022; this ensures that these indicators are based on the most complete and robust data currently available and acts as a suitable proxy, for comparison purposes.

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

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

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

Trends and National Rankings

The tables and charts aim to illustrate whether the objective is to increase or decrease the performance value, they show our performance in the reporting year, our performance trend compared to the previous year, our performance trend over the period since the integration of health and social care, our comparative performance over the same period and our “ranking” against the 31 other HSCPs in Scotland (Clackmannanshire & Stirling are a joint HSCP). Regardless of whether the objective is to increase or decrease the performance value, in ranking terms, 1 is always the best performing HSCP and 31 is the least well performing HSCP. With a number of indicators though, HSCPs perform at very similar levels, so trend lines can be very close together and national rankings should be viewed cautiously in situations where very tight clustering of performance levels exist. For these reasons, the tables and charts should be viewed in a balanced way that takes into account these factors.

Ministerial Strategic Group (MSG) – Performance Indicators

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

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

Impact of Coronavirus (COVID-19)

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

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DRAFT

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/11

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

SUBJECT TITLE: FINANCIAL PERFORMANCE BUDGET 2022/23 – MONTH 12 (YEAR END OUTTURN) AND UNAUDITED ANNUAL ACCOUNTS 2022/23

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Board on the financial performance of the partnership as at month 12 (Year End) of 2022/23 and present the Unaudited Accounts for 2022/23.

2.0 RECOMMENDATIONS

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

- 2.1 Note the Final Outturn position is reporting a surplus on budget of £4.387m as at year end 2022/23 (after adjusting for impact of movement to / from earmarked reserves).
- 2.2 Note and approve the final budget adjustments outlined within paragraph 3.2 (**Appendix 1**)
- 2.3 Note the HSCP financial performance as detailed in (**Appendix 2**)
- 2.4 Note the progress on the achievement of the approved savings plan for 2022/23 as detailed in (**Appendix 3**).
- 2.5 Approve the reserves position set out in paragraph 3.13 – 3.17.
- 2.6 Note that the HSCP Unaudited Annual Accounts 2022/23 were presented to the Performance, Audit & Risk Committee on the 20th June 2022 for consideration and are available for review (**Appendix 4**).
- 2.7 Note the summary of directions set out within (**Appendix 5**)

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 **BACKGROUND/MAIN ISSUES**

3.1 **Budget 2022/23**

The budget for East Dunbartonshire HSCP was approved by the IJB on the 24th March 2022. This provided a total net budget for the year of £199.034m (including £38.514m related to the set aside budget). This included £0.449m of agreed savings to be delivered through efficiencies, service redesign and transformation to deliver a balanced budget for the year and moving forward into future financial years.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2022 which has increased the annual budget for 22/23 to £208.479m (a decrease of £2.242m since that reported in month 10). A breakdown of these adjustments are included as **Appendix 1**. These adjustments relate to the reduction in the NHS allocation to reflect the return of Covid funding to SG offset by a number of increases related to the funding for the NHS pay award, PCIP, ADP and an increase in the set aside budget to reflect actual expenditure at year end.

3.3 **Partnership Performance Summary**

The overall partnership position is showing a year end overspend on directly managed partnership budgets of £6.928m, adjusting for balances to be taken to / from earmarked reserves of £11.316m, provides a general surplus on budget of £4.387m for the financial year 2022/23. This represents a positive movement of £1.395 since that reported at month 10. This relates, in the main, to the recovery from Glasgow City HSCP of £1.1m related to over-charging for continuing care beds within Fourhills Care Home since 2019 for a joint commissioning arrangement which terminated a number of years ago for which charges continued to be made until August 2022.

3.4 A breakdown of the projected underspend against the allocation from each partner agency is set out in the table below:

Partner Agency	Annual Budget 2022/23 £000	Actual Expenditure 2022/23 £000	Year End Variance 22/23 £000	Reserves Adjustment £000	Underlying Variance - Mth 12 (£000)	Projected Variance - Mth 10	Movement from last period
East Dunbartonshire Council	71,437	77,737	(6,301)	9,480	3,179	2,588	592
NHS GG&C	137,042	137,670	(628)	1,836	1,208	405	803
TOTAL	208,479	215,407	(6,928)	11,316	4,387	2,993	1,395

3.5 This shows a underlying year end under spend on Social Work services and delegated housing functions of £3.179m and an under spend on community health services of £1.208m. The main areas which account for the movement since the last reported period relates to the recovery of £1.1m from Glasgow City HSCP for charges made in error since 2019 for continuing care beds offset by an increase in prescribing expenditure in the final months of the year, there have continued to be recruitment and retention issues for staff across the HSCP and positive variations from movements in care packages.

3.6 The expenditure in year related to Covid-19 will be met in its entirety from residual covid reserves balances with no further funding available from SG. The HSCP

continued to submit monthly returns to SG to account for ongoing Covid-19 related expenditure.

3.7 The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire at Month 12 was £2.929m (a reduction on the Mth 10 return of £0.687m related primarily to final provider sustainability costs). The balance on reserves available to support Covid-19 expenditure, not utilised in year, of £7.034m was returned in full.

3.8 A copy of the final Month 12 return and breakdown of costs is set out below:

Additional Covid-19 Costs - HSCP	2022-23 Revenue Total
Flu Vaccination & Covid-19 Vaccination (FVCV)	181,186
Additional Staff Costs (Contracted staff)	239,379
Additional Staff Costs (Non-contracted staff)	57,374
Additional Equipment and Maintenance	513
Additional PPE	30,321
Additional Capacity in Community	140,547
Children and Family Services	895,242
Covid-19 Financial Support for Adult Social Care Providers	1,167,495
Additional FHS Contractor Costs	72,322
Digital & IT costs	4,086
Loss of Income	141,237
Total Covid Costs - HSCP - All	2,929,701

3.9 Financial Performance – Care Group Breakdown

The projected year end underspend across each care group area is set out in the table below:

Care Group Analysis	Annual Budget 2022/23 (£000)	Actual Expenditure 2022/23 (£000)	Year End Variance 22/23 (£000)	Reserves Adjustment (£000)	Underlying Variance - Mth 12 (£000)	Projected Variance - Mth 10	Movement
Strategic & Resources	4,615	4,465	150	(8)	142	108	34
Community Health & Care Services	57,501	53,885	3,616	368	3,983	2,764	1,219
Mental Health, Learning Disability, Addictions & Health Improvement	29,756	29,502	255	(32)	223	508	(286)
Children & Criminal Justice Services	16,048	15,385	663	(1)	662	3	659
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,258	950	308	0	308	175	133
FHS - GMS / Other	33,220	33,218	2	0	2	0	2
FHS - Prescribing	21,095	22,027	(932)	0	(932)	(708)	(224)
Oral Health - hosted	11,713	12,738	(1,025)	1,025	0	0	0
Set Aside	40,306	40,306	0	0	0	0	0
Covid	(7,034)	2,930	(9,964)	9,964	0	143	(143)
Net Expenditure	208,479	215,407	(6,928)	11,316	4,387	2,993	1,395

3.10 The main variances to budget during the financial year relate to:

- Mental Health, Learning Disability, Addiction Services (£0.255m under spend, an adverse movement of £0.5m on the underlying variance since that reported at Mth 10) – the overall variance relates to pressures in relation to increased taxi provision (as opposed to use of fleet transport) to support SW service users to access services, loss of income from charging due to numbers attending day services and in receipt of non-residential services not resuming to pre covid levels. This is offset by a reduction in the numbers of care packages experienced during covid not

resuming to pre covid levels assumed at the time of setting the 22/23 budget and vacancies, recruitment and retention issues across nursing and psychology posts within MH and LD health services.

The adverse movement in the period relates to an increase in the cost of taxi provision during the final period of the year and an increase in the bad debt provision from that anticipated for the year.

- Community Health and Care Services – Older People / Physical Disability (underspend of £3.616m, a positive movement of £1.2m on the underlying variance since that reported at Mth 10) – there continued to be reduced levels of care home placements, supported living packages and care at home services purchased from the external market from that assumed at the time of setting the budget, due to the continuing impacts of Covid-19. Numbers are continuing to recover to more normalised levels. This mitigates pressures within the in-house care at home service and pressures in relation to equipment to support people to remain at home along with additional adult winter planning funding to increase capacity in this area.

This also includes a credit received in Month 12 of £1.1m related to charges, made in error, for continuing care beds within Fourhills Care Home, Glasgow for the period since 1st April 2019 (£0.3m related to 19/20, £0.4m related to 20/21 and £0.4m related to 21/22). This arose due to a change in contractual arrangements for the payment of these beds in 2019. This has prompted a review of internal control measures within the HSCP which may have detected and mitigated the extent of the over-charging which occurred over this period. This accounts for the positive movement from the position last reported.

- Children and Criminal Justice Services (underspend of £0.663m, a positive movement of £0.659m on the underlying variance since that reported at Mth 10) – there continued to be recruitment and retention challenges across Children's services for the year, particularly in relation to the community support team and frontline social workers as well as health visiting and a vacancy in a dental health support worker post. There are also reductions in external fostering and residential childcare placements as children move onto positive destinations. There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and will require the purchase of externally purchased placements to accommodate these children.

The positive movement during the period relates to continued vacancies and a reduction in placements.

- Housing Aids and Adaptations, Fleet and Care of Gardens (underspend of £0.308m, a positive movement of £0.133m since that reported at period 10) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate – there has been a continuing underspend in relation to fleet recharges related to a downturn in transport provision needed as a consequence of Covid and a reduction in services requiring this type of transport. This is compounded by underspends across the care and repair service and private sector housing grants which account for the movement in period as these have now been reflected in the year end reported position.

- Prescribing (over spend of £0.932m, an adverse movement of £0.224m since that reported at period 10) – pressures in relation to price and volume increases across a range of medicines have been reported throughout the financial year which has resulted in an adverse variance in this area. A number of initiatives are in development to target the volume and types of prescriptions dispensed such as script-switch, review of use of formulary vs non formulary, waste reduction, repeat prescription practices. Prices across the market will continue due to global factors outwith the control of the HSCP, however use of alternative medicines will form part of the programme of initiatives being rolled out across East Dunbartonshire and more widely across GG&C.
- Oral Health (overspend of £1.025m) - the overspend relates to expenditure incurred in year on temporary staffing to address winter pressures and ventilation and equipment purchases in support of recovery of services following the pandemic to be funded from earmarked reserves set aside for this purpose. This was offset by some delays in filling vacancies during the year.
- Covid Expenditure (overspend of £9.964m) – there was expenditure related to Covid-19 during the year of £2.930m and the return of un-used reserves to SG of £7.034m. This expenditure will be met entirely from HSCP earmarked reserves held for this purpose.

3.11 The consolidated position for the HSCP is set out in **Appendix 2**.

3.12 Savings Programme 2022/23

There is a programme of service redesign and transformation which was approved as part of the Budget 2022/23 which was largely achieved in year. Progress and assumptions against this programme are set out in **Appendix 3**.

3.13 Partnership Reserves

As at the 1st April 2022, the HSCP had a general (contingency) reserves balance of £3.078m. The surplus generated during 2022/23 (£4.387m) will allow the HSCP to further that reserve in line with the HSCP Reserves Policy. It will also allow the HSCP to direct funding to deliver on a number of strategic priorities set out in the Strategic Plan 2022-25 and the Annual Delivery Plan for 2023/24. This will provide the HSCP with continuing financial sustainability into future years and an ability to manage in year unplanned events and afford a contingency to manage budget pressures without the need to resort to additional partner contributions as a means of delivering a balanced budget.

3.14 This will provide a general / contingency reserve moving into 2023/24 of £7.4m. The IJB approved the use of an element of contingency reserve, as part of the Budget approval for 2023/24 in March 2023, to create a smoothing reserve to underwrite the delivery of the savings programme for 2023/24 of £0.594m and also to enhance the prescribing reserve by £1m to mitigate anticipated pressures related to increased price and volume demands during 2023/24.

3.15 It is proposed that a further £1m is used to enhance the earmarked reserve for Accommodation Redesign in furtherance of the HSCP strategic priorities for the delivery of PCIP, delivery of services currently delivered within acute settings to local communities, such as Phlebotomy, and additional space to accommodate increased staffing capacity in response to Adult Winter Planning monies, adult social work

capacity funding etc. This will increase the reserve already available to £3m. The HSCP will continue to make representation through our partner bodies for access to capital funding but recognise that capital budgets are constrained and subject to competing priorities and it would be prudent for the HSCP to plan to make a contribution towards non-recurring capital works to support progression of our strategic priorities.

- 3.16** In addition, it is proposed to create an earmarked reserve of £0.5m for HSCP Digital Redesign. The HSCP is involved in a national Digital Maturity Assessment, the outcome of which will inform a digital strategy for Scotland for health and social care. While some of these priorities may align, the HSCP has a number of local priorities to build on the use of digital as a means of delivering health and social care services which will require investment, these include analogue to digital, upgrade of carefirst, remote health and care monitoring initiatives, online solution for advice and equipment ordering, options for remote consultations and support for people living independently within their own homes and communities.
- 3.17** This will provide a general reserves balance of £4.3m.
- 3.18** IJB's are empowered under the Public Bodies (Joint Working) Scotland Act 2014 (section 13) to hold reserves and recommends the development of a reserves policy and reserves strategy. A Reserves policy was approved by the IJB on the 11th August 2016. This provides for a prudent reserve of 2% of net expenditure which equates to approximately £3.8m for the partnership. The level of general reserves is in line with this prudent level and provides the partnership with a contingency to manage any unexpected in year pressures moving into future years of financial uncertainty.
- 3.19** In addition, the HSCP had earmarked reserves of £23.912m which were available to deliver on specific strategic priorities. During 2022/23, the HSCP used £12.891m of its earmarked reserves. In the main this related to the application of £2.93m towards Covid-19 expenditure incurred in year, the return of £7m to SG of the balance of Covid reserves as well as the use of reserves to support expenditure related to the delivery of PCIP, Action 15 and Oral Health priorities. There were some additions to earmarked reserves in year of £1.575m (related primarily to ADP, Adult Winter Support Funding and Community Link workers) along with the creation / enhancement of earmarked reserves as set out above of ££3.094m. This provides for an overall reduction in earmarked reserves for the year of £8.2m and will leave a balance on earmarked reserves of £15.691m.

Earmarked Reserves	(£m)
Balance @ 1 st April 2022	23.912
Covid-19 Expenditure	(2.930)
Return of Covid-19 reserve to SG	(7.034)
Oral Health Expenditure	(1.025)
PCIP Expenditure	(0.976)

MH Action 15 Expenditure	(0.542)
Other Expenditure	(0.384)
Enhancement/ Re-designation of General Reserves	3.094
Additions to Ear Marked Reserves in year	1.575
Balance @31st March 2023	15.691

3.20 The total level of partnership reserves is now £20.062m, a breakdown is set out in the table below:

Balance at 31 March 2022 £000	HSCP RESERVES	Transfers Out 2022/23 £000	Transfers In 2022/23 £000	Balance at 31 March 2023 £000
(1,100)	HSCP Transformation	0	0	(1,100)
(2,000)	HSCP Accommodation Redesign	0	(1,000)	(3,000)
0	HSCP Smoothing Reserve	0	(594)	(594)
0	HSCP Digital Redesign	0	(500)	(500)
(130)	Review Team	58	0	(72)
(282)	SG - Integrated Care / Delayed Discharge	0	0	(282)
(3,600)	Oral Health	1,025	0	(2,575)
(1,292)	SG - Primary Care Improvement	976	0	(316)
(687)	SG – Action 15 Mental Health	542	0	(145)
(652)	SG – Alcohol & Drugs Partnership	0	(588)	(1,240)
(229)	GP Premises	0	0	(229)
(185)	Prescribing	0	(1,000)	(1,185)
(9,963)	Covid	9,963	0	0
(341)	Community Living Charge	0	0	(341)
(2,217)	Adult Winter Planning Funding	190	(476)	(2,503)
(51)	Mental Health Recovery & Renewal	0	(68)	(119)
0	Community Link Workers	0	(267)	(267)
(278)	MH Estate Funding	23	0	(255)
(905)	Miscellaneous Reserves	114	(177)	(968)
(23,912)	Total Earmarked	12,891	(4,670)	(15,691)
(3,078)	Contingency	0	(1,293)	(4,371)
(26,990)	General Fund	12,891	(5,963)	(20,062)

3.21 The Unaudited Annual Accounts for 2022/23 were considered and approved by the Performance, Audit & Risk Committee on the 20th June 2023. A copy of these Annual Accounts are attached as **Appendix 4**.

3.22 Financial Risks - The most significant risks that were managed during 2022/23 were:

- Pay Uplifts

Pay negotiations are concluding for both health and social work staff. A pay uplift of 2% was built into budget assumptions for 22/23 with current agreements in excess

of this assumption. There was additional funding to support agenda for change (AFC) pay uplifts during the year, however this was on a non recurring basis and the impact for 23/24 is not yet confirmed.

Funding to support local authority pay settlements did not cover the full extent of the pay uplift agreed and there remains uncertainty on the funding to support the full extent of any pay uplift agreed for 2023/24.

- The cost of living crisis and the impact this is expected to have on care provider cost pressures with escalating fuel, energy and insurance costs being key areas which are expected to hit during 2022/23. There is not expected to be any further funding from SG to support these areas specifically and it will fall to HSCPs to consider and address any local impacts to ensure provider sustainability. This could have an impact on the future financial position for the HSCP and is expected during 2023/24.
- The ongoing impact of managing Covid and the uncertainty of expenditure particularly in relation to provider sustainability which was reliant on claims from providers each month. This was funded in full from earmarked covid reserves with an element returned to SG as was not needed in year to support covid related expenditure. The longer term impacts from covid and not yet known with any certainty but increasing referrals for rehab and mental health services are emerging which will have to be considered within mainline budgets available
- Delivery of a recurring savings programme identified as part of the budget process for 2022/23. This includes challenging turnover savings across Social Work payroll budgets which may be mitigated though ongoing recruitment difficulties in certain areas across the service.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. There is an Un-scheduled Care Commissioning Plan which sets out the key areas for investment across HSCP areas to improve delayed discharge and hospital attendance figures with funding within earmarked reserves to mitigate potential funding of these pressures.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position. This may be compounded by increasing numbers of UASC requiring placements to be purchased to support these children
- Funding allocations for the Primary Care Improvement Programme (PCIP), ADP and Mental Health Recovery & Renewal (MHRR) have been curtailed and further allocations for 2022/23 offset against balances held in reserve in the first instance. This presents significant issues where plans have been developed and commitments made against these reserve balances which now have to be reviewed. This includes use of reserves to address accommodation issues in delivery of the PCIP and temporary posts employed to deliver on other areas of strategic priority. The ability to meet full programme commitments is compromised by short term funding allocations made in this way. This is expected to continue into future years.

- The non-recurring nature of SG funding allocations makes planning and delivery problematic, particularly creating recruitment difficulties to temporary posts.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – The financial performance reflects an underlying under spend on budget of £4.387m for the financial year 2022/23. This will further the general reserve balances in line with the HSCP Reserves Policy to provide a contingency to manage in year pressures and support ongoing financial sustainability. It will also facilitate the creation of reserves to support progression of HSCP strategic priorities and mitigate specific anticipated future year pressure in relation to the delivery of the savings programme for 23/24 and prescribing pressures. In addition the HSCP holds earmarked reserves of £15.7m to deliver on specific strategic priorities set out within the Strategic Plan 2022-2025 in the years ahead.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – The sustainability of the partnership in the context of the current financial position and potential to create general reserves will support ongoing financial sustainability. In order to maintain this position the HSCP will require to continue to focus on transformational change and service redesign going forward in

order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis. There remain constraints on future financial settlements in the context of increasing costs to deliver services and the increasing demand on health and social care services.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.22.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.

6.3 **NHS GREATER GLASGOW & CLYDE** – Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 Appendix 1 – Budget Reconciliation 2022/23

8.2 Appendix 2 – Integrated HSCP Financial Performance at Month 12

8.3 Appendix 2a – NHS Financial Performance at Month 12

8.4 Appendix 2b – Social Work Financial Performance as at Period 12

8.5 Appendix 3 – HSCP Savings Update 22/23

8.6 Appendix 4 – HSCP Unaudited Annual Accounts 2022/23

8.7 Appendix 5 – Directions Template

East Dunbatonshire HSCP

Financial Planning 2022/23 - Savings Programme

APPENDIX 3

Workstream	Action	Project Lead	Full Year Approved Saving 22/23	Full Year Achieved Saving 22/23
Policy Efficiency / Service Improvement	<u>Service Redesign (21/22 Savings Cfwd)</u>			
	Fair Access to Community Care	David	140	140
	Children's Services 'House' Project Development	Claire	200	200
	Total C/fwd Savings 21/22		340	340
Efficiency / Income Generation Efficiency Efficiency	<u>New Savings 22/23</u>			
	Charging for Telecare	Derrick	10	0
	OP Daycare Commissioning - review	Derrick	51	51
	Management Savings	Derrick	48	48
	Total New Savings 22/23		109	99
	Total Savings Programme 22/23		449	439

Unaudited Annual Accounts 2022/23



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MANAGEMENT COMMENTARY

Introduction

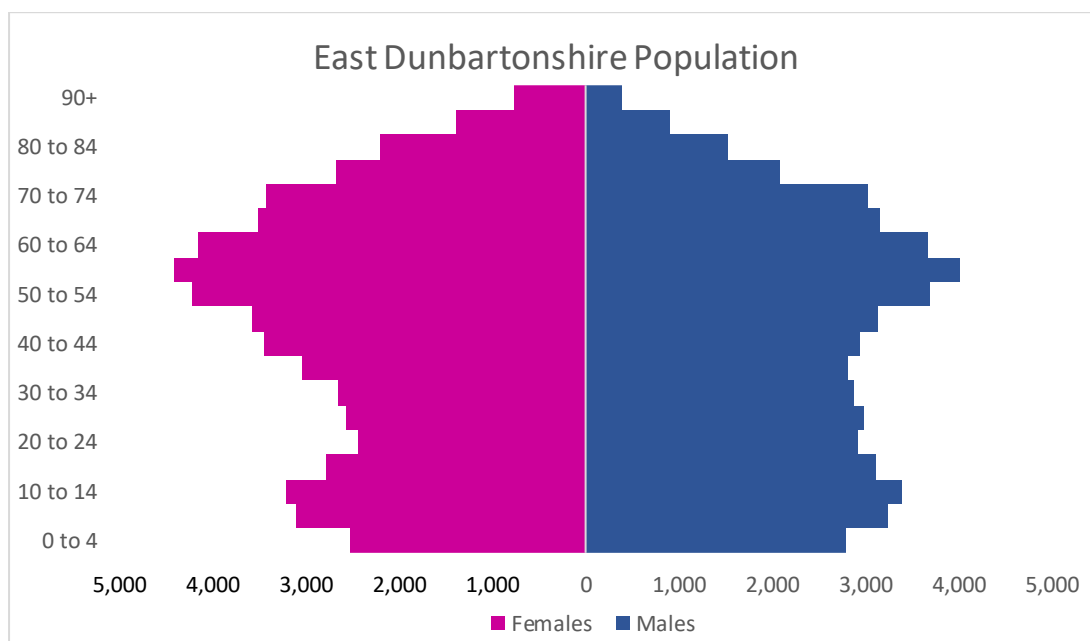
This document contains the financial statements for the 2022/23 operational year for East Dunbartonshire Integration Joint Board.

The management narrative outlines the key issues in relation to the HSCP financial planning and performance and how this has provided the foundation for the delivery of the priorities described within the Strategic Plan. The document also outlines future financial plans and the challenges and risks that the HSCP will face in meeting the continuing needs of the East Dunbartonshire population.

East Dunbartonshire

East Dunbartonshire has a population of approximately 108,900 (based on 2021 estimates, an increase of 0.1% on 2020 estimates) and is a mix of urban and rural communities. It has frequently been reported in quality of life surveys as one of the best areas to live in Scotland based on people’s health, life expectancy, employment and school performance. Economic activity and employment rates are high and the level of crime is significantly below the Scottish average. Despite this, inequalities exist across the authority and there are pockets of deprivation where the quality of life falls well below the national average. The graph below shows how the population is split by gender:

Diagram 1: East Dunbartonshire Population Split by Gender



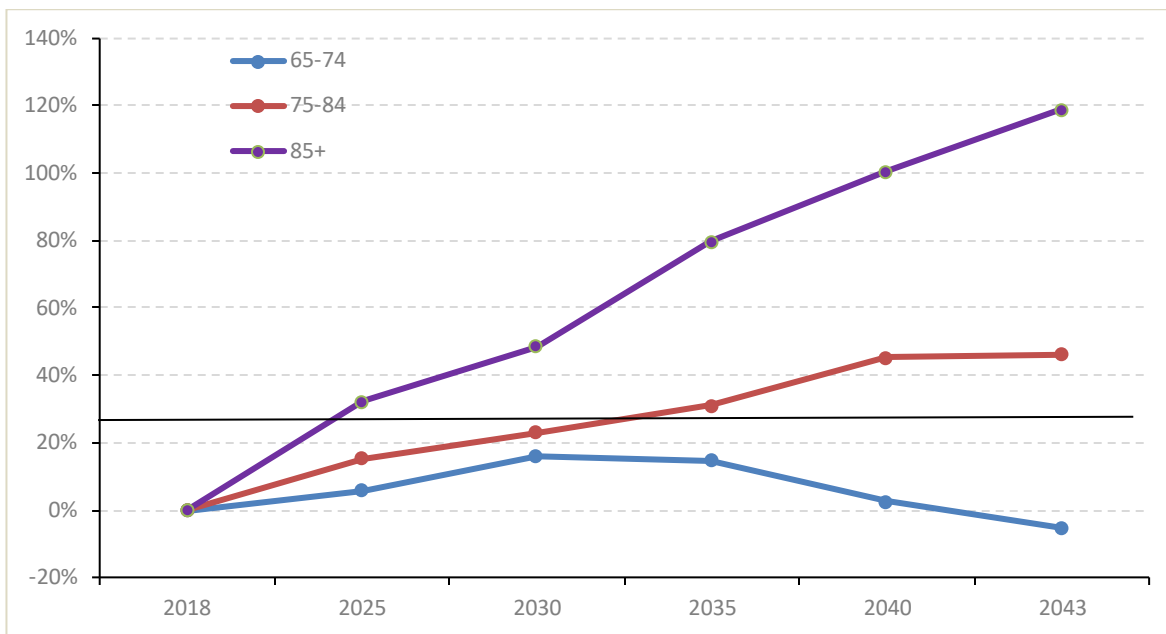
Source: NRS 2021 mid-year population estimate

The National Records of Scotland (NRS) population projections suggest there will be an increase of 7.6% in the overall population of East Dunbartonshire from 2018 – 2043 due to significant estimated rise in the population aged over 65 years.

The figure below shows the proportion of increase projected in the older population from 2018-2043. The largest increase is in individuals aged over 85yrs, which is projected to rise by over 100% from 3,203 to 7,017 people. This projected rise in East Dunbartonshire’s older population,

many of whom will be vulnerable with complex needs, suggests that demand for health and social care services will rise accordingly.

Diagram 2: East Dunbartonshire population projection % by age group 2018-2043



The demographic pressures for older people present particular challenges within East Dunbartonshire.

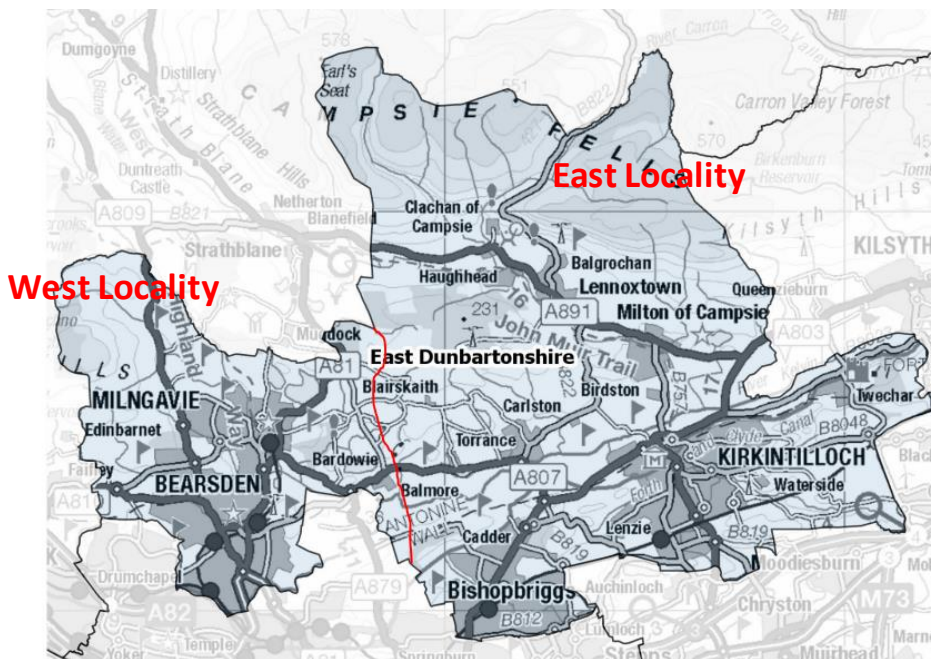
There has also been a significant increase in the number of children being referred to Social Work Services, with 40% increases in referrals reported in the Integrated Children’s Services Plan. Non-engaging families was the most common area of concern alongside neglect, domestic violence and parental alcohol misuse. Child Protection registrations have doubled in the 10 years to 2018. There has also been a sharp rise in parental mental health being identified as a significant concern. This is an area of cross-cutting focus between children and adult services.

Demand on services for other adult care groups and for children’s disability services has also increased. The number of young people with disabilities transitioning to adult services is experiencing a notable increase, both numerically and in terms of complexity. This can be demonstrated by an anticipated increase in the Adult Joint Learning Disability Team over the next three years as children move on into adult services equivalent to over 7% of its total caseload.

Localities

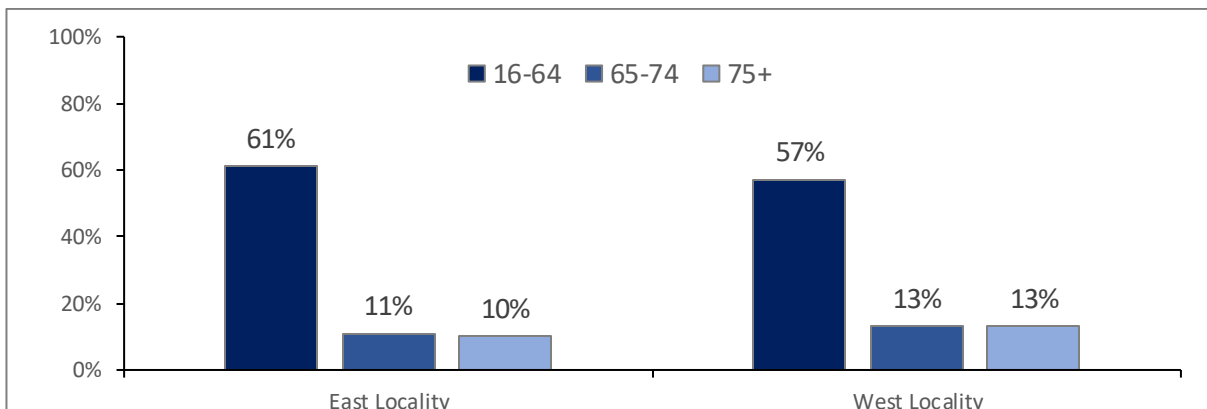
To allow the HSCP to plan and deliver services which meet the differing needs within East Dunbartonshire, the area has been split into two geographical localities; East Dunbartonshire (East), referred to as East locality and East Dunbartonshire (West), referred to as West locality.

Diagram 3: East Dunbartonshire Locality Map



The East Locality includes 62% (66,911) of East Dunbartonshire’s population, while the West Locality accounts for 38% (41,729) of the population. The demographic breakdown by locality showed a slightly older population in the West locality for ages 65+.

Diagram 4: Population breakdown by locality 2019



Life Expectancy

The NRS publication showed that East Dunbartonshire continued to have the second highest life expectancy at birth in Scotland for males and females. The life expectancy of females at birth in East Dunbartonshire is around 3 years higher than males. Life expectancy at the age of 65 years was also higher than Scotland for both male and females in East Dunbartonshire.

Life expectancy and healthy life expectancy provide useful measures for planning services. Healthy life expectancy estimates the number of years an individual will live in a healthy state. Therefore, the number of years people are expected to live in ‘not healthy’ health is the difference between life expectancy and healthy life expectancy. Table 1 shows the number of years people

were estimated to live in ‘not healthy’ health, with East Dunbartonshire having a lower estimate than Scotland.

Diagram 5: Number of years 'not healthy' health (3-year average 2019-21)

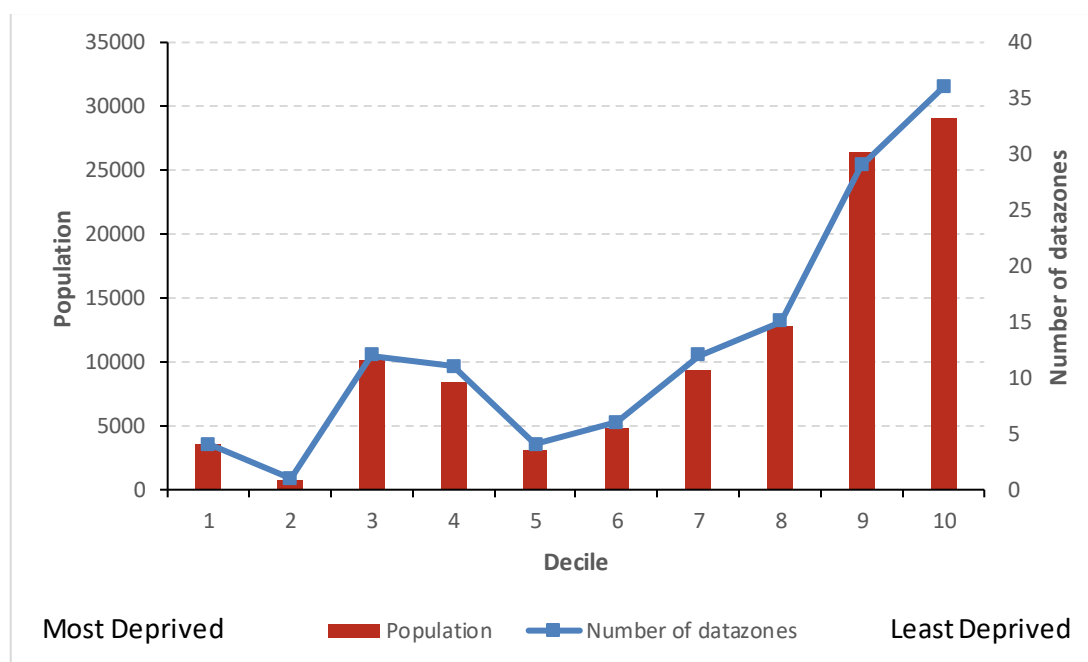
Local Authority	Expected period in 'not healthy' health	
	Males	Females
East Dunbartonshire	13.6	17.9
Scotland	16.1	20.7

Source: NRS

Deprivation

The Scottish Index of Multiple Deprivation (SIMD) ranked datazones, small areas with an average population of 800 people, from the most deprived to the least deprived. Using deciles, with 1 being the most deprived and 10 being least deprived, the chart below illustrates the number of people and datazones in each decile in East Dunbartonshire.

Diagram 6: East Dunbartonshire population by SIMD decile



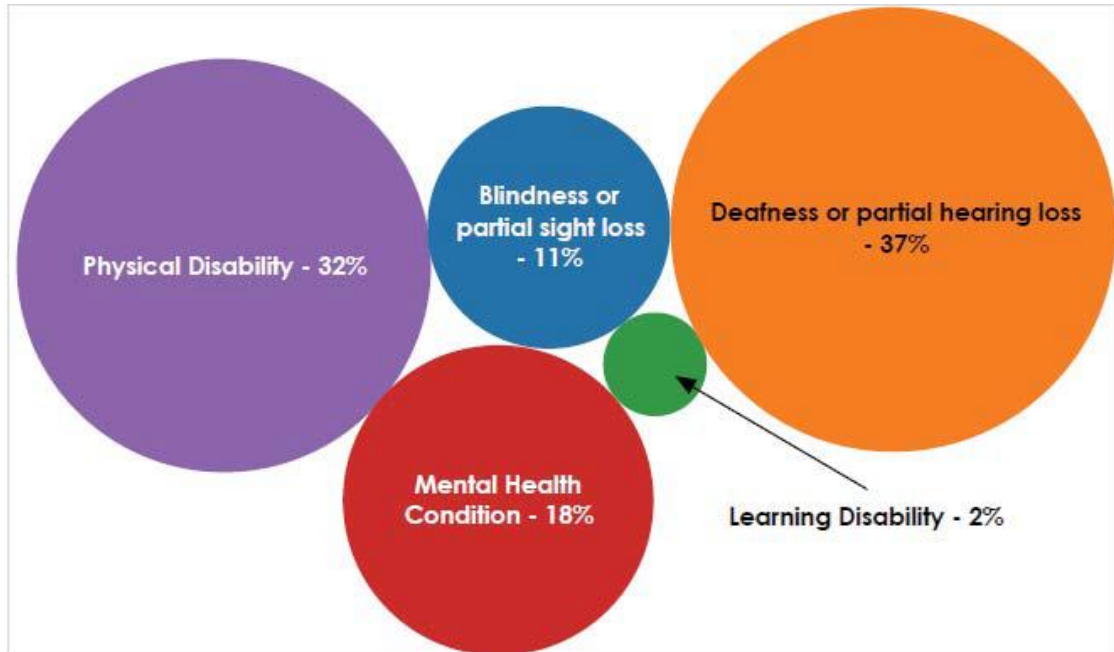
Although the majority of the population lived in the least deprived deciles, there were 4 datazones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three in the Hillhead area of Kirkintilloch and one in Lennoxton.

Population Health

In the Census in 2011 (the 2021 census has been delayed until 2022), 84.9% of East Dunbartonshire residents described their health as good or very good (Scotland 82.2%). This was the highest at 98% among the younger population (0-29yrs) but the percentage decreased with age to only 62% of those aged 75yrs and above describing their health as good or very good. In the West Locality, 66% of people aged 65yrs and above described their health as good or very good, compared to 57% in the East Locality.

The 2011 Census included a question on particular disabilities including sensory impairment, physical disability, mental health condition or learning disability. There were 5.6% of the adult population in East Dunbartonshire who reported a disability (Scotland 6.7%).

Diagram 7: Reported Disability by Percentage in East Dunbartonshire



The number of long term conditions rises with age and we need to support those with complex needs so that they may manage their conditions and lead an active, healthy life. The most diagnosed long term condition in East Dunbartonshire is hypertension. The prevalence for this condition, cancer and atria fibrillation, are all notably higher than the rate for Scotland.

Analysis of the Burden of Disease study indicates that years of life lost to disability and premature mortality in East Dunbartonshire is the second lowest in Scotland. This is understood to be a reflection of relatively low deprivations levels across the authority as a whole. East Dunbartonshire experiences above average prevalence of Parkinson’s certain cancers, certain respiratory diseases, certain digestive diseases, sensory conditions and self-harm (the latter for all ages).

The Health and Social Care Partnership

East Dunbartonshire HSCP is the common name of East Dunbartonshire Integration Joint Board and is a joint venture between NHSGGC and East Dunbartonshire Council. It was formally established in September 2015 in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act (2014) and corresponding Regulations in relation to a range of adult health and social care services. The partnership’s remit was expanded from an initial focus on services for adults and older people to include services for children and families, and criminal justice services in August 2016.

The HSCP Board, East Dunbartonshire Council (EDC) and NHS Greater Glasgow and Clyde (NHSGGC) aim to work together to strategically plan for and provide high quality health and social care services that protect children and adults from harm, promote independence and deliver positive outcomes for East Dunbartonshire residents.

East Dunbartonshire HSCP Board has responsibility for the strategic planning and operational oversight of a range of health and social care services whilst EDC and NHSGGC retains

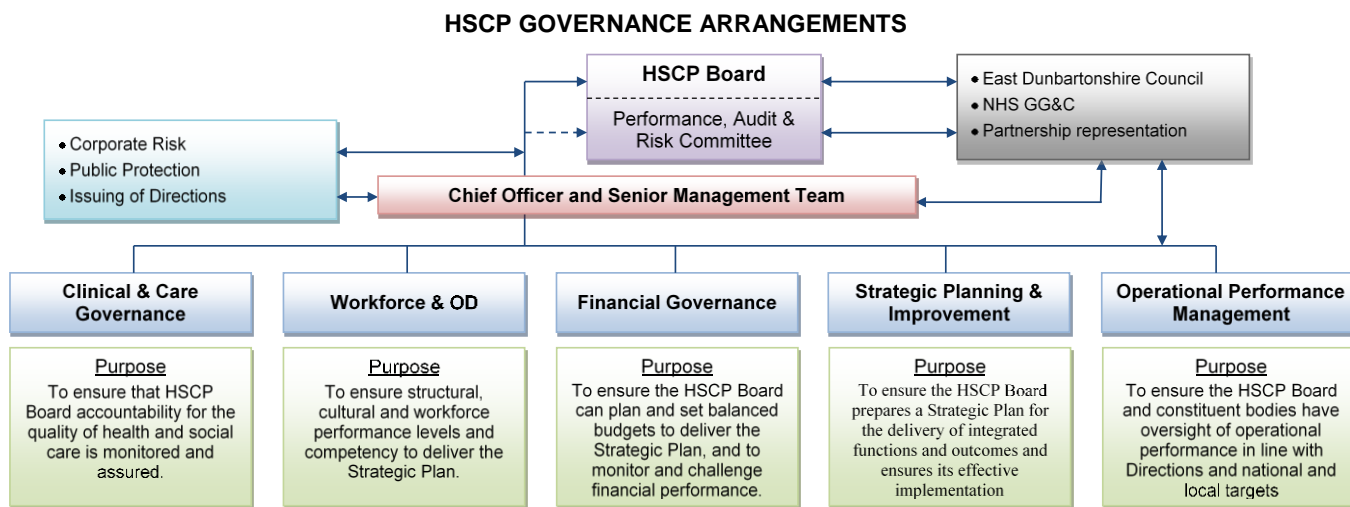
responsibility for direct service delivery of social work and health services respectively, as well as remaining the employer of health and social care staff. The HSCP Chief Officer is responsible for the management of planning and operational delivery on behalf of the Partnership overall.

Members of the Board for the period 1 April 2022 - 31 March 2023 were as follows:

Voting Board Members 2022/23	Organisation
Jacqueline Forbes (Chair from 25 June 2021)	NHSGGC Non -Executive Director
Ian Ritchie	NHSGGC Non- Executive Director
Ketki Miles	NHSGGC Non-Executive Director
Calum Smith (Vice Chair from 23 rd June 2022)	EDC Councillor
Susan Murray (board member from 26 th May 2022)	EDC Councillor
Alan Moir	EDC Councillor
Jim Goodall (Vice Chair until end March 2022)	EDC Councillor
Sheila Mechan (board member until 26 th May 2022)	EDC Councillor
Non-Voting Board Members	Organisation
Caroline Sinclair – Chief Officer/Chief Social Work Officer	EDC
Jean Campbell – Chief Finance and Resources Officer	NHSGGC
Paul Treon – Clinical Director until January 2023, post now vacant	NHSGGC
Leanne Connell – Interim Chief Nurse	NHSGGC
Adam Bowman – Acute Representative	NHSGGC
Ann Innes – Voluntary Sector Representative	East Dunbartonshire Voluntary Association
Gordon Cox – Service User Representative	
Fiona McManus – Carer Representative	
Allan Robertson – Trades union Representative	NHSGGC
Craig Bell – Trades Union Representative	EDC

Diagram 8 (below) HSCP Governance Arrangements

This represents accountability and governance arrangements for the planning and delivery of community health and social care services.



(This framework includes all delegated hosted services)

Our partnership vision remains unchanged - “Caring Together to make a Positive Difference” and is underpinned by 5 core values as set out below.

Diagram 9: Tree of Core Values



The Strategic Plan

Every HSCP Board is required to produce a Strategic Plan that sets out how they intend to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes.

In January 2022, the HSCP Board approved a new HSCP Strategic Plan for the period 2022-25¹. This new plan reflects on the progress the Partnership has made and sets out the strategic direction for the next three years. Our vision remains unchanged, and our refreshed strategic priorities continue to reflect and support delivery of the national outcomes. Demonstrating our achievement towards these will be the focus of annual performance reporting from this year.

However, it is important to acknowledge that the landscape of health and social care has changed markedly in the few short years since the last plan was published. Our aspiration to improve and develop services and partnerships in our 2018-21 Strategic Plan was affected significantly by financial pressures, which were shared with the Health Board and Council. This was compounded by increasing demand pressures, both in terms of increasing volume and increasing complexity of levels of care. The impact of the Covid-19 pandemic has been substantial and may continue to be felt over the full period of our Strategic Plan 2022-25.

For these reasons, our Strategic Plan 2022-25 has aspirations based on the realities of the pressures being faced in the health and social care sectors and building towards a fair, equitable, sustainable, modern and efficient approach to service delivery. Some of these areas of redesign will take longer than the period of the Strategic Plan to deliver. Without new resource streams, any requirement to invest further in one service area will require greater efficiency or disinvestment in another. Implementing the Plan will also continue to be based on certain assumptions and dependencies that can in reality be fragile. Our overall focus will be to:

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

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

The illustration below provides an overview of the Strategic Plan 2022-25. It shows the relationship between the strategic priorities and enablers and the actions that will be taken forward

in support of these. A copy of the Strategic Plan 2022-25 can be found on the HSCP Website: [East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council](#).

Diagram 10: HSCP Strategic Plan on a Page

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

It is predicted we will continue to see significant change in the make-up of our growing population, with an increase in people living longer with multiple conditions and complex needs who require health and social care services. This rise in demand is expected to increase pressure on financial resources, rendering current models of service delivery unsustainable. We have shaped this plan to move in a strategic direction that is responsive and flexible for the future.

This is further supported by a HSCP Annual Delivery Plan outlining the key priorities for service redesign and improvement in delivery of the Strategic Plan and is supported by a range of operational plans, work-streams and financial plans to support delivery. This is also the vehicle through which the HSCP will seek to deliver financial sustainability over the short to medium term by reconfiguring the way services are delivered within the financial framework available to it.

The Strategic Plan also links to the Community Planning Partnership's Local Outcome Improvement Plan (LOIP) whereby the HSCP has the lead for, or co-leads: Outcome 3 – "Our children and young people are safe, healthy and ready to learn",

- Outcome 5 – “Our people experience good physical and mental health and well being with access to a quality built and natural environment in which to lead healthier and more active lifestyles” and
- 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 Strategic plan sets out Climate Change as one of the key challenges for the HSCP over the next few years.

Climate Action

All Public Bodies, including Health & Social Care Partnerships, are required by the Scottish Government to reduce greenhouse gas emissions, adapt to a changing climate and promote sustainable development. The HSCP’s constituent bodies employ the HSCP workforce and hold capital, fleet and infrastructure, so responsibility sits primarily with East Dunbartonshire Council and NHS Greater Glasgow and Clyde, with the HSCP adhering to the policies of these two organisations. The HSCP will contribute to carbon reduction over the period of the Strategic Plan by:

- Reducing business miles;
- Developing localised services;
- Promoting flexible working policies;
- Reducing waste, and;
- Maximising energy efficiency.

The Strategic Priorities and Enablers will be geared to contribute to these objectives, particularly through the following actions:

Strategic Priority	Action	Reducing Climate Impact
Empowering Communities	Building local integrated teams	Reducing travelling costs for staff, by operating within practice localities and collaborating closely with primary care GP practices.
	Modernising day services	Providing support within existing community assets, so reducing scale of building-based services with associated environmental impact.
Strategic Enabler	Action	Reducing Climate Impact
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Promoting flexible working practices, including home working that can positively reduce greenhouse gas emissions and building-based space requirements.
Infrastructure and Technology	Modernising health and social care facilities	Developing local, integrated health and social care facilities, fewer in number and operating to higher efficiency standards, with services and resources under one roof.

	Maximising the potential of digital solutions	Increasing the availability of online, digital and virtual solutions, for people who would benefit from these options. These approaches reduce the need for travelling to building bases.
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A Strategic and Environmental Impact Screening Assessment of this HSCP Strategic Plan has been undertaken as part of its preparation.

The key areas where the HSCP anticipates climate change reductions relates to building and fleet management – neither of these functions are delegated to the HSCP with each partner body retaining responsibility for the delivery of these areas. The HSCP would therefore be reliant on capital funding from the respective parent organisations to make relevant improvements to buildings (asset ownership retained by the relevant parent organisation s) but hold an earmarked reserve specific to accommodation redesign which could be accessed as a contribution towards any works in this area. The upgrading of fleet care to electric vehicles is planned for 2023/24 but given the scale of the initial phase of this programme, is not expected to have a material cost to the HSCP and indeed will secure some level of saving on fuel and other related costs which will further mitigate costs in this area. Both initiatives will be through collaborative working with our partners as part of wider Council / NHS initiatives.

The HSCP has not set any specific targets for reducing emissions but rather has set out how it will work collaboratively with our partner bodies to deliver actions which will contribute to the climate change agenda.

Covid-19 Pandemic Impact and Response

The HSCP has been actively responding to the Covid-19 pandemic since March 2020. During 2022/23, the recovery phase has continued and moved onto a business as usual footing. Restrictions and guidance in place during the pandemic have been largely relaxed or modified significantly with a number of measures remaining in place to manage the ongoing implications left from the pandemic:

- The Covid-19 vaccination programme to the most vulnerable continues to be delivered through a NHSGGC board wide approach, with vaccinations within people’s homes delivered through the HSCP as well as ongoing support to local care homes.
- PPE Hubs have remained in place distributing PPE and testing kits to our own services and those delivered by the third, independent sector and unpaid carers. These arrangements ceased from the 1st April 2023 and have become part of normal ordering processes with some residual support continuing to unpaid carers.
- Support to staff through wellbeing initiatives continues.
- Provider sustainability financial support continued during 2022/23 subject to changing guidance throughout the year with Social Care Support Funding (SCSF) being made available until the 31st March 2023.
- Continued contribution to the development of Mental Health Assessment Units to minimise attendance of Mental Health patients at Emergency Departments and also deliver a streamlined service for assessments. Given the success of this model, recurring funding streams have been identified to ensure this remains in place going forward.

Funding consequences

The HSCP's response to the Covid-19 pandemic has resulted in continued additional costs being incurred during 2022/23. These costs have been met in their entirety from Covid-19 reserves balances held by the HSCP for this purpose. The nature and extent of these costs has reduced significantly during 2022/23 with changes to guidance on financial support to adult and social care providers, testing and public health policies in relation to Covid-19 compared to when funding was provided to IJBs at the end of financial year 2021/22. This has resulted in the Scottish Government reclaiming surplus Covid-19 reserves to be redistributed across the sector to meet wider current Covid-19 priorities. For East Dunbartonshire HSCP this represented a return of surplus Covid-19 reserves of £7.034m.

The HSCP, along with all other HSCPs, continued to submit financial returns on a regular basis through the health board to the Scottish Government, detailing the financial costs associated with the actions being taken in response to and recovery from the pandemic. These costs were separately tracked internally for monitoring and reporting purposes and to evidence spend against the residual earmarked reserves balances held within the HSCP for this purpose.

Longer term funding impacts are difficult to predict at this stage, as future funding settlements are subject to a greater degree of uncertainty and the longer term impacts on costs are also highly uncertain. Although it is expected that there will be significant changes in demand pressure patterns as a result of Covid-19, mapping and quantifying these is difficult as there remains much unknown regarding the medium and long term impacts of the pandemic. Demand trends will be closely monitored for any implications for future service delivery.

HSCP BOARD OPERATIONAL PERFORMANCE FOR THE YEAR 2022/23

Performance is monitored using a range of performance indicators set out in reports to the HSCP Board quarterly and annually. These measures and the supporting governance arrangements are set out in the HSCP Performance Management Framework. Service uptake, waiting times, performance against standards and operational risks and pressures are closely reviewed and any negative variation from the planned strategic direction is reported to the HSCP Board including reasons for variation and planned remedial action to bring performance back on track.

A full report on performance is set out each year in an East Dunbartonshire HSCP Annual Performance Report. The 2022/23 report is scheduled to be presented to the HSCP Board for approval on 29 June 2023 and published by the end of July 2023.

It is not proposed to replicate in full the contents of the HSCP Annual Performance Report (APR) 2022-23 in this document. However, core to the APR is a set of indicators prescribed by the Scottish Government as a mechanism to measure HSCP performance in pursuit of the National Health and Wellbeing Outcomes. These National Core Integration Indicators are supplemented by a further set of indicators devised by the Scottish Government's Ministerial Strategic Group to measure performance across a number of key objectives. Given that these national measures are adopted by all HSCPs, they are included below.

For more detailed performance, improvement and development information, including a wide range of local indicators, the HSCP Annual Performance Report 2022-23 will be published to the web link below, by 31 July 2023: [East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council](#)

The indicators below are subject to a detailed methodological framework and are also impacted by data completeness issues that are not usually fully resolved by Public Health Scotland until the autumn. Notes on the methodology are set out in an annex to the East Dunbartonshire HSCP Annual Performance Report 2022-23.

This section provides the HSCP’s performance against national core integration indicators (Notes on methodology at Annex 5):.

RAG KEY



Positive performance improved in 2022-23



Performance steady (within 5% change in either direction).





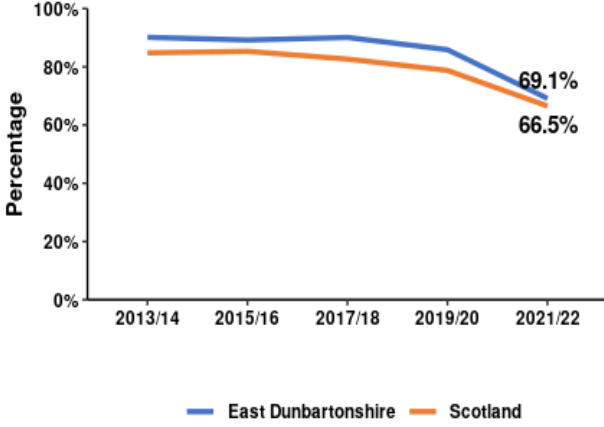
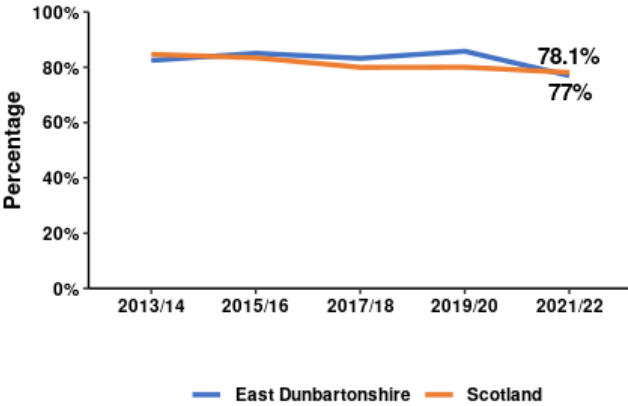


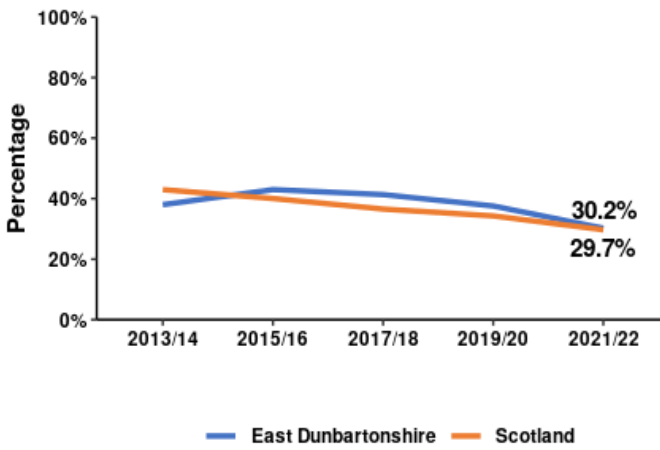


Arrow direction denotes improving/declining performance



Performance declined in 2022-23

Indicator, Rating and Rank		Performance Trend
<p>1) Percentage of adults able to look after their health very well or quite well (National Outcome 1) (Objective: increase)</p>		
<p>National ranking (biennial): 7 ↓</p>	<p>Comparison with Previous Survey: ↓</p>	
<p>2) Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2) (Objective: increase)</p>		
<p>National ranking (biennial): 3 ↑</p>	<p>Comparison with previous survey: ✓</p>	

Indicator, Rating and Rank		Performance Trend
<p>3) Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (National Outcome 2, 3) (Objective: increase)</p>		
<p>National ranking (biennial):</p> <p>9</p> <p>↑</p>	<p>Comparison with previous survey:</p> <p>↑</p>	
Indicator, Rating and Rank		Performance Trend
<p>4) Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9) (Objective: increase)</p>		
<p>National ranking:</p> <p>21</p> <p>↓</p>	<p>Comparison with Previous Year:</p> <p>↓</p>	
<p>5) Total percentage of adults receiving any care or support who rated it as excellent or good (National Outcome 3) (Objective: increase)</p>		
<p>National ranking (biennial):</p> <p>21</p> <p>↓</p>	<p>Comparison with previous survey:</p> <p>↓</p>	
<p>6) Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3) (Objective: increase)</p>		

Indicator, Rating and Rank		Performance Trend																		
National ranking (biennial): 13 	Comparison with previous survey: 	 <table border="1"> <caption>Performance Trend Data (Approximate)</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>90</td> <td>85</td> </tr> <tr> <td>2015/16</td> <td>88</td> <td>85</td> </tr> <tr> <td>2017/18</td> <td>88</td> <td>82</td> </tr> <tr> <td>2019/20</td> <td>85</td> <td>80</td> </tr> <tr> <td>2021/22</td> <td>69.1</td> <td>66.5</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2013/14	90	85	2015/16	88	85	2017/18	88	82	2019/20	85	80	2021/22	69.1	66.5
Year	East Dunbartonshire (%)	Scotland (%)																		
2013/14	90	85																		
2015/16	88	85																		
2017/18	88	82																		
2019/20	85	80																		
2021/22	69.1	66.5																		
Indicator, Rating and Rank		Performance Trend																		
7) Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (National Outcome 4) (Objective: increase)		 <table border="1"> <caption>Performance Trend Data (Approximate)</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>82</td> <td>85</td> </tr> <tr> <td>2015/16</td> <td>85</td> <td>82</td> </tr> <tr> <td>2017/18</td> <td>82</td> <td>80</td> </tr> <tr> <td>2019/20</td> <td>85</td> <td>80</td> </tr> <tr> <td>2021/22</td> <td>78.1</td> <td>77</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2013/14	82	85	2015/16	85	82	2017/18	82	80	2019/20	85	80	2021/22	78.1	77
Year	East Dunbartonshire (%)		Scotland (%)																	
2013/14	82	85																		
2015/16	85	82																		
2017/18	82	80																		
2019/20	85	80																		
2021/22	78.1	77																		
National ranking (biennial): 20 	Comparison with previous survey: 																			
8) Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6) (Objective: increase)		 <table border="1"> <caption>Performance Trend Data (Approximate)</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>38</td> <td>42</td> </tr> <tr> <td>2015/16</td> <td>42</td> <td>40</td> </tr> <tr> <td>2017/18</td> <td>40</td> <td>38</td> </tr> <tr> <td>2019/20</td> <td>38</td> <td>35</td> </tr> <tr> <td>2021/22</td> <td>30.2</td> <td>29.7</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2013/14	38	42	2015/16	42	40	2017/18	40	38	2019/20	38	35	2021/22	30.2	29.7
Year	East Dunbartonshire (%)		Scotland (%)																	
2013/14	38	42																		
2015/16	42	40																		
2017/18	40	38																		
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2021/22	30.2	29.7																		
National ranking: 16 	Comparison with Previous Year: 																			

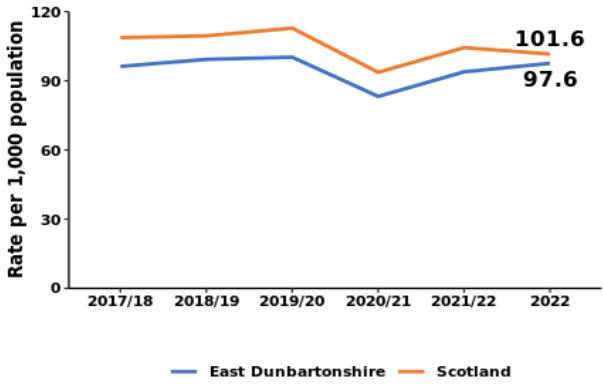
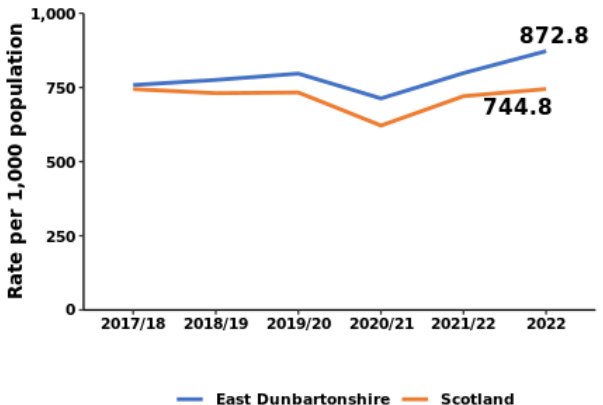
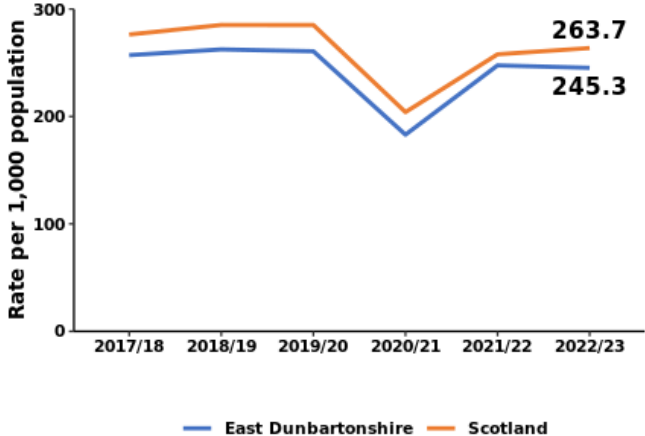
Indicator, Rating and Rank		Performance Trend																		
<p>9) Percentage of adults supported at home who agreed they felt safe (National Outcome 7)</p> <p>(Objective: increase)</p>		<table border="1"> <caption>Performance Trend Data</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>~82</td> <td>~82</td> </tr> <tr> <td>2015/16</td> <td>~83</td> <td>~82</td> </tr> <tr> <td>2017/18</td> <td>~85</td> <td>~82</td> </tr> <tr> <td>2019/20</td> <td>~78</td> <td>~80</td> </tr> <tr> <td>2021/22</td> <td>83.5</td> <td>79.7</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2013/14	~82	~82	2015/16	~83	~82	2017/18	~85	~82	2019/20	~78	~80	2021/22	83.5	79.7
Year	East Dunbartonshire (%)		Scotland (%)																	
2013/14	~82	~82																		
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<p>National ranking:</p> <p>8</p>	<p>Comparison with Previous Year:</p>																			

Indicator, Rating and Rank		Performance Trend
<p>11) Premature mortality rate for people aged under 75yrs per 100,000 persons (National Outcome 1,5) (Objective: decrease)</p>		
<p>National ranking: 1 ↔</p>	<p>Comparison with Previous Year: ✓</p>	
<p>12) Emergency admission rate (per 100,000 population) (National Outcome 1,2,4,5) (Objective: decrease)</p>		
<p>National ranking: 14 ↓</p>	<p>Comparison with Previous Year: ↓</p>	
<p>13) Emergency bed day rate (per 100,000 population) (National Outcome 2,4,7) (Objective: decrease)</p>		
<p>National ranking: 19 ↓</p>	<p>Comparison with Previous Year: ↓</p>	

Indicator, Rating and Rank		Performance Trend
<p>14) Readmission to hospital within 28 days (per 1,000 population) (National Outcome 2,4,7,9) (Objective: decrease)</p>		
<p>National ranking: 6 ↓</p>	<p>Comparison with Previous Year: ↑</p>	
<p>15) Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9) (Objective: increase)</p>		
<p>National ranking: 29 ↓</p>	<p>Comparison with Previous Year: ↓</p>	
<p>16) Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9) (Objective: decrease)</p>		
<p>National ranking: 18 ↓</p>	<p>Comparison with Previous Year: ↓</p>	
<p>17) Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (National Outcome 3,4,7) (Objective: increase)</p>		
<p>National ranking: 4 ↑</p>	<p>Comparison with Previous Year: ↓</p>	

Indicator, Rating and Rank		Performance Trend																								
<p>18) Percentage of adults with intensive care needs receiving care at home (National Outcome 2)</p> <p>(Objective: increase)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 18</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2016</td><td>67</td><td>62</td></tr> <tr><td>2017</td><td>67</td><td>62</td></tr> <tr><td>2018</td><td>64</td><td>62</td></tr> <tr><td>2019</td><td>67</td><td>62</td></tr> <tr><td>2020</td><td>60</td><td>62</td></tr> <tr><td>2021</td><td>65</td><td>65</td></tr> <tr><td>2022</td><td>63.5</td><td>65.5</td></tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2016	67	62	2017	67	62	2018	64	62	2019	67	62	2020	60	62	2021	65	65	2022	63.5	65.5
Year	East Dunbartonshire (%)		Scotland (%)																							
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<p>National ranking:</p> <p>13</p> <p>↑</p>	<p>Comparison with Previous Year:</p> <p>↑</p>																									
<p>19) Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) (National Outcome 2,3,4,9)</p> <p>(Objective: decrease)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 19</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2016/17</td><td>200</td><td>850</td></tr> <tr><td>2017/18</td><td>250</td><td>750</td></tr> <tr><td>2018/19</td><td>350</td><td>800</td></tr> <tr><td>2019/20</td><td>320</td><td>780</td></tr> <tr><td>2020/21</td><td>300</td><td>500</td></tr> <tr><td>2021/22</td><td>320</td><td>750</td></tr> <tr><td>2022/23</td><td>493.2</td><td>919.3</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016/17	200	850	2017/18	250	750	2018/19	350	800	2019/20	320	780	2020/21	300	500	2021/22	320	750	2022/23	493.2	919.3
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<p>National ranking:</p> <p>8</p> <p>↔</p>	<p>Comparison with Previous Year:</p> <p>↓</p>																									
<p>20) Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9)</p> <p>(Objective: decrease)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 20</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2015/16</td><td>22</td><td>22</td></tr> <tr><td>2016/17</td><td>22</td><td>22</td></tr> <tr><td>2017/18</td><td>22</td><td>22</td></tr> <tr><td>2018/19</td><td>22</td><td>22</td></tr> <tr><td>2019/20</td><td>21.8</td><td>21.8</td></tr> <tr><td>2020/21</td><td>24</td><td>24</td></tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2015/16	22	22	2016/17	22	22	2017/18	22	22	2018/19	22	22	2019/20	21.8	21.8	2020/21	24	24			
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This section provides the HSCP’s performance against Scottish Government Ministerial Strategic Group (MSG) indicators:

Indicator and Rating	Performance Trend																					
<p>1. Unplanned admissions – rate per 1000 population (National Outcomes 1,2,3,4) (Objective: decrease)</p>	 <table border="1"> <caption>Unplanned admissions - Rate per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~95</td> <td>~105</td> </tr> <tr> <td>2018/19</td> <td>~98</td> <td>~108</td> </tr> <tr> <td>2019/20</td> <td>~98</td> <td>~110</td> </tr> <tr> <td>2020/21</td> <td>~85</td> <td>~95</td> </tr> <tr> <td>2021/22</td> <td>~95</td> <td>~105</td> </tr> <tr> <td>2022</td> <td>97.6</td> <td>101.6</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2017/18	~95	~105	2018/19	~98	~108	2019/20	~98	~110	2020/21	~85	~95	2021/22	~95	~105	2022	97.6	101.6
Year	East Dunbartonshire	Scotland																				
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<p>2. Unplanned bed days - rate per 1000 population (National Outcomes 2,4,7) (Objective: decrease)</p>	 <table border="1"> <caption>Unplanned bed days - Rate per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~750</td> <td>~750</td> </tr> <tr> <td>2018/19</td> <td>~780</td> <td>~720</td> </tr> <tr> <td>2019/20</td> <td>~800</td> <td>~750</td> </tr> <tr> <td>2020/21</td> <td>~700</td> <td>~650</td> </tr> <tr> <td>2021/22</td> <td>~800</td> <td>~750</td> </tr> <tr> <td>2022</td> <td>872.8</td> <td>744.8</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2017/18	~750	~750	2018/19	~780	~720	2019/20	~800	~750	2020/21	~700	~650	2021/22	~800	~750	2022	872.8	744.8
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<p>3. A&E attendances - rate per 1000 population (National Outcomes 1,2,9) (Objective: decrease)</p>	 <table border="1"> <caption>A&E attendances - Rate per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~250</td> <td>~280</td> </tr> <tr> <td>2018/19</td> <td>~260</td> <td>~285</td> </tr> <tr> <td>2019/20</td> <td>~260</td> <td>~285</td> </tr> <tr> <td>2020/21</td> <td>~180</td> <td>~200</td> </tr> <tr> <td>2021/22</td> <td>~240</td> <td>~250</td> </tr> <tr> <td>2022/23</td> <td>245.3</td> <td>263.7</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2017/18	~250	~280	2018/19	~260	~285	2019/20	~260	~285	2020/21	~180	~200	2021/22	~240	~250	2022/23	245.3	263.7
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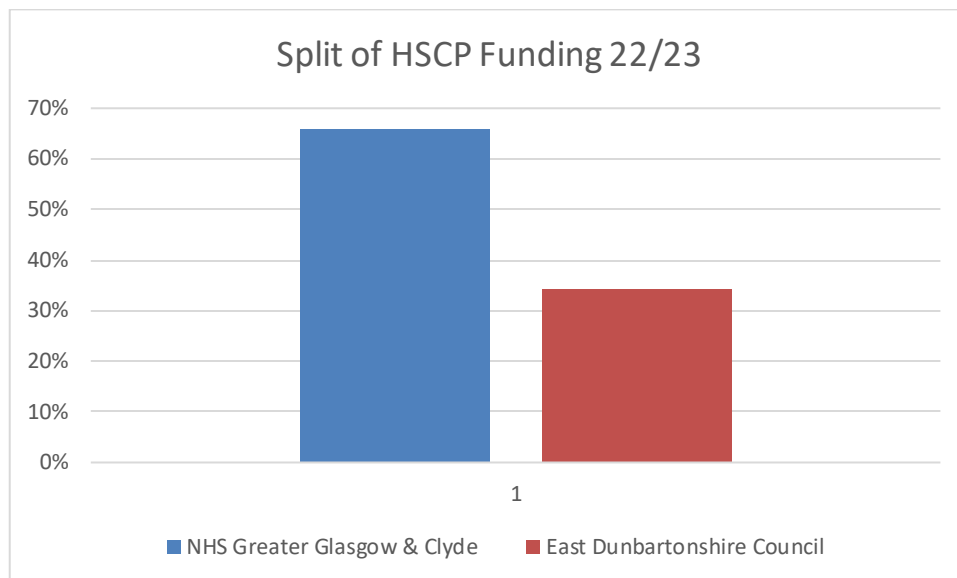
Indicator	Performance Trend																								
<p>4. Admissions from A&E – rate per 1000 population (National Outcomes 1,2,3,4)</p> <p>(Objective: decrease)</p>	<table border="1"> <caption>Admissions from A&E - Rate per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~60</td> <td>~70</td> </tr> <tr> <td>2018/19</td> <td>~61</td> <td>~71</td> </tr> <tr> <td>2019/20</td> <td>~63</td> <td>~73</td> </tr> <tr> <td>2020/21</td> <td>~48</td> <td>~61</td> </tr> <tr> <td>2021/22</td> <td>~56</td> <td>~68</td> </tr> <tr> <td>2022/23</td> <td>55.6</td> <td>64.9</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2017/18	~60	~70	2018/19	~61	~71	2019/20	~63	~73	2020/21	~48	~61	2021/22	~56	~68	2022/23	55.6	64.9			
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<p>5. Delayed discharge bed days - rate per 1000 population (National Outcomes 2,3,4,9)</p> <p>(Objective: decrease)</p>	<table border="1"> <caption>Delayed discharge bed days - Rate per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>~48</td> <td>~95</td> </tr> <tr> <td>2019/20</td> <td>~50</td> <td>~98</td> </tr> <tr> <td>2020/21</td> <td>~45</td> <td>~65</td> </tr> <tr> <td>2021/22</td> <td>~48</td> <td>~95</td> </tr> <tr> <td>2022/23</td> <td>69.9</td> <td>120.8</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	~48	~95	2019/20	~50	~98	2020/21	~45	~65	2021/22	~48	~95	2022/23	69.9	120.8						
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(MSG Indicator 7: Data awaited from Public Health Scotland)

HSCP BOARD'S FINANCIAL POSITION AT 31 MARCH 2023

The activities of the HSCP are funded by EDC and NHSGGC who agree their respective contributions which the partnership uses to deliver on the priorities set out in the Strategic Plan.

Diagram 11: Split of HSCP Funding 2022/23



The scope of budgets agreed for inclusion within the HSCP for 2022/23 from each of the partnership bodies were:-

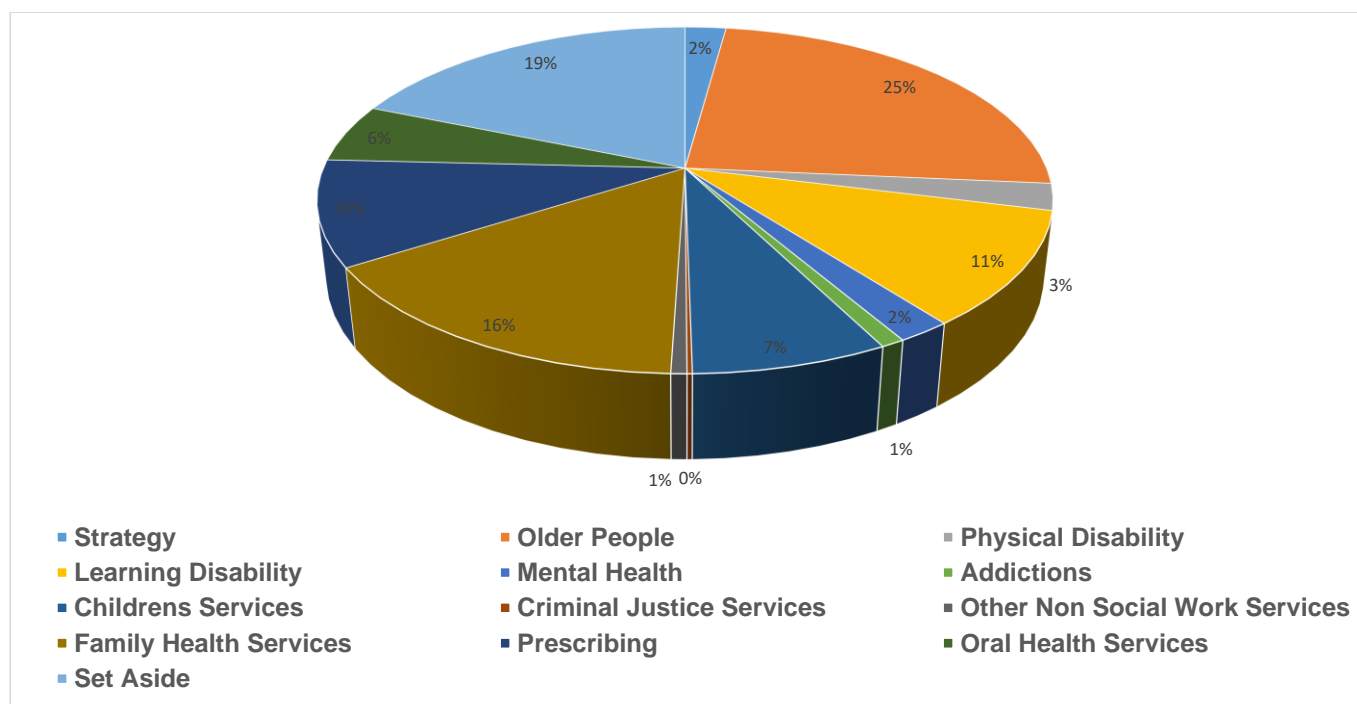
HSCP Board Budgets 2022/23 (from the 1 April 2022 to the 31 March 2023)

	Original Budget 2022/23 £000	In Year Adjustments £000	Final Budget 2022/23 £000
Functions Delegated by East Dunbartonshire Council	70,640	797	71,437
Functions Delegated by NHSGGC	89,880	6,856	96,736
Set Aside – Share of Prescribed Acute functions	38,514	1,792	40,306
TOTAL	<u>199,034</u>	<u>9,445</u>	<u>208,479</u>

The increases to the original budget for 2022/23 relate largely to non-recurring funding allocations during the year relating to oral health, family health services and SG funding to support alcohol and drugs, primary care improvements and Action 15 mental health monies.

The budget is split across a range of services and care groups as depicted below:-

Diagram 12: Care Group Budget 2022/23



HOSTED SERVICES

East Dunbartonshire HSCP is one of six in the Greater Glasgow and Clyde area. Some health services are organised Greater Glasgow-wide, with a nominated HSCP hosting the service on behalf of its own and the other five HSCPs in the area. The Health Budget includes an element relating to Oral Health Services (£11.7m) which is a service hosted by East Dunbartonshire HSCP and delivered across the other five partnership areas within NHSGGC’s boundaries.

The full extent of this budget is reflected in these accounts as prescribed within the Integration Scheme. There are services hosted within other NHSGGC partnerships which have similar arrangements and which support the population of East Dunbartonshire.

Diagram 13: The extent to which hosted services delivered across Greater Glasgow and Clyde are consumed by the population of East Dunbartonshire

2021/22 £000	Service Area	2022/23 £000
524	MSK Physio	571
52	Retinal Screening	61
183	Podiatry	303
324	Primary Care Support	340
412	Contenance	502
646	Sexual Health	704
862	Mental Health Services	1,259
22	Augmentative and Alternative Communications	27
831	Oral Health	1,114
833	Alcohol & Drugs	815
177	Prison Healthcare	196
199	Healthcare in Police Custody	183
2,497	General Psychiatry	3,116
1,080	Old Age Psychiatry	1,947
8,642	Total Cost of Services consumed within East Dunbartonshire	11,138

The levels of expenditure have increased in a number of areas since 2021/22 due to an increase in mental health bed usage within general and old age psychiatry bringing levels back to more normalised levels post-Covid. There is also an increase within oral health due to increasing expenditure during the year related to adult winter planning funding which saw the recruitment to a number of additional temporary posts.

SET ASIDE BUDGET

The set aside budget relates to certain prescribed acute services including Accident and Emergency, General Medicine, Respiratory care, Geriatric long stay care etc. where the redesign and development of preventative, community based services may have an impact and reduce the overall unplanned admissions to the acute sector, offering better outcomes for patients and service users.

Each Health Board, in partnership with the Local Authority and Integration Authority, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. To date work has focused on the collation of data in relation to costs and activity and the development of an Unscheduled Care Commissioning Plan which will set the priorities for the commissioning arrangement for un-scheduled care bed usage across NHSGGC.

An allocation has been determined by NHSGGC for East Dunbartonshire of £40.306m for 2022/23 in relation to these prescribed acute services. Actual figures are now based on a much more detailed approach including actual spend and activity for each year.

The set aside resource for delegated services provided in acute hospitals is determined by analysis of hospital activity and actual spend for that year. For 2022/23, the overall expenditure for NHSGGC has increased and this is reflected in an increase to the actual figures for East Dunbartonshire. There has also been an increase in the share of overall activity for East Dunbartonshire across Acute Medicine, Older People, Respiratory and emergency department attendances.

The costs associated with Covid-19 that are included within the set aside total, were £14.2m for NHS Greater Glasgow and Clyde. These costs were fully funded by the Scottish Government.

KEY RISKS AND UNCERTAINTIES

The period of public sector austerity and reduction in the overall level of UK public sector expenditure is anticipated to extend over the medium term horizon. This is compounded by recurring impact on public sector budgets of the Covid-19 pandemic and the cost of living crisis causing price increases across a number of areas directly impacting health and social care and the purchase of care provision from the market.

Future Scottish Government grant settlements remain uncertain with further reductions in government funding predicted to 2023/24. The Partnership, through the development of an updated strategic plan, has prepared a Medium Term Financial Strategy 2023 – 28 aligned to its strategic priorities. The aim is to plan ahead to meet the challenges of demographic growth and policy pressures, taking appropriate action to maintain budgets within expected levels of funding and to maximise opportunities for delivery of the Strategic Plan through the use of reserves. This was presented in the context of the ongoing impact of the Covid-19 pandemic and will be reviewed on an annual basis and updated to reflect up to date assumptions and known factors which may have changed since the original strategy was written. It is accepted that the medium to longer term impacts of the pandemic are yet to be fully felt and assessed.

The most significant risks faced by the HSCP over the medium to longer term are:-

- The increased demand for services alongside reducing resources. In particular, the demographic increases predicted within East Dunbartonshire is significant with the numbers of older people aged 75+ set to increase by 67% over the period 2018-2043 (source: NRS). Even more significantly given the age profiles of people receiving the greatest proportion of services, numbers of older people aged 85+ are set to increase by 119% over the same period.
- East Dunbartonshire has a higher than national average proportion of older people aged 75+, therefore these projected increases will have a significant, disproportionate and sustained impact on service and cost pressures.
- The cost and demand volatility across the prescribing budget which has been significant over the years as a result of a number of drugs continuing to be on short supply resulting in significant increase in prices as well as demand increases in medicines within East Dunbartonshire. These issues were particularly significant during the latter half of the financial year and are expected to remain challenging during 2023/24. This represents the HSCP's singular biggest budget area.
- The achievement of challenging savings targets from both partner agencies that face significant financial pressure and tight funding settlements, expected to continue in the medium to long term.
- The capacity of the private and independent care sector who are struggling to recruit adequate numbers of care staff to support service users which is being felt more acutely south of the border but remains a concern locally in a highly competitive market.

The HSCP Performance, Audit & Risk Committee (PAR) approved an updated risk management strategy in June 2023 and we continue to maintain a corporate risk register for the HSCP which identified the key areas of risk that may impact the HSCP and the range of mitigating actions implemented to minimise any associated impact. This is subject to regular review with the latest version presented to the PAR in June 2023.

The key areas identified (as at June 2023) are:

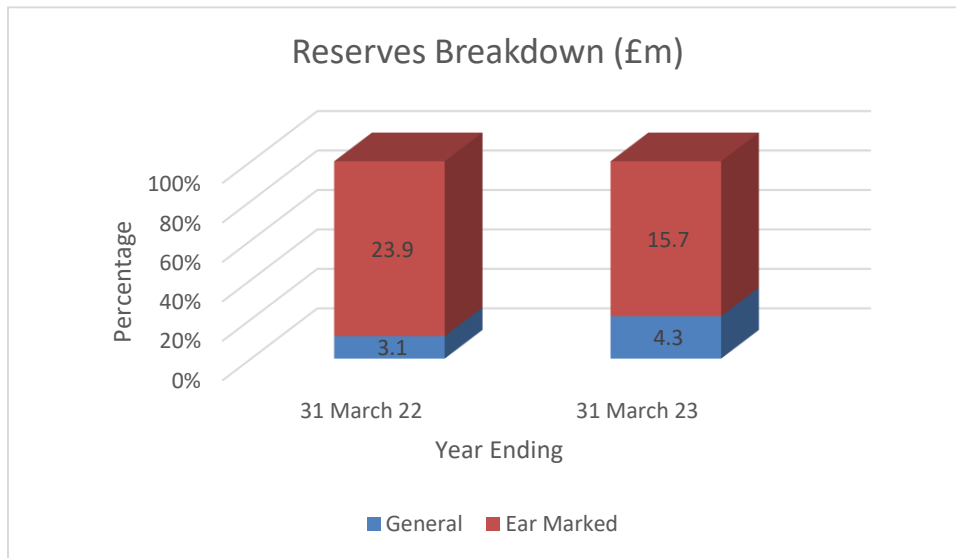
Key Strategic Risks	Mitigating Actions
Inability to support early, effective discharge from hospital	Review further options for increasing capacity within care home provision and care at home through recruitment drive and further re-direction of staff. Additional investment through Adult Winter Planning funding to increase capacity across the HSCP in direct care services to support early and effective discharge.
Inability to achieve recurring financial balance	Liaison with other Chief Finance Officers network. Monitoring of delivery of efficiency plans for the coming year through the HSCP Annual Delivery Plan board. Financial recovery plan in place as needed and work with staff and leadership teams to identify areas for further efficiencies / service redesign to be escalated in year. Development of a medium term financial plan to support longer term projections.
Risk of failure to achieving transformational change and service	Early collaborative planning with EDC and NHSGGC re support requirements. Work through staff and leadership teams to identify further efficiency and redesign options to bring forward

redesign plans within necessary timescales	in year. Development and scrutiny of annual delivery plans including actions for investment / dis investment.
Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties. Specific workforce pressure areas are Mental Health Officers, qualified Social Workers, Personal Carers, Health Visitors, Psychologists and General Practitioners (independent contractors).	Develop workforce plan for 2022-2025 in line with HSCP Strategic Plan. Revised recruitment protocol in place to support SMT overview of workforce issues. Funding from SG to support additional social work and mental health officer workforce capacity to be progressed and implemented. Review options for 'market forces' review of pay and grading. Further amalgamate health visiting contacts, consider skill mix where appropriate and other mechanisms for delivery of services.
Failure to deliver the MOU commitments within the Primary Care Improvement Plan.	Representation to SG for funding to support full extent of MOU commitments.
Failure of external care providers to maintain delivery of services particularly related to care home and care at home provision.	Enhanced support and monitoring across care home services, daily /weekly checks via TURAS, RAG rating, Provider Forums, dedicated Officer support, Established Sector Lead, Weekly oversight via ORG, early notification alerts via SXL & Network groups, process for review of provider sustainability and adequacy of rates for service delivery.

FINANCIAL PERFORMANCE 2022/23

The partnership's financial performance is presented in these Annual Accounts. The Comprehensive Income and Expenditure Statement (CIES) (see page 47) describes expenditure and income by care group across the IJB and shows an over spend of £6.928m against the partnership funding available for 2022/23. Adjusting this position for in year movements in reserves provides an underlying positive variance on budget of £4.387m for 2022/23 which represents operational service delivery for the year and has been reported throughout the year to the IJB through regular revenue monitoring updates.

This has reduced the overall reserves position for the HSCP from a balance of £26.990m at the year ending 31 March 2022 to that of a balance of £20.062m as at year ending 31 March 2023 (as detailed in the reserves statement on page 48.) The reserves can be broken down as follows:



The CIES includes £2.930m of expenditure related to the impact from Covid-19. The costs incurred during 2022/23 are set out in the table below.

Additional Covid-19 Costs - HSCP	2022-23 Revenue Total
Flu Vaccination & Covid-19 Vaccination (FVCV)	181,186
Additional Staff Costs (Contracted staff)	239,379
Additional Staff Costs (Non-contracted staff)	57,374
Additional Equipment and Maintenance	513
Additional PPE	30,321
Additional Capacity in Community	140,547
Children and Family Services	895,242
Covid-19 Financial Support for Adult Social Care Providers	1,167,495
Additional FHS Contractor Costs	72,322
Digital & IT costs	4,086
Loss of Income	141,237
Total Covid Costs - HSCP - All	2,929,701

Costs were covered through HSCP earmarked reserves, held for this specific purpose. The balance of reserves of £7.034m was returned to SG in the financial year to be redistributed across the sector to meet current Covid-19 priorities. The mechanism by which the funds were returned resulted in the contribution from NHSGG&C being reduced by this amount, as set out within note 11 on page 57.

Financial Outturn Position 2022/23

The budget for East Dunbartonshire HSCP was approved by the IJB on the 24th March 2022. This provided a total net budget for the year of £199.034m (including £38.514m related to the set aside budget). This included £0.449m of agreed savings to be delivered through efficiencies, service redesign and transformation to deliver a balanced budget for the year and moving forward into future years.

There have been a number of adjustments to the budget since the HSCP Board in March 2022 which has increased the annual budget for 22/23 to £208.479m. These adjustments relate mainly to non-recurring funding from SG specific to the dental health bundle, family health services,

PCIP, ADP and the pay award for NHS and social work staff. This is netted off against the reduction in the NHS contribution related to the return of Covid funding in year.

The partnership’s financial performance across care groups is represented below:

Care Group Analysis	Annual Budget 2022/23 £000	Annual Expenditure 2022/23 £000	Year End Variance £000
Strategic & Resources	4,615	4,465	149
Older People & Adult Community Services	52,188	48,793	3,395
Physical Disability	5,314	5,093	221
Learning Disability	22,859	23,142	(283)
Mental Health	4,363	4,501	(138)
Addictions	1,916	1,307	609
Planning & Health Improvement	618	552	66
Childrens Services	15,632	14,930	702
Criminal Justice Services	416	455	(39)
Other Non Social Work Services	1,258	950	308
Family Health Services	33,220	33,218	2
Prescribing	21,095	22,027	(932)
Oral Health Services	11,713	12,738	(1,025)
Set Aside	40,306	40,306	0
Covid Expenditure	(7,034)	2,930	(9,964)
Net Expenditure	208,479	215,407	(6,928)

A breakdown of the projected underspend against the allocation from each partner agency is set out in the table below:

Partner Agency	Annual Budget 2022/23 £000	Actual Expenditure 2022/23 £000	Year End Variance 22/23 £000
East Dunbartonshire Council	71,437	77,737	(6,301)
NHS GG&C	137,042	137,670	(628)
TOTAL	208,479	215,407	(6,928)

The main reasons for the variances to budget for the HSCP during the year are set out below:

- **Mental Health, Learning Disability, Addiction Services, Health Improvement (£0.255m under spend)** - the overall variance relates to pressures in relation to increased taxi provision (as opposed to use of fleet transport) to support SW service users to access services, loss of income from charging due to numbers attending day services and in receipt of non-residential services not resuming to pre covid levels. This is offset by the numbers of care packages not resuming to pre covid levels anticipated at the time of setting the Budget for 2022/23, vacancies, ongoing recruitment and retention issues across nursing and psychology posts within MH and LD health services.

- **Community Health and Care Services – Older People / Physical Disability (underspend of £3.616m)** – there continued to be reduced levels of care home placements, supported living packages and care at home services purchased from the external market from that assumed at the time of setting the budget, due to the continuing impacts of Covid-19. Numbers are continuing to recover to more normalised levels. This mitigates pressures within the in-house care at home service and pressures in relation to equipment to support people to remain at home along with additional adult winter planning funding to increase capacity in this area. SG funding was made available in year for Adult winter planning which was not fully spent in year due to ongoing recruitment challenges in filling posts. This will be taken to earmarked reserves.

This also includes the refund of monies of £1.1m related to charges for continuing care beds within Fourhills Care Home dating back to 1st April 2019 (£0.3m related to 19/20, £0.4m related to 20/21 and £0.4m related to 21/22).

- **Children and Criminal Justice Services (underspend of £0.663m)** – there continued to be recruitment and retention challenges across Children’s services for the year. There was also reductions in external fostering and residential childcare placements as children move onto positive destinations. There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and will require the purchase of externally purchased placements to accommodate these children.
- **Housing Aids and Adaptations and Care of Gardens (underspend of £0.308m)** - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate – there has been a continuing underspend in relation to fleet recharges related to a downturn in transport provision needed as a consequence of Covid and a reduction in services requiring this type of transport. This is compounded by underspends across the care and repair service and private sector housing grants.
- **Prescribing (overspend of £0.932m)** - pressures in relation to price and volume increases across a range of medicines have been reported throughout the financial year which has resulted in an adverse variance in this area. A number of initiatives are in development to target the volume and types of prescriptions dispensed such as script-switch, review of use of formulary vs non formulary, waste reduction, repeat prescription practices. Prices across the market will continue due to global factors outwith the control of the HSCP, however use of alternative medicines will form part of the programme of initiatives being rolled out across East Dunbartonshire and more widely across GG&C.
- **Oral Health (overspend of £1.025m)** - the overspend relates to expenditure incurred in year on temporary staffing to address winter pressures and ventilation and equipment purchases in support of recovery of services following the pandemic to be funded from earmarked reserves set aside for this purpose. This was offset by some delays in filling vacancies during the year.
- **Covid Expenditure (overspend of £9.964m)** – there was expenditure related to Covid-19 during the year of £2.930m and the return of un-used reserves to SG of £7.034m. This expenditure will be met entirely from HSCP earmarked reserves held for this purpose.

Partnership Reserves

As at the 1 April 2022, the HSCP had a general (contingency) reserves balance of £3.1m. The surplus on operational service delivery generated during 2022/23 (£4.387m) will allow the HSCP to further that reserve in line with the HSCP Reserves Policy. This will provide the HSCP with some financial sustainability into future years and an ability to manage in year unplanned events and afford a contingency to manage budget pressures without the need to resort to additional partner contributions as a means of delivering a balanced budget.

The performance of the budget during 2022/23 supports the HSCP in the enhancement of a reserve to support the redesign of accommodation by a further £1m. This will increase the reserve already available to £3m to support the HSCP in delivery of its strategic priorities, primarily related to the delivery of the primary care improvement programme, moving services currently delivered within acute settings to local communities, such as Phlebotomy, and additional space to accommodate increased staffing capacity in response to Adult Winter Planning monies, adult social work capacity funding. In addition it will facilitate the creation of a digital redesign programme of £0.5m in response to the outcome of a national digital maturity assessment and the work already underway as a result of the Covid-19 pandemic where resort to digital platforms moved forward significantly and needs ongoing investment to maintain and develop further. At its meeting in March 2023, the IJB approved the use of an element of contingency reserves to create a smoothing reserve to underwrite the delivery of the savings programme for 2023/24 of £0.594m and also to enhance the prescribing reserve by £1m to mitigate anticipated pressures related to increased price and volume demands during 2023/24. This provides a remaining balance on general reserves of £4.371m.

IJB's are empowered under the Public Bodies (Joint Working) Scotland Act 2014 (section 13) to hold reserves and recommends the development of a reserves policy and reserves strategy. A Reserves policy was approved by the IJB on the 11 August 2016. This provides for a prudent reserve of 2% of net expenditure (less Set Aside) which equates to approximately £3.8m for the partnership. The level of general reserves is in line with this prudent level and provides the partnership with a contingency to manage any unexpected in year pressures moving into future years of financial uncertainty.

While contingency reserves have increased during 2022/23, there has been a net reduction in the level of earmarked reserves from £23.912m to £15.691m with the application of reserves in year to deliver on specific strategic priorities. During 2022/23, the HSCP used £12.891m of its earmarked reserves. In the main this related to the application of £2.930m towards Covid-19 expenditure incurred in year, the return of £7.034m to SG of the balance of Covid reserves as well as the use of reserves to support expenditure related to the delivery of PCIP, Action 15 and Oral Health priorities. There were some additions to earmarked reserves in year of £1.576m (related primarily to ADP, Adult Winter Support Funding and Community Link workers) along with the creation / enhancement of earmarked reserves as set out above totalling ££3.094m provides for an overall net reduction in earmarked reserves for the year of £8.221m. This will leave a balance on earmarked reserves of £15.691m.

A breakdown of the HSCP earmarked reserves is set out in note 10, page 56.

The total level of partnership reserves is now £20.062m as set out in the table on page 48.

Financial Planning

In setting the budget for 2023/24, the partnership had a funding gap of £3.894m following an analysis of cost pressures set against the funding available to support health and social care expenditure in East Dunbartonshire, this is set out in the table below:

	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
Recurring Budget 2022/23 (excl. Set aside)	69.918	92.118	162.036
SCS Budgets transferred to ED HSCP		30.074	30.074
Set Aside		38.382	38.382
Total Recurring Budget 2022/23	69.918	160.574	230.492
Financial Pressures - 23/24	6.724	1.640	8.364
2023/24 Budget Requirement	76.642	162.214	238.856
2023/24 Financial Settlement / Budget 2023-24	73.226	161.736	234.962
Financial Challenge 23/24	3.416	0.478	3.894
Savings Plan 23/24	(3.396)	(0.498)	(3.894)
Residual Financial Gap 23/24	0.020	(0.020)	(0.000)

Savings plans of £3.894m were identified to mitigate the financial pressures which delivered a balanced budget position moving into 2023/24. There are a number of significant financial risks to the HSCP moving into 2023/24 with uncertainty on the funding to support pay uplifts for Social Work staff, pressures in relation to prescribing expected to continue into the new financial year, pressures on contractual spend for Social Work care providers with funding only available to support the SLW element and risks to the delivery of the savings programme in full. This has necessitated the need to enhance prescribing reserves and to create a smoothing reserve to underwrite and phase in elements of the savings plan during 2023/24 with full delivery expected in future financial years.

The HSCP has a Medium Term Financial Strategy for the period 2023 – 2028 which outlines the financial outlook over the next 5 years and provides a framework which will support the HSCP to remain financially sustainable. It forms an integral part of the HSCP's Strategic Plan, highlighting how the HSCP medium term financial planning principles will support the delivery of the HSCP's strategic priorities.

There are a number of key opportunities and challenges for the HSCP at a national and local level. The most significant being the Review of Adult Social Care, elements of which have now been reflected in the new programme for government. This may see significant investment across a range of areas including the development of a National Care Services on an equal footing to the National Health Service, expansion of support for lower-level needs and preventive community support, increasing support to unpaid carers and sums paid for free personal care.

The HSCP has particular demographic challenges as set out previously on page 4.

The longer term impacts of the pandemic (Covid-19) are yet to be fully assessed and the impact of this on the delivery of health and social care services.

The Financial Challenge

The Medium Term Financial Strategy (MTFS) for the HSCP provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign. The MTFS was updated as part of the Budget Setting for 2023/24 in March 2023.

The main areas for consideration within the MTFS for the HSCP are:-

- The medium term financial outlook for the IJB provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign.
- The IJB is planning for a range of scenarios ranging from best to poor outcomes in terms of assumptions around cost increases and future funding settlements. This will require the identification of £17.2m to £38.4m of savings (previously £11.5m to £21.8m) with the most likely scenario being a financial gap of £17.2m over the next five years.
- This will extend to £42.3m (previously £28.9m) over the next 10 years, however this becomes a more uncertain picture as the future environment within which IJBs operate can vary greatly over a longer period of time.
- Based on the projected income and expenditure figures the IJB will require to achieve savings between £4.1m and £4.5m (previously £0.5m and £3.0m) each year from 2023/24s onwards.

The aim of the medium term financial strategy is to set out how the HSCP would take action to address this financial challenge across the key areas detailed below:

Key areas identified to close the financial gap



Delivering Services Differently through Transformation and Service Redesign

- Development of a programme for Transformation and service redesign which focuses on identifying and implementing opportunities to redesign services using alternative models of care in line with the ambitions of the HSCP Strategic Plan.



Efficiency Savings

- Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.



Strategic Commissioning

- Ensuring that the services purchased from the external market reflect the needs of the local population, deliver good quality support and align to the strategic priorities of the HSCP.



Shifting the Balance of Care

- Progressing work around the un-scheduled care commissioning plan to address a shift in the balance of care away from hospital based services to services delivered within the community.



Prevention and Early Intervention

- Through the promotion of good health and wellbeing, self-management of long term conditions and intervening at an early stage to prevent escalation to more formal care settings.



Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity. This is an area of focus through the Review of Adult Social Care.

J Forbes
IJB Chair

20th June 2023

C Sinclair
Chief Officer

20th June 2023

J Campbell
Chief Finance and Resources
Officer

20th June 2023

STATEMENT OF RESPONSIBILITIES

Responsibilities of the HSCP Board

The HSCP Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Finance and Resources Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014 as modified by the Coronavirus (Scotland) Act 2020), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Performance, Audit and Risk Committee on the xxxxx.

Signed on behalf of the East Dunbartonshire HSCP Board.

J Forbes
IJB Chair
20th June 2023

Responsibilities of the Chief Finance and Resources Officer

The Chief Finance and Resources Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance and Resources Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance and Resources Officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the East Dunbartonshire HSCP Board as at 31 March 2023 and the transactions for the year then ended.

J Campbell
Chief Finance and Resources Officer
20th June 2023

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified HSCP Board members and staff.

The information in the tables below was subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: HSCP Board Chair and Vice Chair

The voting members of the HSCP Board are appointed through nomination by EDC and NHSGGC in equal numbers being three nominations from each partner agency. Nomination of the HSCP Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board Non-Executive Director.

The remuneration of Senior Councillors is regulated by the Local Governance (Scotland) Act 2004 (Remuneration) Regulations 2007. A Senior Councillor is a Councillor who holds a significant position of responsibility in the Council's political management structure, such as the Chair or Vice Chair of a committee, sub-committee or board (such as the HSCP Board).

The remuneration of Non-Executive Directors is regulated by the Remuneration Sub-committee which is a sub-committee of the Staff Governance Committee within the NHS Board. Its main role is to ensure the application and implementation of fair and equitable systems for pay and for performance management on behalf of the Board as determined by Scottish Ministers and the Scottish Government Health and Social Care Directorates.

The HSCP Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the HSCP Board. The HSCP Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the HSCP Board to the Chair and Vice Chair.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting HSCP Board members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the HSCP Board

The HSCP Board does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board. All staff working within the partnership are employed through either EDC or NHSGGC and remuneration for senior staff is reported through those bodies. This report contains information on the

HSCP Board Chief Officer and the Chief Finance and Resources Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board. The Chief Officer, Mrs Sinclair was appointed from the 6th January 2020. Mrs Sinclair is employed by East Dunbartonshire Council and seconded to the HSCP Board.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below. The HSCP Board Chief Finance and Resources Officer is employed by NHSGGC.

The Council and Health Board share the costs of all senior officer remunerations.

Total 2021/22 £	Senior Employees	Salary, Fees and Allowances £	Compensation for Loss of Office £	Total 2022/23 £
104,539	C Sinclair Chief Officer 6 th January 2020 to present	110,849	0	110,849
92,220	J. Campbell Chief Finance and Resources Officer 9 th May 2016 to present	94,638	0	94,638
196,759	Total	205,487	0	205,487

Pay band information is not separately provided as all staff pay information has been disclosed in the information above.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding

during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/22	For Year to 31/03/23		Difference from 31/03/22	As at 31/03/23
	£	£		£000	£000
C Sinclair	20,100	21,400	Pension	0 - 5	5 – 10
Chief Officer 6 th January 2020 to present			Lump sum	0	0
J. Campbell	19,300	19,800	Pension	0 - 5	10 – 15
Chief Finance and Resources Officer 9 th May 2016 to present			Lump sum	0	0
Total	39,400	41,200	Pension	0 - 10	15 – 25
			Lump Sum	0	0

The Chief Officer and the Chief Finance and Resources Officer detailed above are members of the Local Government Superannuation Scheme and the NHS Superannuation Scheme (Scotland) respectively. The pension figures shown relate to the benefits that the person has accrued as a consequence of their current appointment and role within the HSCP Board and in the course of employment across the respective public sector bodies. The contractual liability for employer's pension contribution rests with East Dunbartonshire Council and NHSGGC respectively. On this basis there is no pension liability reflected on the HSCP Board balance sheet. There were no exit packages payable during either financial year.

J Forbes
IJB Chair
20th June 2023

C Sinclair
Chief Officer
20th June 2023

ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money and assets are safeguarded and that arrangements are made to secure best value in their use.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance, which includes the system of internal control. The system is intended to manage risk to support the achievement of the HSCP Board's policies, aims and objectives. Reliance is placed on the NHSGGC and EDC systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The system of internal control is designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

The system of internal control is based on a framework designed to identify and prioritise the risks to the achievement of the Partnership's key outcomes, aims and objectives and comprises the structures, processes, cultures and values through which the partnership is directed and controlled.

The system of internal control includes an ongoing process, designed to identify and prioritise those risks that may affect the ability of the Partnership to achieve its aims and objectives. In doing so, it evaluates the likelihood and impact of those risks and seeks to manage them efficiently, effectively and economically.

Governance arrangements have been in place throughout the year and up to the date of approval of the statement of accounts.

Key features of the governance framework in 2022/23 are:

- The HSCP Board comprises six voting members – three non-executive Directors of NHSGGC and three local Councillors from EDC. The Board is charged with responsibility for the planning of Integrated Services through directing EDC and the NHSGGC to deliver on the strategic priorities set out in the Strategic Plan. In order to discharge their responsibilities effectively, board members are supported with a development programme. This programme aims to provide opportunities to explore individual member and Board collective responsibilities and values that facilitate decision making, develop understanding of service provision within the HSCP and engage with staff delivering these services and specific sessions on the conduct of the business of the HSCP Board.
- HSCP Boards are 'devolved public bodies' for the purposes of the Ethical Standards in Public Life (Scotland) Act 2000, which requires them to produce a

code of conduct for members. The members of the HSCP Board have adopted and signed up to the Code of Conduct for Members of Devolved Public Bodies and have committed to comply with the rules and regularly review their personal circumstances on an annual basis.

- The HSCP Board has produced and adopted a Scheme of Administration that defines the powers, relationships and organisational aspects for the HSCP Board. This includes the Integration Scheme, Standing Orders for meetings, Terms of reference and membership of HSCP Board committees, the Scheme of Delegation to Officers and the Financial Regulations.
- The Strategic Plan for 2022-2025 outlines eight key priorities to be delivered over the three year period and provides specific commitments and objectives against each of these. It sets out the identified strategic priorities for the HSCP and links the HSCP's priorities to National Health and Wellbeing Outcomes.
- Financial regulations have been developed for the HSCP in accordance with the Integrated Resources Advisory Group (IRAG) guidance and in consultation with EDC and NHSGGC. They set out the respective responsibilities of the Chief Officer and the Chief Finance and Resources Officer in the financial management of the monies delegated to the partnership.
- The Risk Management Policy sets out the process and responsibilities for managing risk in the HSCP. The Corporate Risk Register was revised and approved in January 2023 and is reviewed by the Senior Management Team at least twice a year. Previously there was a separate Covid-19 Risk Register. From January 2023 the risks associated with the Covid pandemic were incorporated into the wider HSCP Corporate risks where they were considered to have an ongoing impact beyond the Covid pandemic and remain relevant.
- Performance Reporting – Regular performance reports are presented to the HSCP Board to monitor progress on an agreed suite of measures and targets against the priorities set out in the strategic plan. This includes the provision of exception reports for targets not being achieved identifying corrective action and steps to be taken to address performance not on target. This scrutiny is supplemented through the Performance, Audit and Risk Committee. A performance management framework has been developed and implemented across the HSCP to ensure accountability for performance at all levels in the organisation. This includes regular presentations on team / service performance to the Senior Management team at a more detailed level and informs higher level performance reporting to the partner agency Chief Executives as part of regular organisation performance reviews (OPRs) and ultimately to the HSCP Board.
- The Performance, Audit and Risk Committee advises the Partnership Board and its Chief Finance and Resources Officer on the effectiveness of the overall internal control environment.
- Clinical and Care Governance arrangements have been developed and led locally by the Clinical Director for the HSCP and through the involvement of the Chief Social Work Officer for EDC.

- Information Governance – the Public Records (Scotland) Act 2011 (Section 1 (1)) requires the HSCP Board to prepare a Records Management Plan setting out the proper arrangements for the authority's public records. The HSCP Board updated and approved this in March 2021, prior to submission to the Keeper of the Records of Scotland. In addition, under the Freedom of Information (Scotland) Act, the HSCP Board published a Freedom of Information Publication Scheme in March 2017.
- The HSCP Board is a formal full partner of the East Dunbartonshire Community Planning Partnership Board (CPPB) and provides regular relevant updates to the CPPB on the work of the HSCP.

Roles and Responsibilities of the Performance, Audit and Risk Committee and Chief Internal Auditor

Board members and officers of the HSCP Board are committed to the concept of sound internal control and the effective delivery of HSCP Board services. The HSCP Board's Performance, Audit and Risk Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Performance, Audit and Risk Committee performs a scrutiny role in relation to the application of CIPFA's Public Sector Internal Audit Standards 2017 (PSIAS) and regularly monitors the performance of the Partnership's internal audit service. The appointed Chief Internal Auditor has responsibility to perform independent reviews and to report to the Performance, Audit and Risk Committee annually, to provide assurance on the adequacy and effectiveness of conformance with PSIAS.

The internal audit service undertakes an annual programme of work, approved by the Performance, Audit and Risk Committee, based on a strategic risk assessment. The appointed Chief Internal Auditor provides an independent opinion on the adequacy and effectiveness of internal control. East Dunbartonshire Council's Audit and Risk Manager is the Chief Internal Auditor for the Partnership. In this role, the assurance is based on the available information including HSCP audits, EDC internal audit reports relating to the Partnership and summary reports on NHSGGC internal audits that relate to the partnership. Internal audit have continued to take a risk based approach in completing the internal audit plan. There have been no impairments or restrictions of scope during the course of the year.

Based on Internal Audit work completed in 2022/23 in accordance with Public Sector Internal Audit Standards (PSIAS), the Chief Internal Auditor has concluded that the HSCP's internal control procedures were generally found to operate as intended, with reasonable assurance being provided on the integrity of controls. A number of additional recommendations have been made by the internal audit team in 2022/23 in order to improve controls further, and action plans developed with management to address the risks identified. The Chief Internal Auditor has conducted a review of all HSCP and EDC Internal Audit reports issued in the financial year, together with summary reports on NHSGGC Internal Audit work and Certificates of Assurance from the EDC and partnership Senior Management Team. Although no system of internal control can provide absolute assurance, nor can Internal Audit give that assurance, based on the audit work undertaken during the reporting period, the Chief Internal

Auditor is able to conclude that a reasonable level of assurance can be given that the system of internal control is operating effectively within the organisation.

Update on Previous Governance Issues

The 2021/22 Annual Governance Statement set out a number of Improvement Actions to enhance the governance arrangements within the partnership or which the partnership relies on to support effective internal controls. These are updated below:

- EDC Internal Audit Reports – EDC Internal Audit have performed a follow up review which confirmed that a high risk prior year issue remained in progress relating to contractual arrangements for Social Work Contract Monitoring. This is being addressed via a risk assessment template which documents the next steps for each service and is signed off by the Heads of Service. This will in turn provide a prioritised work plan thereby embedding this work into the business as usual arrangements in Strategic Commissioning, Procurement and Legal Services.
- External Reports – it was stated in last year’s governance statement that the HSCP would take cognisance of external reports and develop action plans that seek to improve governance arrangements in line with best practice. This has occurred, with the partnership developing action plans in response to reports from Audit Scotland and the Care Inspectorate.

Review of Effectiveness

East Dunbartonshire HSCP Board has responsibility for reviewing the effectiveness of the governance and risk management arrangements including the system of internal control. This review is informed by the work of the Chief Officer and the Senior Management Team who have responsibility for the development and maintenance of the governance environment, the Annual Governance Report, the work of internal audit functions for the respective partner organisations and by comments made by external auditors and other review agencies and inspectorates.

The partnership has put in place appropriate management and reporting arrangements to enable it to be satisfied that its approach to corporate governance and risk management is both appropriate and effective in practice.

A range of internal audit assignments has been completed that reviewed the operation of internal controls of relevance to the HSCP Board. These were generally found to operate as intended, with reasonable assurance provided on the integrity of controls. A number of recommendations have been made for areas for further improvement and action plans developed to address the risks identified. Senior Officers have provided assurances that the issues raised by Internal Audit have been or will be addressed. Auditors will conduct testing following completion of the actions, as part of the 2023/24 audit programme.

There has been specific work undertaken by each partner’s audit functions. The HSCP’s Chief Internal Auditor has considered the conclusions on the areas reviewed by NHSGGC internal auditors in 2022/23. An opinion of reasonable assurance has been provided by the NHSGGC’s auditors, Azets, whilst specific areas for

improvement have been highlighted in the course of the year. Similarly, consideration has been made of the opinion provided of reasonable assurance provided by the Council's auditors on its systems, governance and risk management systems.

In the course of the year it was identified by management that a material overpayment was made to NHSGGC. Actions have been identified to improve controls relating to the payment of recharges – these are detailed at the Governance Improvement Plans section below.

The HSCP Board has various meetings, which have received a wide range of reports to enable effective scrutiny of the partnership's performance and risk management updates including regular Chief Officer Updates, financial reports, performance reports, risk registers and service development reports, which contribute to the delivery of the Strategic Plan.

Governance Improvement Plans

The following areas of improvement have been identified for 2023/24, which will seek to enhance governance arrangements within the partnership:

- External Reports – the HSCP will take cognisance of external reports and develop action plans that seek to improve governance arrangements in line with best practice.
- Following the agreement of our authority's Records Management Plan (RMP) in December 2021, the Assessment Team for National Records Scotland have offered East Dunbartonshire Integrated Joint Board the opportunity to provide a Progress Update Review (PUR) on our records management provisions. This is a voluntary arrangement that will provide the IJB with feedback and advice. There may be actions for the HSCP and its partners following this review.
- Internal Audit Reports – Further to the completion of the internal audit work for 2022/23, and following up on previously raised internal audit actions, the main area that the Internal Audit Team highlighted as requiring further improvement was the contractual status of social care expenditure. Action plans have been agreed with management and any outstanding audit actions will continue to be monitored for compliance.
- Management Identified Improvements – As a result of the overpayment referred to above to NHSGGC that was identified, improvements will be made to communication between management and Finance colleagues of decisions with financial implications. In addition, at least annually there will be a review of the recharges in place to ensure that these remain appropriate and should continue.

Assurance

The system of governance (including the system of internal control) operating in 2022/23 provides reasonable assurance that transactions are authorised and properly recorded; that material errors or irregularities are either prevented or detected within a timely period; and that significant risks to the achievement of the strategic priorities and outcomes have been mitigated.

Certification

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the East Dunbartonshire HSCP Board's systems of governance.

J Forbes
IJB Chair
20th June 2023

C Sinclair
Chief Officer
20th June 2023

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

Care Group	2021/22			2022/23		
	Gross Expenditure £000	Gross Income £000	Net Expenditure £000	Gross Expenditure £000	Gross Income £000	Net Expenditure £000
Strategic / Resources	3,106	(62)	3,044	3,815	(73)	3,742
Addictions	1,360	(9)	1,351	1,698	(7)	1,691
Older People	43,690	(1,026)	42,664	49,146	(1,595)	47,551
Learning Disability	20,853	(374)	20,479	23,877	(497)	23,380
Physical Disability	5,009	(4)	5,005	5,169	(76)	5,093
Mental Health	6,086	(566)	5,520	6,743	(685)	6,058
Children & Families	15,602	(807)	14,795	16,141	(1,211)	14,930
Criminal Justice	1,752	(1,406)	346	2,216	(1,760)	456
Other - Non Social Work	810	0	810	1,083	(100)	983
Oral Health	11,900	(1,114)	10,786	13,642	(904)	12,738
Family Health Services	31,869	(555)	31,314	34,248	(1,030)	33,218
Prescribing	19,937	(1)	19,936	22,028	(1)	22,027
Covid	6,245	(0)	6,245	9,964	(7,034)	2,930
Set Aside for Delegated Services to Acute Services	35,982	0	35,982	40,306	0	40,306
HSCP Board Operational Costs	289	0	289	304	0	304
Cost of Services Managed By East Dunbartonshire HSCP	204,490	(5,924)	198,566	230,380	(14,973)	215,407
Taxation & Non Specific grant Income		(212,712)	(212,712)		(208,479)	(208,479)
(Surplus) or deficit on Provision of Services	204,490	(218,636)	(14,146)	230,380	(223,452)	6,928
Total Comprehensive Income and Expenditure			(14,146)			6,928

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2022/23	Contingency Reserve (non-earmarked)	Ear-Marked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance at 31 March 2022	(3,078)	(23,912)	(26,990)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2022/23	(1,293)	8,221	6,928
Closing Balance at 31 March 2023	(4,371)	(15,691)	(20,062)

Movements in Reserves During 2021/22	Contingency Reserve (non-earmarked)	Ear-Marked Reserves	Total General Fund Reserves
	£000	£000	£000
Opening Balance at 31 March 2021	(1,935)	(10,909)	(12,844)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2021/22	(1,143)	(13,003)	(14,146)
Closing Balance at 31 March 2022	(3,078)	(23,912)	(26,990)

BALANCE SHEET

The Balance Sheet shows the value as at the 31 March 2022 of the HSCP Board's assets and liabilities. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

31 March 2022		Notes	31 March 2023
£000			£000
26,990	Short term Debtors	9	20,062
	Current Assets		
26,990	Net Assets		20,062
(3,078)	Usable Reserve: Contingency	10	(4,371)
(23,912)	Usable Reserve: Earmarked	10	(15,691)
(26,991)	Total Reserves		(20,062)

The unaudited accounts were issued on 30 June 2023 and the audited accounts were authorised for issue on xxxx 2023. I certify that the financial statements present a true and fair view of the financial position of the East Dunbartonshire HSCP as at 31 March 2023 and its income and expenditure for the year then ended.

J Campbell
Chief Finance and Resources Officer
20th June 2023

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

General Principles

The Financial Statements summarise the transactions of East Dunbartonshire HSCP Board for the 2022/23 financial year and its position at the year-end of 31 March 2023.

The HSCP Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. It is a joint venture between NHSGGC and East Dunbartonshire Council.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The HSCP Board is primarily funded through contributions from the statutory funding partners, East Dunbartonshire Council and NHS Greater Glasgow and Clyde. Expenditure is incurred as the HSCP Board commissions specified health and social care services from the funding partners for the benefit of service recipients in East Dunbartonshire.

Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash. All transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet.

The funding balance due to or from each funding partner, as at 31 March, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The HSCP Board's reserves are classified as either Usable or Usable Ear-marked Reserves.

The balance of the General Fund as at 31 March 2023 shows the extent of resources which the HSCP Board can use in later years to support service provision and complies with the Reserves Strategy for the partnership.

The ear marked reserve shows the extent of resource available to support service re-design in achievement of the priorities set out in the Strategic Plan including funding which have been allocated for specific purposes but not spent in year.

VAT

The HSCP Board is not a taxable person and does not charge or recover VAT on its functions. The VAT treatment of expenditure in the HSCP Board's accounts depends on which of the partner organisations is providing the service as these agencies are treated differently for VAT purposes.

The services provided to the HSCP Board by the Chief Officer are outside the scope of VAT as they are undertaken under a special legal regime.

Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. The EDC and NHSGGC have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP was £0k, the balance will be payable in Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

2. Prior Year Restatement

When items of income and expenditure are material, their nature and amount is disclosed separately, either on the face of the CIES or in the notes to the Accounts, depending on how significant the items are to the understanding of the HSCP's financial performance.

Prior period adjustments may arise as a result of a change in accounting policy, a change in accounting treatment or to correct a material error. Changes are made by adjusting the opening balances and comparative amounts for the prior period which then allows for a consistent year on year comparison.

There have not been any prior year re-statements.

3. Critical Judgements and Estimation Uncertainty

In applying the accounting policies set out above, the HSCP Board has had to make critical judgement relating to services hosted within East Dunbartonshire HSCP for other HSCPs within the NHSGGC area. In preparing the 2022/23 financial statements the HSCP Board is considered to be acting as 'principal', and the full costs of hosted

services are reflected within the financial statements. In delivering these services the HSCP Board has primary responsibility for the provision of these services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required.

The Annual Accounts contain estimated figures that are based on assumptions made by East Dunbartonshire HSCP about the future or that which are otherwise uncertain. Estimates are made taking into account historical expenditure, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates made. In applying these estimations, the HSCP has no areas where actual results are expected to be materially different from the estimates used.

4. Events After the Reporting Period

The unaudited Annual Accounts were authorised for issue by the Chief Finance and Resources Officer on 20th June 2023. There were no events that occurred between 1 April 2022 and the date that the Annual Accounts were authorised for issue that would have an impact on the financial statements.

5. Expenditure and Funding Analysis by Nature

2021/22 £000		2022/23 £000
45,183	Employee Costs	53,350
344	Property Costs	445
5,053	Supplies and Services	6,702
56,964	Contractors	71,159
825	Transport and Plant	1,499
199	Administrative Costs	401
30,217	Family Health Service	34,186
19,178	Prescribing	22,028
36,975	Set Aside	40,306
282	HSCP Board Operational Costs	304
(4,591)	Income	(14,973)
190,629	Net Expenditure	215,407
(202,669)	Partners Funding Contributions and Non-Specific	(208,479)
(12,040)	(Surplus) or Deficit on the Provision of Services	6,928

6. HSCP Board Operational Costs

2021/22 £000		2022/23 £000
261	Staff Costs	274
28	Audit Fees	30
289	Total Operational Costs	304

External Audit Costs

The appointed Auditors to ED HSCP were Mazars. Fees payable to Mazars in respect of external audit service undertaken were in accordance with the Code of Audit Practice.

7. Support Services

Support services were not delegated to the HSCP Board through the Integration Scheme and are instead provided by the Health Board and Council free of charge as a 'service in kind'. The support services provided is mainly comprised of: financial management and accountancy support, human resources, legal, committee administration services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

All support services provided to the HSCP Board were considered not material to these accounts.

8. Taxation and Non-Specific Grant Income

2021/22 £000	PARTNER FUNDING CONTRIBUTIONS	2022/23 £000
62,753	Funding Contribution from East Dunbartonshire Council	71,437
149,959	Funding Contribution from NHS Greater Glasgow & Clyde	137,042
212,712 Taxation and Non-specific Grant Income		208,479

The funding contribution from the NHSGGC shown above includes £40.306m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHSGGC which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

9. Debtors

31 March 2022 £000		31 March 2023 £000
0	NHS Greater Glasgow and Clyde	0
26,990	East Dunbartonshire Council	20,062
26,990 Debtors		20,062

The short term debtor relates to the balance of earmarked reserves to support specific initiatives for which the Scottish Government made this funding available and is money held by the parent bodies as reserves available to the partnership. There is also an element related to general contingency reserves – the detail is set out in the note below. All debtor balances are held by EDC at the end of each financial year.

10. Usable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board’s risk management framework.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

Balance at 31 March 2022 £000	HSCP RESERVES	Transfers Out 2022/23 £000	Transfers In 2022/23 £000	Balance at 31 March 2023 £000
(1,100)	HSCP Transformation	0	0	(1,100)
(2,000)	HSCP Accommodation Redesign	0	(1,000)	(3,000)
0	HSCP Smoothing Reserve	0	(594)	(594)
0	HSCP Digital Redesign	0	(500)	(500)
(282)	SG - Integrated Care / Delayed Discharge	0	0	(282)
(3,600)	Oral Health	1,025	0	(2,575)
(1,292)	SG - Primary Care Improvement	976	0	(316)
(687)	SG – Action 15 Mental Health	542	0	(145)
(652)	SG – Alcohol & Drugs Partnership	0	(588)	(1,240)
(229)	GP Premises	0	0	(229)
(185)	Prescribing	0	(1,000)	(1,185)
(9,963)	Covid	9,963	0	0
(341)	Community Living Charge	0	0	(341)
(2,217)	Adult Winter Planning Funding	190	(476)	(2,503)
(51)	Mental Health Recovery & Renewal	0	(68)	(119)
0	Community Link Workers	0	(267)	(267)
(278)	MH Estate Funding	23	0	(255)
(1,035)	Miscellaneous Reserves	171	(176)	(1,040)
(23,912)	Total Earmarked	12,890	(4,669)	(15,691)
(3,078)	Contingency	0	(1,293)	(4,371)
(26,990)	General Fund	12,890	(5,962)	(20,062)

11. Related Party Transactions

The HSCP Board has related party relationships with the EDC and NHSGGC. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Transactions with NHS Greater Glasgow and Clyde

2021/22 £000	PARTNER FUNDING CONTRIBUTIONS	2022/23 £000
	Funding Contribution received from the NHS	
(149,959)	Board	(137,042)
115,613	Expenditure on Services by the NHS Board	119,264
	Key Management Personnel: Non-Voting Bioard	
130	Members	137
(34,216) Net Transactions with the NHS Board		(17,641)

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the HSCP Board include the Chief Officer and the Chief Finance and Resources Officer. These costs are met in equal share by the EDC and NHSGGC. The details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Balances with NHS Greater Glasgow and Clyde

31 March 2022 £000		31 March 2023 £000
0	Debtor balances: Amounts due from the NHS Board	0
0 Net Balance with the NHS Board		0

Transactions with East Dunbartonshire Council

2021/22 £000	PARTNER FUNDING CONTRIBUTIONS	2022/23 £000
(62,753)	Funding Contribution received from the Council	(71,437)
82,665	Expenditure on Services by the Council	95,839
	Key Management Personnel: Non-Voting Bioard	
130	Members	137
28	Support Services	30
20,070 Net Transactions with the Council		24,569

Balances with East Dunbartonshire Council

31 March 2022 £000		31 March 2023 £000
26,990	Debtor balances: Amounts due from the Council	20,062
26,990	Net Balance with the Council	20,062

12. Contingent Assets and Liabilities

A contingent asset or liability arises where an event has taken place that gives the HSCP Board a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the HSCP Board. Contingent liabilities or assets also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts where they are deemed material.

The HSCP Board is not aware of any material contingent asset or liability as at the 31 March 2023.

13. New Standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The HSCP Board considers that there are no such standards which would have significant impact on its annual accounts.

**Independent auditor’s report to the members of East Dunbartonshire
Integration Joint Board and the Accounts Commission**

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	290623 - 11 Agenda Item Number 11
2	Report Title	Financial Performance Budget 2022/23 – Month 12 (Year End Outturn- and Unaudited Annual Accounts 2022/23)
3	Date direction issued by Integration Joint Board	29 th June 2023
4	Date from which direction takes effect	29 th June 2023
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes 230323 - 11
7	Functions covered by direction	Budget 2022/23 – all functions set out within Appendix 2.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £137.042m and East Dunbartonshire Council is £71.437m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2022/23.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Reviewed for IJB – budget 2023/24 monitoring report will supersede this direction planned for 14 th September 2023.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/12

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

SUBJECT TITLE: PRIMARY CARE IMPROVEMENT PLAN (PCIP) UPDATE

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to the Health and Social Care Partnership Board on the latest PCIP Financial Tracker, PCIP 6

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Report and Appendix 1; PCIP 6 submission.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Following the PCIP 5 template pilot, PCIP 6 template was developed. Information collated through tracker 6 nationally and locally what is highlighted within this report will be published by Scottish Government. This is the first time there will be a national publication of the current position of PCIP delivery across Scotland.
- 3.2** The questions included within the PCIP 6 template did not provide the opportunity to represent an accurate local position of implementation for each of the services within our PCIP. Where activity data is noted under “Practices with Access” this does not necessarily relate to full service.
- 3.4** To ensure a more accurate local implementation status is represented, the HSCP have included narrative to all MoU commitments, with the exception of the Wellbeing Worker programme. The Wellbeing Service is operated using a local Service Level Agreement with a third sector agency and so the service delivery model is fixed, unlike the other services which are operated using HSCP employed staff.
- 3.5** Directors of Pharmacy submitted a collective response which stated they were unable to provide workforce projections for full delivery of pharmacotherapy as it is described in GMS 2018 at this point, due to a number of external factors. Based on this, a previously recognised board model was used by HSCP to provide estimated workforce projections for the Pharmacotherapy service.
- 3.6** In March 2023 Scottish Government issued guidance on completion of PCIP6 with activity data from all HSCPs and requirement for CEs and COs sign off. It outlined the SG decision not to issue directions at this time to provide further time for assurance work on data provided in PCIP5.5 returns to ensure the financial and legal framework for Pharmacotherapy and CTAC services is equitable and sustainable and therefore asked each HSPC to review data provided in PCIP5.5 through PCIP6 trackers. It also confirmed that transitional arrangements with practices could be funded as an interim and time-limited measure from within the existing PCIF envelope. Scottish Government confirmed they would not provide funding to cover any transitional payments, highlighted within a letter from British Medical Association (BMA) to Scottish Government. We have confirmed to SG and to our local LMC representative that we have no funds available within our PCIF envelope to fund any such transitional payments.
- 3.7** Pharmacotherapy and CTAC services are included as core services within the GMS contract meaning practices are not contractually obliged to offer these service, unless they have an existing arrangement with the Health Board. In line with guidance to prioritise Pharmacotherapy and CTAC, our key developments and focus for 2023-24 will be within these areas. We continue to work towards the development of treatment room space for the development of CTAC services in Bishopbriggs and Bearsden and Milngavie, and also towards securing accommodation for the set up and development of a pharmacotherapy hub.
- 3.8** Subsequent guidance has since been released from BMA and sent to all Practices highlighting that should practices wish to do so, they can direct patients requiring CTAC / Pharmacotherapy to HSCP, unless urgent. It is expected that if Practices choose to adopt this process, waiting times for the services would increase. Currently no practice within the HSCP has indicated they are taking such action.

- 3.9** While progress is continually being made against the delivery of the GMS contract in East Dunbartonshire, challenges remain. The main barriers to implementation continue to be insufficient finance and accommodation. The HSCP routinely escalate these issues to the PCIP Oversight Group and to Scottish Government as based on current estimates for Core MoUs alone (VTP, Pharmacotherapy and CTAC) we continue to feedback that, based on current modelling, we are approximately only 28% delivered within CTAC and 42% delivered within Pharmacotherapy. VTP is currently assumed to be 100% delivered with board support, although the future model of delivery is still under review.
- 3.10** East Dunbartonshire HSCP continue to work with our NHSGG&C Capital and Property teams and East Dunbartonshire Council colleagues through our local Property & Assets group to address potential solutions to accommodation challenges and we have also factored into budget planning, any necessary recruitment for expansion, should additional finance become available for the core services within 2023-24.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2022-2025 Priorities;-
1. Empowering People
 2. Empowering Communities
 3. Prevention and Early Intervention
 5. Supporting Carers and Families
 6. Maximising Operational Integration
- 4.2** Frontline Service to Customers – None.
- 4.3** Workforce (including any significant resource implications) –
- Availability of appropriately trained staff
 - Risk of destabilisation of community services
- 4.4** Legal Implications – None.
- 4.5** Financial Implications – None.
- 4.6** Procurement – None.
- 4.7** ICT – None.
- 4.8** Corporate Assets – None.
- 4.9** Equalities Implications – None
- 4.10** Sustainability – None.
- 4.11** Other – None.

5.0 MANAGEMENT OF RISK

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

- 5.1** Due to financial and staffing implications the HSCP will be unable to fully implement the contract. Measures in place are regular communication to NHSGG&C Board and Scottish Government.

6.0 IMPACT

- 6.1 STATUTORY DUTY** – None

- 6.2 EAST DUNBARTONSHIRE COUNCIL** – None.

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

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

- 8.1 Appendix 1 – PCIP 6**

Appendix 1 – PCIP 6

Capacity Profile – Data & Activity

Health & Social Care Partnership:	East Dunbartonshire
Total number of practices (overwrite if necessary):	15

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with access to service by 31/3/23 (overwrite if necessary)
Level 1: Authorise/action acute prescribing requests	10
Level 1: Authorise/action repeat prescribing requests	0
Level 1: Authorise/action hospital discharge letters/outpatient requests	15
Level 1: Other	15
Level 2: Medication review (more than 5 medicines)	15
Level 2: other	15
Level 3: poly pharmacy reviews and specialist clinics	12
Level 3: other	12
What type of model are you running this service with? GP embedded or hub based etc.	
GP embedded	
How many practices have no access to any of the subservices listed?	
0	
Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.	
>50% - 75%	
Please provide a (rough) estimate of the percentage of Pharmacotherapy activity that is funded through PCIP.	
100%	

*NOTE- numbers of practices with access in rows 10-17, and accompanying detail, are as supplied by Pharmacy colleagues and it is felt these are not wholly reflective of actual activity in practices (eg.repeat prescribing).

Boardwide Response

Please note above, that practices with access to service has been interpreted as any degree of service delivery but not necessarily full delivery.

Local HSCP Response

Ratios are WTE:Population

Although all of the practices in East Dunbartonshire have access to all levels of Pharmacotherapy services, the staff work with Practices to provide services which will support the individual practices best. It must be noted that although every practice has access, the amount is limited due to current budget.

As stated above, figures reported notes practices with access only to a Pharmacotherapy service and does not reflect full delivery. In the absence of full service spec, modelling below for full delivery was based on previous model directed by Board and National Pharmacy Leads (2.5wte: 5,000). This model is now under review, however current delivery is:

Current staffing providing partial service:

Pharmacist - 9.6wte (44% delivered)

Pharmacy Technician - 10.31wte (42% delivered)

Pharmacy Support Worker - 4.8wte (42% delivered)

Overall this equates to 2.5wte:1 1230

Whilst WTE reflects full implementation, it should be noted that these are new posts within the HSCP and still under development.

2.2 Community Treatment and Care Services	Practices with access to service by 31323 (overwrite if necessary)	Total weekly appointment capacity (based on your current workforce). PCIF and non-PCIF funded.	Total current number of appointments taken up (activity) in a typical week. PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
General Practice phlebotomy	10	482	452	15
Chronic Disease Monitoring	0	0	0	0
CTAC treatment services including but not limited to ear syringing, suture removal etc	10	351	318	20
What type of model are you running this service with? GP embedded or hub based etc.				
Mixture of GP embedded and Hub				
How many practices have no access to any of the subservices listed?				
5				
Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.				
>50% - 75%				
Please provide a (rough) estimate of the percentage of Community Treatment and Care Services that are funded through PCIP.				
100%				
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)				
22.5%				

CTAC

Ratios are WTE: Population

Under the current service provision, all 15 practices have access to domiciliary phlebotomy service, however, only 10 have access to clinic based phlebotomy appointments. The above figures are taken from an actual week. For phlebotomy (HCSW) this is based mostly on 10 minutes appointments.

Assumptions are, in the absence of full service spec, aims for full delivery as

Treatment Room Nurse 1: 5,530;

HCSW 1: 4,915.

Current partial service model:

Treatment Room Nurse - 1: 16,324; 34% delivered

HCSW - 1: 11,326; 43% delivered

It is worth noting that for treatment room nurse appointments, due to the variety of interventions offered, appointment capacity varies.

Whilst we offer a service to 10 practices, this is a partial service and not yet fully implemented due to constraints which have impacted our CTAC service delivery such as lack of accommodation within both practices and current HSCP buildings to accommodate service. The challenges surrounding accommodation have slowed initial launch and due to timeframes involved in any advancements with accommodation, as well as challenges with finance, this continues to be a concern. The current position is that we only have a partial service delivery model in 2 of our 3 clusters, and no CTAC service delivery in the third. It should also be highlighted that our satellite clinic is not fully utilised which may be due to its rural location. Calculations for the Nursing and Phlebotomy services within CTAC are based on averages due to the quantity of interventions all of which have a different appointment length.

2.3 Vaccine Transformation Program	Practices with access to service by 31/3/23 (overwrite if necessary)
Pre School - Practices covered by service	15
School age - Practices covered by service	15
Out of Schedule - Practices covered by service	15
Adult imms - Practices covered by service	15
Adult flu - Practices covered by service	15
Pregnancy - Practices covered by service	15
Travel - Practices covered by service	15
What type of model are you running this service with? GP embedded or hub based etc.	
Other (please state in comment box)	
How many practices have no access to any of the subservices listed?	
0	
Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.	
0	
Please provide a (rough) estimate of the percentage of the Vaccine Transformation Program that is funded through PCIP.	
100%	

Boardwide response

We have a mixed model of service delivery and funding for the original VTP and for subsequent additional programmes covering the following: Adult Flu & Covid Immunisation community clinics, Adult Pneumococcal, Shingles, Housebound and Nursing Home residents delivered by a team in each HSCP, Adult Non Routine, Pre 5 Vaccinations, Primary and Secondary School (delivered by one team), Child Ad Hoc Vaccinations 0 -18 years, Prisons –Covid, Flu, Hepatitis B, Travel (contracted externally) and delivered by Maternity Services – Flu/Covid & Pertussis. The total cost of the children and adult programmes is £33.35m (including cost of vaccines) or £24.36m (delivery costs only and excluding cost of vaccinations). Total funding for the programme stands at approximately £28.31m (including funding for vaccinations) in 23-24, resulting in a deficit of £5m; savings are being made, however it is unclear whether financial balance can be achieved and this will be subject to further update as more information becomes available. This could require further funding to be identified to support delivery. Funding from PCIP amounts to approx. £5m (£3.1m adults and £1.9m children's) towards the overall funding package (excluding vaccinations) of £22.917m. The balance is drawn from non-recurring SG COVID 19 vaccination funding of £17.74m and NHSGG&C corporate funding of £0.174m. A share of the non-PCIP funding is used to deliver some of the programmes listed above as part of the mass clinics. Over the year, the programme recruits a large number of bank staff, which is much larger than the numbers shown in this tracker. For example, in 22-23 we recruited almost 1400 people from the bank over the year to work in the COVID and flu vaccination clinics. The use of non-recurring funding places the sustainability of this programme in doubt, and consideration needs to be given to how this programme is funded on a recurring basis moving forward.

Local HSCP Response

Boardwide model for vaccination programmes including Ad-hoc and travel, however, the HSCP delivers the programme for housebound and care home residents.

Due to the proportion of the VT Programme delivered by the Health Board and the unknowns around the exact model for future delivery, it must be noted that our submissions for VTP are subject to change depending on future plans agreed at board level.

2.4 Urgent Care Services	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
In-practice	9	140	140	20
External appointments e.g. house visits or care homes	13	33	26	60
What type of model are you running this service with? GP embedded or hub based etc.				
GP embedded				
How many practices have no access to any of the subservices listed?				
2				
Please provide an estimate of the percentage of the population that has no access to any of the subservices listed.				
>0% - 25%				
Please provide a (rough) estimate of the percentage of Urgent Care Services that are funded through PCIP.				
100%				
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)				
22.5%				

Assumptions are, in the absence of full service spec aims for full delivery, with backfill 1 : 7,900 (14wte)
Current model: 1 : 21,346 (5.2wte) – This is due to significant ongoing recruitment challenges. Several rounds of recruitment have failed to secure trained staff and we are also limited in the number of trainee posts we can manage as the significant pressure Practices are under, means they are unable to support with supervision and training. As a result we have allocated some of the vacancies to CTAC.

Implementation status (%) - 37%

13 of 15 practices have access to the service. 5 have access to a House Visiting model only. The remaining 9 have access to a hybrid model which varies in structure based on demand but for the figures above a standard template has been used. When there are more house visits than clinic demand, 3 clinic appointments are merged to allow an additional house visit and vice versa if clinic demand is higher.

Additional professional services				
2.5 Physiotherapy / MSK	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/Average appointment time (in minutes), on which activity numbers are based.
Practices accessing APP	10	146	134	20
What type of model are you running this service with? GP embedded or hub based etc.				
GP embedded				
Please provide an estimate of the percentage of the population that has no access to APP.				
>25% - 50%				
Please provide a (rough) estimate of the percentage of Physiotherapy/MSK that is funded through PCIF.				
>75% - <100%				
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)				
22.5%				

For 1 wte (typical 7.5hr working day), 2hrs indirect daily clinical workload, 10% wte non-clinical, 10% wte funded through MSK Physio, with practitioner working in MSK Physio dept (this 10% is not reported in the PCIP Tracker activity, as is not worked in primary care). No cover for leave provided ie sick leave, annual leave or maternity leave. Monthly CPD assigned to absence factor/non-clinical time. Calculations of anticipated Capacity based on Staff templates. Actual Weekly Appt, gathered from staff activity reporting - manual count, Average taken for 1 week from Feb23. Actual capacity is be affected by Maternity Leave, Vacancies and reduced capacity during staff induction period.

2.6 Mental health workers	Practices with access to service by 31/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/Average appointment time (in minutes), on which activity numbers are based.
Practices accessing MH workers / support	0	0	0	0
What type of model are you running this service with? GP embedded or hub based etc.				
Please provide an estimate of the percentage of the population that has no access to MH workers / support through PCIP.				
100%				
Please provide a (rough) estimate of the percentage of Mental Health Workers that are funded through PCIP.				
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)				

After developing local implementation plans, we were disappointed not to progress with MH workers within PCIP due to MH & Wellbeing funding being cancelled.

2.7 Community Links Workers	Practices with access to service by 3W323 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
Practices accessing Link workers	15	50	44	60
What type of model are you running this service with? GP embedded or hub based etc.				
Mixture of GP embedded and Hub				
Please provide an estimate of the percentage of the population that has no access to Link workers.				
0				
Please provide a (rough) estimate of the percentage of Community Links Workers that are funded through PCIP.				
100%				
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)				
22.5%				

2.8 Other - please provide details in the description box below	Practices with access to service by 3/3/23 (overwrite if necessary)	Weekly appointment capacity (based on your current workforce), PCIF and non-PCIF funded.	Current weekly appointment activity, PCIF and non-PCIF funded.	Standard/average appointment time (in minutes), on which activity numbers are based.
Other	15	0	0	0
Please provide a (rough) estimate of the percentage of Other services that are funded through PCIP.				
What adjustment factor did you use to calculate your appointment capacity? (The adjustment factor is the percentage of capacity at 100% workforce availability anticipated to be lost through leave.)				

Programme Leadership across all MoUs, administration & Accommodation.

Workforce Profile

Workforce profile

Health Board Area:	NHS Greater Glasgow and Clyde
Health & Social Care Partnership:	East Dunbartonshire

Table x: Workforce profile (WTE)

Funding category	Financial Year - Please overwrite data if necessary	Service 2: Pharmacotherapy			Service 1: Vaccinations			Service 3: Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
		Pharmacist	Pharmacy Technician	Pharmacotherapy Assistant / Other Pharmacy Support Staff	Nursing	Healthcare Assistants	Other [a]	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
WTE staff funded through PCIF	In post at 31 March 2022	9.6	7.2	1	2	1.5	0.6	8.1	6.6	4	7.8	0	0.6	0	2.92	1.5	2
	In post at 31 March 2023	9.6	10.31	4.8	2.5	1.5	0.6	6.8	9.8	3.5	5.2	0	0.6	0	2.92	2	2
	FORECAST: In post at 31 March 2024 [b]	9.6	13.31	4.2	3.87	2.33	2.38	11.8	13	5.3	6.2	0	0.6	0	2.92	2	2
WTE staff not funded through PCIF	In post at 31 March 2022	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In post at 31 March 2023	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0
	FOPRECAST: In post at 31 March 2024 [b]	0	0	0	2.32	0.65	2.36	0	0	0	0	0	0	0	0	0	0

[a] please specify workforce types in the comment field

[b] If planned number cannot be estimated, add n/a

[c] please provide more details in the comment field

Comment:

Service 1: Vaccinations - WTE staff forecast as at March 24 reflects current model of delivery including notional HSCP NRAC share of the boardwide elements of the programme split between PCIF and not PCIF funding.

Service 5: Additional professional roles - includes 0.5 wte agreed by SG as legal commitment.

Funding Profile

1. Expenditure Forecast 2022-23						
All values are in £000s		Actual YTD Spend £000s	Actual Spend to the year-end £000s	Total Spend 2022-23 £000s		
		at 31 October 2022	1 November 2022 to 31 March 2023			
PCIF programme:	Category	Total YTD costs (1)	Total Actual Costs (2) - Overwrite if necessary	Total Costs 2022-23	PCIF AFC uplift costs agreed with Health Boards (3)	Brief Description of Funded Activities (4):
Vaccination Transfer Programme	Staff costs	117	190	307	31	Nurses and pharmacists for immunisation programmes
	Non-staff costs	44	6	50		Contribution to boardwide vaccination programmes
Pharmacotherapy services	Staff costs	546	488	1,034	82	Pharmacists, Technicians, Support Workers and Admin
	Non-staff costs	10	8	18		Equipment, travel & phones
Community Treatment and Care Services	Staff costs	400	351	759	83	Team Lead, Co-ordinator, Nurses, HCSWs and Admin
	Non-staff costs	16	13	29		Equipment, supplies, travel & phones
Urgent care services	Staff costs	257	163	420	25	ANPs
	Non-staff costs	25	3	28		Equipment, travel & phones. GP supervision of trainee ANPs
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	105	83	188	10	Physios
	Non-staff costs	0	0	0		Travel & phones
Community Link Workers	Staff costs	48	35	83		Wellbeing Workers
	Non-staff costs	0	0	0		0
Other - please provide detail in Description box	Staff costs	58	40	98	5	Programme leadership and admin across all IMOs (note: 21/22 costs recorded under Add'l professional roles)
	Non-staff costs	2	33	35		Accommodation, travel & phones
Total Expenditure		1,637	1,413	3,050		

2. Legal commitments and reserve position	Value in £000s
Forecast PCIF reserve position at 31 March 2023 (5)	£316
Actual spend on legal commitments agreed with SG in 2022/23 (6)	£25
Forecast spend on legal commitments agreed with SG for future years (7)	£216

3. Three year spend summary

All figures in £000s		2021-22 outturn	2022-23 outturn	2023-24 forecast (8)
PCIF programme:	Category	Total	Total	Total
Vaccination Transfer Programme	Staff costs	300	307	480
	Non-staff costs	42	50	70
Pharmacotherapy services	Staff costs	792	1,034	1,391
	Non-staff costs	10	18	14
Community Treatment and Care Services	Staff costs	625	759	1,131
	Non-staff costs	35	25	15
Urgent care services	Staff costs	511	420	479
	Non-staff costs	17	28	3
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	258	188	205
	Non-staff costs	14	0	1
Community Link Workers	Staff costs	80	83	90
	Non-staff costs	0	0	0
Other - please provide detail in Description box	Staff costs	N/A	98	104
	Non-staff costs	N/A	35	60
Total Expenditure		2,764	3,850	4,843

NE: Figures shown for Ayrshire and Arran, and Forth Valley are aggregated by Board and not broken down by HSCP.

Please provide any additional comments on your forecast 2023-24 spend below (9):

Other staff costs relates to the programme management.
Other non-staff costs of £60k relate to commitments for CTAC equipment that have slipped from 22-23 into 23-24 resulting in 22-23 underspend being transferred to reserves. These commitments are planned to be funded from reserves balance at 31.03.23 and are over and above the SG agreed legal commitment balance shown in table 2.

MoU Implementation Profile

Table x: Intended workforce (WTE)

Service intentions (based on staffing complement required to deliver against each of the MoU services as defined in section 7 the guidance).

Funding category	Service 2: Pharmacotherapy			Service 1: Vaccinations			Service 3: Community Treatment and Care		
	Pharmacist	Pharmacy Technician	Pharmacotherapy Assistant / Other Pharmacy Support Staff	Nursing	Healthcare Assistants	Other [a]	Nursing	Healthcare Assistants	Other [a]
WTE Service intentions funded through PCIF	22	24.5	11.2	6.69	2.23	6.49	18.5	21	7.1
WTE Service intentions <u>not</u> funded through PCIF									

[a] please specify workforce types in the comment field

Comment:

Service 1: Vaccinations: WTE includes HSCP and notional NRAC share of Boardwide elements of the vaccination programme based on the current service delivery model. The total includes small number of locally delivering Housebound and Care Home vaccinations but also includes the larger share of boardwide activity which is not influenced by HSCP.

Service 2 Pharmacotherapy: Directors of Pharmacy are unable to provide workforce projections for full delivery of pharmacotherapy as it is described in GMS 2018 at this time, due to a number of external factors as per the Directors of Pharmacy letter of 6/4/23.

Service 3: CTAC: Staffing complement noted above has been calculated using local figures and in collaboration with neighbouring HSCPs due to the absence of clear service specification. These calculations are derived from current partial workforce service delivery scaled up and could be subject to change if more accurate guidance / information becomes available.

Cost to deliver service intentions (based on staffing complement required to deliver against each of the MoU services as defined in section 7 the guidance).

All figures in £000s

	Category	Total - Overwrite if necessary
PCIF programme:		
Vaccination Transfer Programme	Staff costs	748
	Non-staff costs	281
Pharmacotherapy services	Staff costs	3,215
	Non-staff costs	58
Community Treatment and Care Services	Staff costs	1,948
	Non-staff costs	46

NB: Figures shown for Ayrshire and Arran, and Forth Valley are aggregated by Board and not broken down by HSCP.

Please provide any additional comments on your service delivery spend below;

Costs based on published 23/24 rates of pay, updated from estimate on tracker 5.5.

VTP includes HSCP and notional NRAC share of the boardwide vaccination programme for PCIF elements of the programme

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29th JUNE 2023

REPORT REFERENCE: HSCP/290623/13

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

SUBJECT TITLE: CHILDREN AND YOUNG PEOPLE'S MENTAL
HEALTH AND WELLBEING FRAMEWORK

1.0 PURPOSE

- 1.1 The purpose of this Report is to provide members with an update on the improvement of services in alignment with the Children and Young People's Mental Health and Wellbeing Framework (CYPMHW) 2021-2023.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the Report.
- 2.2 Note that the work undertaken to implement the framework is overseen by the Delivering For Children and Young People's Partnership.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Children and Young People's Mental Health Taskforce was jointly commissioned by the Scottish Government and COSLA in June 2018. The aim of the Taskforce was that children, young people, their families and carers should know that they are supported in good mental health and will be able to access services which are local, responsive and delivered by people with the right skills.
- 3.2** The responsibility for the delivery of the 13 recommendations was given to local Children's Services Partnerships (CSPs); in East Dunbartonshire this is the Delivering For Children and Young People's Partnership (DCYPP). DCYPP is our multi-agency integrated strategic planning partnership for Children's Services. The partnership is chaired by Caroline Sinclair, Chief Officer and CSWO. The ambition of the task force was that children and young people receive the right help, at the right time.
- 3.3** The 13 recommendations were intended to act as a blueprint for service improvement and included:
- Transformational change
 - GIRFEC
 - Whole system approaches
 - Prevention and early intervention
- 3.4** The East Dunbartonshire Children's Services Plan (ICSP) 2020-2023 also identified children and young people's mental health and wellbeing as a priority and DCYPP reports on the ICSP to the Community Planning Partnership. A subgroup of DCYPP was established to develop and implement the CYPMHW Framework project plan.
- 3.5** In both financial years 2021-2022 and 2022-2023 East Dunbartonshire was awarded grant funding from The Scottish Government to implement the framework projects; the amount awarded was £271,000 each year. The DCYPP has a responsibility to report on the investment and service improvement in July and January each year. The grant and projects are also monitored at each DCYPP meetings and financial reports provided by our accountants.
- 3.6** Whilst the focus of the work is aimed at developing Tier 1 and Tier 2 services in the community, our CAMHS partners are also involved in the subgroup and at DCYPP.
- 3.7** It has been our aim to improve support services locally to improve the mental health and wellbeing of our children and young people at home, in school and in the community. We also considered the needs of those young people who are not in school and who are care experienced. Additionally, we have improved services aimed at maternal and infant mental health.
- 3.8** In order to progress this work DCYPP appointed a project lead who has worked closely with Community Planning Partners to oversee the following improvement examples:
- Multi-agency staff training: Seasons For Growth, Families and Parenting, Triple P, SAMH Suicide Prevention and Understanding Mental Health, Sleep Scotland training, Richard Swan Child Protection Supervision and Moore House Training.
 - Lifelink Counselling Extended Service (10-26 years not in school and care experienced)

- The addition of two specialist Educational Psychologists to work on fully embedding nurture-based practice across primary and secondary schools across East Dunbartonshire.
- Addaction We are with You (addiction and mental health services for yp)
- Compassionate Distress Response Service (16-26 years)
- Family Support play therapy
- Connections Bluebell ED Hub Perinatal Counselling
- House Project Psychology Service (Care Leavers)
- Mind of My Own (engagement app)
- EDVA Befriending Service
- Creatorvators Lego Therapy support for children, yp who are on the autistic spectrum and families)
- Psychological Support for staff who work with care experienced young people
- Mind of My Own (engagement app)

3.9 Mental health and wellbeing training and support provided across ED Leisure and Culture Trust to support coaching staff who work directly with children and young people)

3.10 Funding has been confirmed for this financial year (2023-2024) to the amount of £271,000.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – Improved access to services supporting Children and Young People’s Mental Health and Wellbeing.

4.3 Workforce (including any significant resource implications) – Upskilled workforce.

4.4 Legal Implications – None.

4.5 Financial Implications – An award has been granted for 2023/2024, however this is nonrecurring and the long-term investment is not yet clear.

4.6 Procurement – Commissioning and Procurement Teams are involved in service planning.

4.7 ICT – None.

- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None
- 4.10 Sustainability – Longer term investment is unclear at present.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

There are no appendices to accompany this report.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/14

CONTACT OFFICER: CAROLINE SINCLAIR, CHIEF OFFICER
EDHSCP, CSWO

SUBJECT TITLE: JOINT INSPECTION OF SERVICES FOR
CHILDREN AT RISK OF HARM (CARH) –
INSPECTION REPORT AND ACTION PLAN

1.0 PURPOSE

- 1.1** The purpose of this report is to advise members of the publication of the Joint Inspection of Services for Children at Risk of Harm Inspection Report and the development of an accompanying action plan to ensure delivery of the improvement areas identified in the inspection.

2.0 RECOMMENDATIONS

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

- 2.1** Note the publication of the Joint Inspection of Services for Children at Risk of Harm Inspection Report;
- 2.2** Approve the Action Plan for delivery, which is recommended to the IJB by the DCYPP and will be overseen in that forum; and
- 2.3** Note that the DCYPP will oversee delivery of the Action Plan, which will also be discussed regularly with East Dunbartonshire's Care Inspectorate link Strategic Inspector.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1 On 26 September 2022 the Care Inspectorate wrote to the East Dunbartonshire Community Planning Partnership to advise that the Care Inspectorate, Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland would undertake a joint inspection of services for children at risk of harm in East Dunbartonshire.
- 3.2 The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm.
- 3.3 The inspections look at the differences Community Planning Partnerships are making to the lives of children and young people at risk of harm and their families.
- 3.4 The active phase of the inspection took place between October 2022 and February 2023 and the inspection report was published 18 April 2023. The inspection report is attached as **Appendix 1** to this report.
- 3.5 The inspection report highlights areas of good practice and areas for further development and concludes on an assessment grading for a single quality indicator 2.1, from the inspection framework, 'impact on children and young people'. The inspection report has graded the services in East Dunbartonshire as 'Good'. An evaluation of good is applied where performance shows important strengths which clearly outweigh any areas for improvement. The strengths will have been assessed as having a significant positive impact on children and young people's experiences and outcomes.
- 3.6 The report highlighted the following strengths and areas of good practice:
- Many children and young people said that they got the right help to make and keep loving relationships with those they cared about. We saw how some were being supported to maintain relationships with brothers and sisters, as well as with parents.
 - Support for children's wellbeing, planning of care and provision of good nurturing relationships was rated as good or better in regulated care inspections.
 - Almost all children and young people told us they felt safe where they lived all or most of the time. Asylum seeking young people felt well supported, safe and helped to maintain cultural links. Interpreters were provided for individual children or parents.
 - Young people were being listened to about what mattered to them, felt involved and were aware of their rights. Many children and young people had the opportunity to develop consistent and enduring relationships with key staff.
 - Children and young people had been directly engaged in service developments such as the House project. In other examples, including record keeping, they were influencing changes in practice.
 - Staff we spoke with demonstrated a child-centred approach to providing services to improve the wellbeing of children and young people.
 - Statutory and voluntary agencies were working well together to provide practical support for children, young people and their families. A range of services from pre-birth to teenage, provided early and effective intervention in response to emerging concerns.
 - Children and young people had benefitted from their safety and wellbeing having been a key priority for leaders throughout the Covid-19 pandemic.

3.7 The scrutiny partners concluded that they were confident that partners in East Dunbartonshire have the capacity to make changes to service delivery in the areas that require improvement. This was based on the following factors:

- Evidence of strong partnership working, and staff and leaders being committed to improving outcomes for children, young people and families.
- High levels of confidence from staff in their knowledge and abilities, supported by evidence from records reading.
- Similar levels of support from staff about their leaders' ability to continue to drive change and make improvements.
- Well-developed management information and self-evaluation practice capable of identifying areas for improvement and further action.
- Collaborative inter-agency practice, including the role of the third sector, providing services to children at risk of harm and their families.
- Recent commitments to changes in practice, including the introduction of the Safe and Together model, and an emphasis on trauma informed practice.
- The partnership's own self-evaluation had already identified many of the areas for improvement found by the inspection team, which showed that they knew themselves well and had a solid foundation to make improvements.

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

3.9 An action plan has been developed in response and its implementation will be overseen by the DCYPP on behalf of the Community Planning Partnership. There will also be regular discussion with East Dunbartonshire's Care Inspectorate link Strategic Inspector. The Action Plan is attached as **Appendix 2** to this report.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – Improved Services.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

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

5.0 **MANAGEMENT OF RISK**

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

- 5.1 The inspection process seeks to assess practice in relation to the leadership, management and delivery of statutory services delivered by a number of Community Planning Partnership partners. The finding offer assurance that these processes are currently robust and identifies area for further development.
- 5.2 Failure to deliver service to children at risk of harm effectively may negatively impact the safety, health and wellbeing of our children and young people .

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – Joint Inspection of Children’s Services and Inspection of Social Work Services (Scotland) Act 2006 set out the provisions for undertaking inspection of those providing Children’s Services.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – None.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1** – ED Joint Inspection CARH Report
- 8.2 **Appendix 2** – ED CARH Action Plan

Report of a joint inspection of services for children and young people at risk of harm in East Dunbartonshire community planning partnership

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland

18 April 2023

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Introduction

Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm. The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate the following.

1. Children and young people are safer because risks have been identified early and responded to effectively.
2. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
3. Children and young people and families are meaningfully and appropriately involved in decisions about their lives and influence service planning, delivery and improvement.
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The inspections also aim to consider the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

The terms that we use in this report

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves and/or others, or who are at significant risk in the community.
- When we say **young people**, we mean children aged 13 - 17 to distinguish this age group from younger children.
- When we say **parents** and **carers**, we mean those adults with parental responsibilities and rights and those who have day-to-day care of the child (including kinship carers and foster carers).
- When we say **partners**, we mean leaders of services who contribute to community planning.
- When we say **staff**, we mean any combination of people employed to work with children, young people and families in East Dunbartonshire.

Appendix 2 contains definitions of some other key terms that we use.

Key facts

Total population:
108,900 people
on 13 July 2021

This was an increase of 0.1% from 2020. Over the same period, the population of Scotland increased by 0.3%.

NRS Scotland

In 2021, there were estimated to be 22,022 children and young people aged 0 - 17 in East Dunbartonshire. This was 20.22% of the total population, which was higher than the national average of 18.67%.

NRS Scotland

East Dunbartonshire had 62 incidents per 10,000 population of domestic violence recorded by Police Scotland in 2020/21. This was lower than the national average of 119.

In 2020/21, East Dunbartonshire had a rate of 1.2 per 1,000 children aged under 16 on the child protection register, lower than the Scottish average of 2.3. The rate of child protection investigations was 9.8 per 1,000 children aged under 16. This was also lower than the Scottish average of 12.8.

SCOTTISH GOVERNMENT

In 2020, 3.85% of East Dunbartonshire data zones were in the 20% most deprived in Scotland. Only two other mainland local authorities had a lower proportion.

Local Government
Benchmarking
Framework

In 2021, it was estimated that 8.3% of children aged under 16 were living in relative low income families. This was well below the national estimate of 15.1%.

SCOTTISH GOVERNMENT



Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland, as well as associate assessors. Associate assessors are professionals with significant practice or management experience in children's services who bring up-to-date knowledge to joint inspections. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

We take a consistent approach to inspections by using the [quality framework for children and young people in need of care and protection](#), published in August 2019¹. Inspectors collect and review evidence against all 22 quality indicators in the framework to examine the four inspection statements. We use a six-point scale (see Appendix 1) to provide a formal evaluation of quality indicator 2.1: impact on children and young people.

How we conducted this inspection

The joint inspection of services for children at risk of harm in the East Dunbartonshire community planning partnership area took place between 26 September 2022 and 16 March 2023. This included a three-week break over the Christmas and new year period. It covered those partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We received survey responses from 25 children and young people at risk of harm and 24 from parents and carers.
- We spoke with 20 children and young people and 9 parents and carers to hear their views and experiences. This included face-to-face meetings and telephone calls.
- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.
- We reviewed a position statement provided by the partnership, supported by a wide selection of accompanying documents.
- We carried out a staff survey and received 492 responses from staff who have a role in meeting the needs of children and young people at risk of harm and their families. 424 of these (86%) fully completed the survey.
- We met with around 100 staff members who work with children, young people and families.
- We met with members of senior leadership teams, committees and boards that oversee work with children at risk of harm and their families.

We are very grateful to everyone who talked to us as part of this inspection.

¹: The [Quality framework for children and young people in need of care and protection](#) was updated in November 2022. However, the version published in August 2019 was the one in place at the time this inspection was announced.

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child and young person in East Dunbartonshire who may be at risk of harm.

Key messages

1. Initial concerns were being responded to timeously and effective collaborative practice was helping to keep children and young people safe from harm.
2. Risks to children and young people at risk of harm were being reduced by consistent assessment and care planning, and by the support that services delivered in response.
3. A range of services and initiatives were supporting children and young people at risk of harm. Some of these were recently introduced and partners were not yet able to see the difference they were making for children and young people.
4. Children and young people at risk of harm felt valued and supported by staff to contribute to decisions about their lives. Along with their parents and carers, they were also being involved in key processes.
5. Service improvements had been influenced by the views of children and young people. Hearing directly from those who were at risk of harm was nevertheless an area for development.
6. The partnership had a clear vision, aims and priorities, and was focussed on delivering effective services for children and young people at risk of harm.
7. Management information was being effectively scrutinised to identify areas for service improvement.
8. The partnership were not fully benefitting from evaluation of services. They had scope to develop a greater understanding of the difference they were making to the lives of children and young people at risk of harm.

Impact of the Covid-19 pandemic

The joint inspections of East Dunbartonshire's services for children and young people at risk of harm and their families took place between September 2022 and March 2023. Like all other partnerships across Scotland, East Dunbartonshire had faced the unprecedented challenge of both the Covid-19 pandemic and the subsequent recovery over the previous two years. We appreciated the partnership's co-operation and support for the joint inspection of services at this time.

We scrutinised the records of children at risk of harm for a two-year period between September 2020 and September 2022. When we consulted staff, children, young people and families, we encouraged them to consider that period when sharing their experiences. As all of the practice in our inspection period was at least in part affected by the Covid-19 pandemic, all messages should be interpreted as relating to practice during that time.

Statement 1: Children and young people are safer because risks have been identified early and responded to effectively

Key messages

- Effective information sharing and collaborative working between services were helping to keep children and young people in East Dunbartonshire safe from harm.
- There was an effective and timely multi-agency response to initial concerns about children and young people who were at risk of harm. This standard was maintained in the follow-up to those concerns.
- Despite the timeliness of the initial response, some subsequent inter-agency referral discussions (IRDs) undertaken through the North Strathclyde Partnership Scottish Child Interview Model project, were delayed.
- Responses to young people at risk of harm were being enhanced. Care and risk management guidance was being piloted alongside work to address other risks and vulnerabilities. There was opportunity to align these into a single coherent approach.
- Staff were confident of their knowledge and skills to recognise and report child abuse, neglect and exploitation, and assess and analyse risks. They were supported by planned learning and development opportunities and regular supervision.

Prevention and early identification of risks

A strong multi-agency approach to collaborative working, information sharing and the provision of early intervention services was helping to keep children and young people at risk of harm in East Dunbartonshire safe. Protecting children and young people from harm and ensuring that their wellbeing needs were met had been a key priority for leaders during the period of Covid-19 restrictions. The continuity of collaborative working between agencies throughout that time was evaluated as good or better in most of the records we read.

The partnership's approach to early and effective intervention was helping to prevent or reduce incidences of abuse, neglect, and exploitation. Most respondents to our staff survey were confident that there were effective intervention processes in place to address these. Existing early and effective intervention procedures, which were refreshed in 2021, had led to multi-agency screening groups being established. These were helping to ensure those children in need of additional support were identified at the earliest stage. Teams, involving school staff, social workers and community support workers, worked closely together often providing high levels of contact, including out of hours. The resettlement team, responsible for supporting Ukrainian refugees, had received training and guidance from children's services as well as inputs from others including housing, health, and education.

Preventative measures were developed and implemented by multi-agency groups in response to emerging concerns, such as children and young people who go missing, and child sexual exploitation (CSE) and trafficking. For example, the missing persons

steering group had launched a multi-agency protocol, derived from the national missing person's framework, to provide local guidance on prevention, response and support when children and young people go missing. A trafficking and exploitation sub-group had helped to raise awareness of the significant risks associated with these areas and provided guidance and advice on the public protection website. Overseen by the vulnerable pregnancy liaison group, an unborn babies protocol was supporting staff to recognise and identify pre-birth concerns.

Through their active scrutiny of data, partners had identified areas for further exploration and intervention. For example, a review of referrals and in particular the number where domestic abuse was a factor, had led to the introduction of the Safe and Together model. Key factors in relation to neglect, such as high rates of poor oral health, weight, mental health and alcohol use, had been identified. An assessment of care toolkit was subsequently implemented and staff reported seeing benefits in relationship building with families, particularly as it provided a visual means of recording and seeing change. It was too soon though to see if it had been effective in reducing more formal interventions.

A recent learning review had highlighted several areas for development in understanding neglect of disabled children and young people. It covered thresholds of concern, roles and responsibilities, recognition of neglect and cumulative harm. An action plan and training programme had been developed to improve identification of, and response to, signs of neglect of disabled children and young people. Opportunities remained though to analyse the full learning from the review to further improve this area of practice. Additional training sessions were planned and had been amended following responses to earlier presentations.

The police took a whole systems approach to children who came to their attention. Officers had recognised the need to be trauma informed and look at each child in their wider context. Measures were in place to reduce risk and prevent escalation and there had been a reduction in both referrals and re-offending. The police-led community alcohol partnership (CAP) was launched in June 2022. It followed a large-scale survey of young people about their alcohol use. It aimed to reduce under-age drinking, prevent alcohol related harm for young people and improve the quality of life within the community. As well as diversionary activities such as street football, it also focussed on educating young people and retailers. Community campus police officers and youth workers were working directly with young people and their intervention had been positively received. Evaluation evidence was not yet available though about the difference that these approaches had made.

Response to identification of concerns

The partnership responded timeously to initial concerns about children and young people who were at risk of harm. Most staff who responded to our survey were confident that local child protection arrangements ensured an effective and timely response to reports of child abuse, neglect and exploitation. In almost all the records we read, there was evidence that the named person, or person acting as the professional point of contact in universal services, was notified about the concerns at an early stage. These were also shared without delay with police or social work, and actions were clearly recorded in all cases. In most records, the quality of the initial response was rated as good or better. Our evidence concurred with the partnership's own positive analysis from its use of the national child protection minimum dataset.

In nearly three-quarters of the cases where an inter-agency referral discussion (IRD) was held, it was carried out within expected timescales, as were investigations where these were subsequently required. IRDs that were held were found to be very effective and clear decisions were made and recorded about the next steps in all cases. Almost all IRDs were attended by health, social work and police colleagues. Procedural changes also meant that education colleagues were now more often involved. Health staff were able to access records from a number of different health databases to contribute information to the discussions. Where necessary, immediate actions were taken to keep the child and other children safe. Analysis of the data from the records we read suggested that the quality of the multi-agency response to referrals received for 6- to 12-year-olds was likely to be better than for younger or older age groups.

Where the threshold for an IRD was not met, the reasons for this were recorded by all agencies. Most records showed appropriate consideration of the need for medical examinations, joint investigative interviews, and in all cases where there had been an IRD, emergency protective action or legal measures. Partners had ensured that there was a process in place for IRDs should a concern arise out of hours, including the availability of an on-call paediatrician child protection consultant. The out of hours service, which was delivered in conjunction with neighbouring authorities, received comparatively fewer referrals from East Dunbartonshire. The service suggested that this may be due to the effectiveness of the early intervention and prevention work being undertaken.

Nevertheless, in a minority of records we read, no IRD was held where one could have been expected. In just over a quarter of records where an IRD was held, it was not carried out within the expected timescales. Data from the wider North Strathclyde Partnership Scottish Child Interview Model (SCIM) pilot, of which East Dunbartonshire was a member, indicated that over the whole pilot area, delays averaged three days from the notification of concern. More detailed information was needed about the length of, or reasons for, delays locally. The partnership acknowledged the need to improve IRD practice and was working to bring it in line with national guidance. For example, whereas non-familial incidents, or cases already open to statutory services, may not have previously led to an IRD, one would now be considered.

The partnership's approach to young people at risk of harm was an area for development. Whilst welcomed, some staff suggested that other areas were ahead of East Dunbartonshire in responding to this group of young people. Similar to the IRD process, the vulnerable young people protocol was a multi-agency response to those aged 12 - 16. It had been introduced in 2018 before the Covid-19 pandemic and was being reviewed alongside the introduction of the Care and Risk Management (CARM) process. Training had recently been delivered for CARM and was being piloted initially in six schools. The intention was to review the protocol following the pilot with the aim of tackling wider vulnerabilities and risks such as missing, exploitation and trafficking and contextual safeguarding.

Staff engagement

Staff in East Dunbartonshire were supported in their practice by clear single and multi-agency procedures, policies and guidelines. A working group was in place to update current West of Scotland child protection procedures to comply with the 2021

national guidance. Staff received regular communication, including 7-minute briefings, about changes in practice.

Those who completed the staff survey were confident in their knowledge, skills and abilities. Almost all felt able to recognise and report signs of child abuse, neglect and exploitation. A similar high proportion were confident that they could assess and analyse risks and needs and understood the implications of these for those that they worked with. Comparable numbers also felt supported to be professionally curious with the aim of keeping children and young people safe.

Staff across all services, including the third sector and panel members, had access to multi- and single-agency training opportunities through the training calendar maintained by the child protection committee. This included both specific and generic child protection training. Almost all staff who responded to the survey felt that the learning and training they had participated in had increased their confidence and skills in working with children and young people at risk of harm. Most also agreed that participation in regular local multi-agency training and development opportunities had strengthened their contribution to joint working. Almost all were confident that they knew the standards of practice that were expected of them and were encouraged through supervision to achieve these. Most also agreed that they received regular supervision or opportunities to speak with a line manager that supported and challenged them to achieve high standards of practice.

Impact on children and young people

The partnership was being effective in reducing risk for children and young people. Almost all the children and young people who answered our survey felt safe where they now lived. This had not been affected by the Covid-19 pandemic. During the subsequent restrictions, the effectiveness of the partnership's response to ensuring children were protected from harm and their wellbeing needs met was assessed as good or better in most of the records we read. Most of those responding to the staff survey agreed that children and young people were being protected from abuse, neglect, harm or exploitation. A majority of parents we surveyed told us that staff had responded quickly to concerns about their children.

The North Strathclyde Partnership Scottish Child Interview Model (SCIM) pilot was working effectively. Feedback from young people was that they felt more supported because of the model's relationship-building aspect with staff. Overall data for the partnership had shown an increase both in the number of joint investigative interviews and in resulting disclosure rates. This supported the use of the SCIM and its beneficial consequence for children and young people. However, data from the pilot provided insufficient detail for local partners to fully understand its impact for them. This was an area that was being further developed.

Statement 2: Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm

Key messages

- Most children and young people and their families benefitted from compassionate, caring, trusting and sustained relationships with staff. This created a positive environment to support the improvement of outcomes for them.
- Services were effectively reducing risks of harm to children and young people. This had been sustained throughout the period of the Covid-19 pandemic.
- Assessment and care planning for children and young people at risk of harm were being well applied. The quality of chronologies was more variable.
- Many services had been introduced to address the increase in children and young people requiring early support for emotional wellbeing and mental health needs.
- Provision of services for children and young people with moderate and severe mental health problems, including for those with suicidal ideation, was less well addressed. Long waiting lists for child and adolescent mental health services (CAMHS) were affecting outcomes for those needing this support, although performance had improved more recently.

Sustained, loving and nurturing relationships

We observed strong, caring and compassionate relationships between staff and children and young people. Staff knew children well and responded to their needs through individualised plans. Nearly three-quarters of staff felt that children and young people were thriving as a result of sustained, loving and nurturing relationships. In most of the records we read, there was evidence that the child or young person had had the opportunity to develop a relationship with a key member of staff, as had the majority of parents and carers. Importantly, for most of those whose records we read, the quality of this contact was maintained throughout the period of the Covid-19 pandemic. Of those we spoke with or who answered our survey, most children and young people experienced positive relationships with professionals that kept them safe and protected from further harm; something that most but not all parents and carers we heard from also agreed with.

Performance across regulated care services, such as adoption, fostering and residential care, had been high over recent years, ensuring a positive experience for children and young people. Foster carers we spoke with were positive about the support they had received from all services within East Dunbartonshire. Children and parents reported having had opportunities to maintain relationships and contact with each other, their brothers and sisters and wider family.

Effective planning and support for children and young people at risk of harm

We noted empowering and child-focussed language across both strategic plans and in conversations with staff. They were keen that children and young people should be heard, have their views acted on, and be as involved as possible in all aspects of their care and service provision. Children, young people and their parents and carers told us about staff who were committed and caring, with many examples of individual workers being involved with the same child or family over long periods of time, creating the right environment for building relationships of trust. However, just half of staff responding to the survey felt that children and young people were living in the right environment to experience the care and support they needed.

How well both children and young people, and their parents and carers were listened to in key processes such as assessment and planning was evaluated as good or better in the majority of records we read. By contrast, how well parents or carers were involved was evaluated slightly better than that for children and young people. Evidence from parents and carers who responded to our survey and who we spoke with demonstrated that, in the main, they felt involved, valued and respected in a range of child protection meetings. The partnership themselves had had similar feedback from their own audit work.

The getting it right for every child (GIRFEC) approach was well-embedded in East Dunbartonshire. Most staff were confident that it was having a positive impact on the lives of those children and young people at risk of harm that they were working with. Staff displayed knowledge of a range of both statutory and third sector services. They spoke consistently about effective collaborative planning between agencies to address needs and risks. Three-quarters of respondents to our survey agreed that children and young people who had experienced abuse and neglect were being helpfully supported to recover. A comprehensive protocol was in place to support disabled young people at the point of transition from school to receiving support from adults' services.

There was a range of both longstanding and more recently established services in place to support children and young people at risk of harm. For example, the well-embedded and evaluated nurture approach in schools in East Dunbartonshire had been augmented by a significant investment in support for children and young people presenting with anxiety and depression. A compassionate distress response service, operated by Glasgow Association for Mental Health (GAMH) on behalf of the East Dunbartonshire health and social care partnership, had been introduced for older young people aged up to 25 years, or 26 if care experienced. Investment had also been made in other areas, such as provision of local area co-ordinators for young people with autism to plan support through and after leaving school. There were other good examples of services for older young people at risk of harm. For example, the role of police campus officers within secondary schools, and the House project that provided tailored support to older young people leaving care to reduce the risks that they faced. Whilst there was an absence of evidence gathered over time of their impact, staff involved were able to give anecdotal information about positive outcomes for individual children and young people, as well as positive learning for themselves.

The delivery of services that were trauma informed and responsive was supported by a commitment to staff training and supervision. Staff in the children's residential service were trained in trauma informed practice. Our young inspection volunteers

noted their consequent commitment and passion to putting young people first and sustaining consistent relationships with them. Nevertheless, staff we spoke with believed that more resources were required to support the children and young people they were working with, particularly for mental health and support for those who had experienced trauma.

Effective work to reduce risk or neglect

Evidence from the records we read showed that services in East Dunbartonshire were effectively reducing risks to children and young people and that this had been sustained throughout the period of the Covid-19 pandemic. In over two-thirds of the records we read, services were rated as good or better at reducing risks of abuse or neglect to the child, or arising from parents or carers' circumstances and behaviours. Nearly all of the small number of records where risks were associated with the child harming themselves or others, or arising from circumstances within the community, were similarly evaluated. The partnership's effectiveness in ensuring that children and young people who they were supporting during the Covid-19 pandemic were protected from harm and had their needs met was rated as good or better in over three-quarters of the records we read.

Although some staff suggested that it may be due to a greater awareness of mental health, rather than a greater prevalence, the numbers of children seeking support with their mental health and emotional wellbeing had increased following the Covid-19 pandemic. Staff recognised that the effects on children of the lack of socialisation during this time will take some years to work through. Imaginative responses, such as the employment of a primary school teacher in a secondary school to support those with unmet needs to make the transition, were being made to tackle this. There were other positive and well-received initiatives in place to support children and young people's mental health and emotional wellbeing. Counselling services, including for home schooled children, and support programmes such as Motivation, Commitment and Resilience (MCR) pathways, were available within schools. Mental health first aid training had been provided, including for staff in the third sector. Services, such as 'We are with you', had been expanded to support young people with their problematic substance use, and trauma informed practice was being rolled out. The chief officers group had responded to data that showed that mental health and wellbeing was becoming a significant issue in the area by identifying mental health framework monies to target further support. Partners had also engaged with the Schools Health and Wellbeing Improvement Research Network (SHINE) programme at Glasgow University to get a better understanding of young people's needs and to be better able to respond to them.

In spite of this, services faced challenges in responding to children and young people with moderate to severe mental health needs consistently and in a timely manner. Compared to improvements in physical health outcomes, staff who responded to our survey were less likely to agree that children's mental health outcomes were improving. Services for young people experiencing more acute issues, such as suicidal ideation and those at risk of suicide, were less available than services to address lower-level concerns. Those children and young people who required an input from CAMHS faced long delays, especially in the west area of East Dunbartonshire. In 2021 - 2022, performance in achieving the national referral to treatment target of seeing 90% of young people within 18 weeks of referral to

CAMHS had slipped from 61% in quarter 2 to 40% in quarter 4. Evidence suggested that performance had improved more recently, though would need time to see if this could be sustained.

Assessment, planning and reviewing processes

Almost all staff who responded to our survey were confident of their ability to assess the risks and needs of children and young people at risk of harm. They also felt able to analyse those risks and needs and to understand the implications for those that they were working with. In turn, a majority felt able to develop an outcomes focussed care plan that would aim to reduce risks and meet the child or young person's needs. Three-quarters of respondents were confident that effective plans for children and young people were produced in a timely way. These encouraging self-assessments were supported by our reading of children's records. Performance was positive across a range of measures. For example, almost all records included an assessment that considered needs, protective concerns and risks, with most also containing a plan to address these. Of the assessments we read, over three-quarters were evaluated as good or better, with two-thirds of plans being similarly rated.

The partnership had recognised through its own audit work that improvements were required to ensure that multi-agency chronologies were better able to inform planning and decision making for children and young people at risk of harm. A revised chronology framework had been developed and recently implemented, with further training to be provided. The need for this was confirmed by our records reading as although all those we read contained a single or multi-agency chronology, the quality of these was weaker and in clear contrast to that of assessments and plans. Over half were evaluated as less than good, with one rated as unsatisfactory.

Our analysis, supported by evidence in the health and social care partnership's quarterly performance report, showed that most plans were reviewed regularly and within expected timescales. The quality of most of them was evaluated as good or better. For a few records that we read though there was no evidence of a review being held.

Statement 3: Children, young people and families are meaningfully and appropriately involved in decisions about their lives and they influence service planning, delivery and improvement

Key messages:

- Children and young people at risk of harm were being helped to express their views, had their rights explained to them and felt valued. Staff were making efforts to involve them in meetings, plans and decisions, including using age appropriate means.
- Parents and carers views were being considered during protection processes and they were contributing to multi-agency meetings. Some parents and carers felt less involved and not given sufficient opportunity to participate.
- A range of independent advocacy services was on offer. Partners lacked a strategic approach though to ensure that they were available and accessible throughout the area to children and young people at risk of harm, as well as their parents and carers.
- Partners were committed to creating opportunities for children and young people to influence policy, planning and service development. There was evidence to demonstrate the ways in which their voices had been heard.
- Senior leaders supported children and young people's involvement in developing strategic plans and influencing change. Compared with hearing from care experienced young people, particularly through the champions board, opportunities were limited for leaders to hear from children and young people at risk of harm.

Children and young people's involvement in decisions about their lives

Children and young people at risk of harm were being listened to and involved in decisions about their lives. Almost all of the children and young people who responded to our survey said that they had a trusted adult to talk to about things that were important to them, particularly if they felt unsafe. Most also felt that their views and opinions were listened to. In our staff survey, over three-quarters agreed that children and young people at risk of harm were able to participate meaningfully in decisions about their lives. Staff we spoke with expressed their confidence that services in general were getting better at hearing the voice of children and families. They felt that the supportive nature of the SCIM model had helped to build relationships with children and young people and enabled them to become more informed and involved. These positive reflections were supported by evidence from our records reading. In almost all those that we read, the views and experiences of children were considered during child protection processes, whilst in a majority the child or young person had contributed to multi-agency planning meetings. We evaluated the ways that children and young people were listened to, heard and involved by staff working with them as good or better in over two-thirds of the records we read. Only in a few cases was this rated as weak and in one case unsatisfactory.

Age appropriate and flexible methods were being used to support children and young people to participate meaningfully in assessment, planning and meetings, including through the use of talking mats, the Mind of my own (MoMo) application, and 'Having Your Say' forms. Young people were helping to train staff in their use. An independent worker had recently been employed to hear young people's views after their involvement in meetings and to check their understanding of what had happened. We heard examples of young people directly influencing planning decisions about their lives, including where they were to live and who they should have contact with. Staff acknowledged the positive benefits of involving them in their own meetings, including helping them to more readily understand young people's needs and the risks that they faced. Creative means were used to maximise the opportunities for young children or those without verbal communication to express their views about what they wanted.

Most children and young people responding to our survey agreed that they had been helped to express their views. A majority agreed that someone had explained their rights to them, although a few were less sure of whether they had been given this support. A range of advocacy services, including Partners in Advocacy, Children 1st and Who Cares? Scotland, as well as services based in neighbouring local authorities, was available to children and families within East Dunbartonshire. It was clear though that knowledge of them, including how to access them, was not well developed. Parents and carers who responded to our survey were uncertain about whether they had had an opportunity to speak with an advocacy worker. Just under half of staff who responded to our survey agreed that independent advocacy support was routinely made available to children and young people at risk of harm. Importantly though, nearly a third were unaware of this. Staff we spoke with described the provision of advocacy as a complicated landscape and acknowledged that it needed to be better co-ordinated. One consequence was that advocates supporting young people at children's hearings were sometimes not involved early enough in the process and were unprepared at the time of the hearing. This was being addressed through the Better Hearings Group, the multi-agency group working to implement the service standards for children's hearings. From our discussions with staff, it was also clear that many felt able to advocate on behalf of young people directly, without the need for the independent advocacy services that were available. Although this was appropriate for some young people, for others it meant that it was difficult for them to challenge decisions where the professional advocating on their behalf may not agree with their views.

Parents and carers involvement in decisions about their children's lives

Parents and carers who responded to our survey were not as positive about their involvement in key decisions as children and young people were. A majority did not feel listened to, or that their views had contributed to decisions about their children. Even when they were included in meetings, some parents felt that they were not always given sufficient information about what would happen to be able to contribute. Others said that they were not given sufficient time to read and understand the necessary paperwork in advance of meetings. These comments were in contrast to evidence from the partnership, the staff survey, and our records reading. Telephone questionnaires with parents and carers following their involvement in child protection meetings found that most felt they had opportunities to express their views and that they had been treated with respect. Nearly three-quarters of respondents to our staff

survey were confident that families contributed to plans for their children. Our records reading tended to support the partnership's findings and the views of staff. This showed that in a majority of cases, parents and carers views were considered during protection processes and that they had contributed to multi-agency meetings. The way that they had been listened to, heard and included by staff was evaluated as good or better in over three-quarters of cases we read.

Means of engaging parents and carers were evolving. Telephone contact with parents and carers following child protection meetings and other options for providing feedback were being developed. This included the use of a survey rather than a phone call, which had been valued by parents. Translation and interpretation facilities were available for parents and carers whose first language was not English. Foster carers we spoke with confirmed that they and the children and young people placed with them had had opportunities to contribute their views and to be involved in planning processes.

Children, young people and families influence on service planning and improvement

Senior leaders were committed to ensuring the views of children and young people were reflected in their plans and that these influenced service developments. Largely as a consequence of the champions board, a forum for care experienced young people to meet and share their views, many staff we spoke with were very aware of how young people had been involved in service developments. For instance, in the successful application for the House project.

Good practice example: East Dunbartonshire House project

The East Dunbartonshire House project was considered to be a good practice example as it reflected a collaborative approach taken by partners working directly with young people. Although long-term benefits were yet to be seen, the inspection team learned of significant differences that the project had already made to the lives of some of the young people who had been involved.

The project was launched in February 2021, with funding from the Life Changes Trust and as part of the [National House project](#). It responded to a gap in the support and preparation for young people leaving care that increased the risks that they faced due to challenges such as isolation and struggling to sustain tenancies. It was a good example of listening to young people and hearing their views about their needs and the risks they faced. It offered an innovative way for young people to take control of their future and to support them to gain the skills and experiences to live independently whilst developing lifelong communities of support. Young people were involved directly in the development and submission of the bid for funding for the project. They were closely involved in the way that it was run and the responsibilities that each of them had towards its success.

From its launch it supported 10 young people into their own homes. In October 2021, another 10 young people joined the House project. They had also been involved further afield, including in a peer evaluation of other House projects as well as presenting a pitch in-house for funding to support activities promoting mental health and wellbeing. The House project was making a clear difference for the young people who had been involved. There was strong positive feedback from both the young people and the staff. High-quality, warm and caring relationships were

observed that contributed to giving young people confidence and awareness that their views can bring about change.

The project was linked to other initiatives including East Dunbartonshire's response to The Promise, and was overseen by a multi-agency steering group including representatives from education, employability, elected members, community justice, police, Who Cares? Scotland, housing and homelessness services.

Our young inspection volunteers were impressed by the [Cinderella video](#) that the House project residents had produced as a powerful way to portray voices of young people that was accessible for everyone. The House project was seen as a comfortable and safe place, although for some its location had raised some safety concerns. The project had recognised the need to promote its success more effectively as similar projects reported that this contributed to a better understanding of the approach and supported them to be embedded in wider services.

In another example, care experienced young people had sought changes to the way that they were able to access leisure services so that they could attend unaccompanied by their carer. Changes had also been made to the records that young people were able to access following one individual's concerns about the amount of the records that were redacted. Work was underway with young people through the child protection committee communications subgroup to review the paperwork associated with key processes to ensure that they were written from a young person's perspective and context. Young people had participated in training for panel members for the children's hearing and were to be involved in future interviews for new members. Two videos produced by young people had been widely used in training staff in the area and across the wider health board, to better understand the place of trauma informed practice.

The consequential benefit of these developments for children, young people, families and carers was less clear and there was no immediate evidence available to show the difference that they were making. This meant the partnership was limited in its ability to demonstrate the impact these and wider examples of involvement had had on children and young people's lives. The impetus created by the partnership's response to The Promise had shown them how they may achieve this. They had, for example, measured themselves against The Promise's call to action and were confident of their progress in subsequently being able to demonstrate their effectiveness.

Partners had upheld the principles of the United Nations Convention of the Rights of the Child (UNCRC) and evidence of this was clearly on display. Work in schools was ongoing to make children and young people aware of their rights and more confident about having them respected. Prior to the pandemic, there had been plans for consultation with young people in connection with the integrated children's services plan (ICSP). The engagement of senior leaders and elected members with children and young people was not as strongly embedded. It was not clear for example, how senior leaders, and indeed elected members, hear from children and young people who are, or have been, at risk of harm. There was an over-reliance on the champions board as the vehicle for engaging with them, even though the primary focus of this group was care experienced young people. This group had also had to be recently relaunched following the lifting of Covid-19 restrictions.

Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery

Key messages

- Leaders had a strong vision for the delivery and improvement of services for children and young people at risk of harm. They were visible and in touch with their staff, and their aims and priorities were clearly articulated.
- The partnership had been adaptive and responsive to change throughout the Covid-19 pandemic. Structures introduced to manage that period were evolving in response to the new challenges that it faced to ensure continuous improvement.
- Partners were committed to using management information and self-evaluation to develop services for children and young people at risk of harm and their families.
- Processes were not always in place to capture the evidence, both from newer services and longstanding ones, that would demonstrate the difference that they were making to the lives of, and outcomes for, children and young people at risk of harm.

Leadership of vision, values and aims

Most staff said leaders had a strong vision for the delivery and improvement of services. Although there were some minor variations, a single vision statement 'our children and young people are safe, healthy and ready to learn', itself linked to the local outcomes improvement plan (LOIP), was evident in a number of key documents. The aims and priorities within key plans, such as the integrated children's services plan (ICSP), were aligned to that vision.

Leadership of strategy and direction

The response to Covid-19 had been timely and effective through the creation of the public protection leadership group (PPLG). It had overseen the work of other groups, including the child protection committee and adult protection committee, managed data requests from Scottish government, and responded to changes in legislation and guidance. The PPLG reviewed trends in new referrals, including children and young people reported missing, and was able to make real-time changes. For example, its analysis suggested that with schools closed there were fewer community-based referrals than could have been expected. Consequently, an effective public awareness campaign was instigated to remind communities that 'it's everyone's job' to look out for children at risk of harm or neglect. This led to more referrals being received.

The PPLG had maintained a risk register on behalf of the chief officers group throughout the period of the Covid-19 pandemic with matters escalated to the group as required. This enabled the chief officers group to be better sighted on areas it needed to focus on. For example, data presented to the group on pre-birth activity led to it commissioning a pre-birth pathway and support for mothers with vulnerable

babies. Both the PPLG and the chief officers group's risk register were being retained to respond to new and emerging risks, such as those associated with the cost of living crisis or the arrival of asylum seekers and refugees.

The child protection committee met regularly with an agenda clearly related to its improvement plan. It had functioned well and continuously throughout the Covid-19 restrictions. It had responded imaginatively to online meetings by using breakout rooms to analyse data or other pertinent business allocated by the chair before discussion in the wider meeting. This was reported to have worked well, ensured that all voices were heard, enabled participants to feel more engaged, and for the committee to cover its business more efficiently and effectively.

Although there was crossover in membership between key strategic groups such as the chief officers group, the child protection committee and the delivering for children and young people partnership (DCYPP), leaders saw this as supporting good communication, joined up working, oversight of several workstreams and accountability. Minutes of meetings of these groups showed an appropriate attendance, representation and discussion. There were plans to move on from the structures introduced in response to the Covid-19 pandemic and increase future participation at these meetings.

Although multi-agency plans, such as the local outcomes improvement plan, the child poverty plan and the integrated children's services plan outlined clear priorities, they did not always make clear responsibility for actions or how outcomes would be measured. For example, although a further iteration of the integrated children's services plan was due to be produced later in 2023, the current version did not specify how actions would be achieved. Similarly, the child protection committee's business plan contained detailed actions but no outcomes, measurement of progress or responsibilities.

A comprehensive strategic needs assessment had been produced in March 2022. It was being used by the DCYPP to identify areas for service development. Within the context of strategic planning, partners had recognised prevalent issues relating to neglect, such as mental health and alcohol use, and their cumulative effect. The consequence of the Covid-19 pandemic, as well as the cost of living crisis, was influencing strategic planning. There was evidence of a range of third sector services for children and young people at risk of harm. Some of these participated in the inspection and underlined the contribution that they were making. They noted the challenges that they faced with recruitment, where statutory services were often able to pay higher salaries, and their over-reliance on short-term funding, which was not always aligned to the longer-term nature of their work. Partners were not necessarily making best use of information to understand the effect of their strategic planning decisions, or of the difference that commissioned services, particularly longstanding ones, were making.

Elected members and integration joint board members were aware of key issues facing services for children and young people at risk of harm. Some individuals were involved with particular initiatives, whilst occasional thematic seminars allowed them opportunity to examine key areas. However, by contrast to their approach to corporate parenting and awareness of issues relating to care experienced young people, elected members' role in relation to children at risk of harm was less well developed. This limited their ability to provide scrutiny and oversight.

Leadership of people and partnerships

Evidence from the staff survey suggested that leaders were in touch with their staff, and highly visible, and communicated regularly with them at all levels. Most thought that leaders knew the quality of work that the workforce was able to deliver. This was supported by the results of the local IMatters staff survey and the regular staff bulletins published throughout the period of the Covid-19 pandemic. Amongst those we met, there was positive support for the leadership that senior management had provided throughout this time. They had adopted a 'caring for people' approach and ensured that staff had access to guidance and PPE very quickly. In turn, managers cited the response of staff during the period of Covid-19 restrictions, including the speed of their adaptation, as a significant achievement.

Leaders were responsive to the changing needs of the workforce and their local communities. A joint adult protection committee and child protection committee multi-agency communications group had been established to keep them informed about new and emerging issues relating to risk and harms. This had included the use of display screens in leisure centres to convey public information messages. A comprehensive learning and development framework was in place. It relied on a 'training the trainers' approach, to ensure a sustainable model by building up individual skills within all agencies to deliver training. Participation was open to all statutory and voluntary partners and attendance rates were reported to have increased when it went largely online during the Covid-19 pandemic. Feedback was mostly positive. Site specific child protection training had been provided for groups such as panel members, taxi-drivers, and care at home teams. Training for frontline staff, including groups such as buildings staff and school cleaners, had improved their understanding of trauma and adversity. Further presentations were planned in response to the recent learning review.

In 2020, UNISON made the Care Inspectorate aware of its concerns about staff low morale, continued vacancies in key posts and the actions of some managers in the children's social work service. UNISON considered there to have been an unacceptable delay by East Dunbartonshire council in completing an investigation into these concerns. At that time, the Care Inspectorate had discussions with the council's chief executive. Information on the progress and outcome of the council's investigation was shared with the Care Inspectorate through the allocated link inspector. The investigation was completed in December 2021 with an action plan outlining the necessary improvements, overseen by the council's chief executive. Whilst some key leadership posts remained temporary or interim at the time of the inspection, responses to our survey were broadly positive in terms of staff confidence in their managers and in how effectively they were leading change. Concerns about low morale in the children's social work service were not reflected in any of the activities carried out in the course of this inspection.

There was contrasting evidence in relation to workforce issues such as staff supervision and oversight, and recruitment and retention. On the one hand the integration joint board's quarterly performance reports noted low rates of annual staff appraisals across the health and social care partnership, possibly due to fewer being recorded during the Covid-19 restrictions rather than them not taking place. By contrast, staff we met with reported receiving regular supervision and frontline managers told us they used team meetings and supervision to brief staff with important information, such as from the child protection committee.

Information from panel members and regulated care inspections suggested that there was a relatively high turnover of staff in certain teams, such as one community support team, with a negative consequence for some children and families. Although the number of health visitors was determined by a national allocation model, until recently, vacancies in the service were adding to higher than average caseloads. By contrast, other staff and some families said that they had benefited from the continuity of having longstanding and consistent relationships with the same workers. Some professionals reported that maintaining contact with the same families over time meant that they were more able to identify and reduce the incidence of inter-generational neglect.

Managers described how recruitment rather than retention was more of a challenge, particularly as neighbouring areas reportedly paid higher salaries. East Dunbartonshire attempted to compensate for this by providing a supportive environment with greater visibility of senior leaders, as well as enhancing career pathways through job rotation and post-graduate qualifying opportunities.

Leadership of improvement and change

Effective and collaborative inter-agency working was supporting practice improvements. Staff suggested that working more flexibly during the Covid-19 pandemic, when services, including the third sector, were able to support each other, had enhanced already good working relationships. Whilst social workers and health visitors had maintained home visits within guidance, hubs had been established in schools to support those most at risk, and third sector agencies had provided practical and emotional support to families.

Children and young people were beginning to influence service development and contribute to change. Young people were being included in locality plan consultations, whilst initiatives such as the community alcohol partnership and the House project were showing how young people's opinions could lead to solutions. Leaders suggested that hearing the voices of children and young people was embedded in the culture of East Dunbartonshire and increasingly explicit in strategic documents. They were aware though of the need for wider consultation mechanisms to be developed as there was an over-reliance on the champions board. They were keen to benchmark their practice against other areas.

The partnership had demonstrated that it was adaptive to change. For example, a new public protection website, designed to be a 'one stop shop' and including a 'getting in touch' button to make easy contact, had recently been launched. Numbers accessing the website were being monitored and a test of change was being used to ensure that it was relevant and accessible to all. The recent learning review had led to the introduction of practitioner forums to promote awareness of issues such as domestic abuse and neglect and a trauma co-ordinator had been appointed to embed trauma informed practice throughout the partnership. Again, it was not clear how the effect of these improvements would be reviewed in order to understand the difference they had made.

A majority of respondents to the staff survey said that leaders ensured there was necessary capacity to meet the needs of children at risk of harm. However, a relatively high proportion of respondents were less clear about this. Balancing the budget was clearly a challenge for the integration joint board, which had responsibility for delegated children's services. Although leaders across the

partnership were evidently alert to the demands placed on children's services as a whole and recognised the importance of early intervention, financial pressures in the wider public sector meant that plans were more tightly aligned to the key strategic priorities of the community planning partnership and the NHS Board.

The management information and self-evaluation (MISE) subgroup of the child protection committee was driven by a learning and improvement framework. It managed audit activity on the committee's behalf and maintained oversight of the child protection minimum dataset. The MISE subgroup's role had been expanded both by the increased interest in and analysis of data during the Covid-19 pandemic and by the adoption of the dataset. An audit of domestic abuse referrals, for example, had been prompted by an analysis that had highlighted peaks in referrals during the Covid-19 restrictions. Rather than relying on national projections, local data was closely reviewed to understand this. However, the effect of the introduction of the Safe and Together model on such referrals did not appear to have been considered. A project steering group had been established to take this work forward.

Areas for audit or closer scrutiny were proposed by individual agencies or by the child protection committee itself. There was evidence that such analysis was informing a better understanding of practice and areas for improvement, such as conversion rates through the various stages of the child protection process, or rates of attendance at child protection meetings. MISE had also reviewed data for both de-registration and re-registration and continued to monitor this regularly. An analysis of re-registrations, for example, highlighted that although overall numbers were relatively small, neglect was a common factor, a finding that contributed to practice improvement in this area. A pre-birth audit was undertaken following changes in patterns of activity and findings led to changes in the way that professionals worked together and a review of the pre-birth/SNIPS (special needs in pregnancy service) protocol. A perinatal mental health steering group had developed a collaborative approach and a tiered response to support mothers and families' wellbeing and mental health in the perinatal period, including specialist counselling from the Bluebell service. Within social work, service managers, team managers and frontline staff used the 'How Good is our Service' approach to review consistency of performance in relation to child protection investigations. The delivering for children and young people partnership also analysed a wide range of quantitative and qualitative data to inform its strategic priorities. As noted though, evaluation was not always being used to consider the impact of particular initiatives or services.

Evaluation of the impact on children and young people - quality indicator 2.1

For these inspections we are providing one evaluation. This is for quality indicator 2.1 as it applies to children at risk of harm. This quality indicator, with reference to children at risk of harm, considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life

Evaluation of quality indicator 2.1: Good

In East Dunbartonshire, there were a number of important strengths that clearly outweighed the areas for improvement in relation to the impact of services on children and young people at risk of harm.

Therefore, we evaluated quality indicator 2.1 'impact on children and young people' as good.

The important strengths that were having a significant positive impact on the experiences of children and young people at risk of harm.

- Many children and young people said that they got the right help to make and keep loving relationships with those they cared about. We saw how some were being supported to maintain relationships with brothers and sisters, as well as with parents.
- Support for children's wellbeing, planning of care and provision of good nurturing relationships was rated as good or better in regulated care inspections.
- Almost all children and young people told us they felt safe where they lived all or most of the time. Asylum seeking young people felt well supported, safe and helped to maintain cultural links. Interpreters were provided for individual children or parents.
- Young people were being listened to about what mattered to them, felt involved and were aware of their rights. Many children and young people had the opportunity to develop consistent and enduring relationships with key staff.
- Children and young people had been directly engaged in service developments such as the House project. In other examples, including record keeping, they were influencing changes in practice.
- Staff we spoke with demonstrated a child-centred approach to providing services to improve the wellbeing of children and young people.
- Statutory and voluntary agencies were working well together to provide practical support for children, young people and their families. A range of services from pre-birth to teenage, provided early and effective intervention in response to emerging concerns.
- Children and young people had benefitted from their safety and wellbeing having been a key priority for leaders throughout the Covid-19 pandemic.

We noted that improvement was required to ensure consistency in experience and outcomes for children and young people at risk of harm and their families.

- A range of advocacy services was available, but they were less developed for children and young people at risk of harm and were not always consistently accessible throughout the area. The value of independent advocacy in hearing their voices within protective processes was less understood by staff more generally.
- Opportunities for children and young people's voices to influence wider strategic planning were less established for those at risk of harm than for those who were care experienced.
- By comparison to other key processes, the weaker quality of chronologies was limiting their contribution to assessment of risk and need for individual children and young people at risk of harm, and the planning of services for them.
- Not all children and young people were being adequately supported in relation to their mental health. By contrast to the range of services that provided early support for emotional wellbeing and mental health needs, CAMHS services had only recently benefitted from extra funding to address the unprecedented levels of need. Although there was evidence that performance was improving, they had been subject to long waiting times and geographical imbalance within the area.
- Partners were working to develop evaluations of interventions to ensure that these were clearly measured. They were not yet able to demonstrate the outcomes that services were achieving for individual children and young people at risk of harm, as well as the overall impact that they were having.

See appendix 1 for more information on our evaluation scale.

Conclusion

The Care Inspectorate and its scrutiny partners are confident that partners in East Dunbartonshire have the capacity to make changes to service delivery in the areas that require improvement.

This is based on the following factors.

- Evidence of strong partnership working, and staff and leaders being committed to improving outcomes for children, young people and families.
- High levels of confidence from staff in their knowledge and abilities, supported by evidence from our records reading.
- Similar levels of support from staff about their leaders' ability to continue to drive change and make improvements.
- Well-developed management information and self-evaluation practice capable of identifying areas for improvement and further action.
- Collaborative inter-agency practice, including the role of the third sector, providing services to children at risk of harm and their families.
- Recent commitments to changes in practice, including the introduction of the Safe and Together model, and an emphasis on trauma informed practice.
- The partnership's own self-evaluation had already identified many of the areas for improvement found by the inspection team, which showed that they knew themselves well and had a solid foundation to make improvements.

What happens next?

The Care Inspectorate will request that a joint action plan is provided that clearly details how the partnership will make improvements in the key areas identified by inspectors. We will continue to offer support for improvement and monitor progress through our linking arrangements.

Appendix 1: The quality indicator framework and the six point evaluation scale

Our inspections used the following scale for evaluations made by inspectors outlined in the [quality framework for children and young people in need of care and protection](#):

- **6 Excellent** - Outstanding or sector leading
- **5 Very Good** - Major strengths
- **4 Good** - Important strengths, with some areas for improvement
- **3 Adequate** - Strengths just outweigh weaknesses
- **2 Weak** - Important weaknesses – priority action required
- **1 Unsatisfactory** - Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance that is sector leading and supports experiences and outcomes for people that are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there are a number of important strengths that, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes that are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance that is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by

the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance that require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks that cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

Appendix 2: Key terms

NB. More key terms that we use in inspections are available in [The Guide](#).

Asylum seeking young people are young people under 18 years of age or who, in the absence of documentary evidence establishing age, appear to be under that age who are applying for asylum in their own right and are separated from both parents and not being cared for by an adult who by law or custom has responsibility to do so.

Care and risk management (CARM) are processes which are applied when a child between the ages of 12 and 17 has been involved in behaviours which could cause serious harm to others. This includes sexual or violent behaviour which may cause serious harm. CARM processes are also applicable when an escalation of behaviours suggests that an incident of a seriously harmful nature may be imminent.

Champions boards allow young people to have direct influence within their local area and hold their corporate parents to account. They also ensure that services are tailored and responsive to the needs of care experienced young people and are sensitive to the kinds of vulnerabilities they may have as a result of their experiences before, during and after care. Young peoples' views, opinions and aspirations are at the forefront in this forum and are paramount to its success. Champions boards build the capacity of young people to influence change, empower them by showing confidence in their abilities and potential, and give them the platform to flourish and grow.

Chief officers group (COG) is the collective expression for the local police commander and chief executives of the local authority and NHS board in each local area. Chief officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their child protection committees.

Child and adolescent mental health services (CAMHS) are multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, as well as training, consultation, advice and support to professionals working with children, young people and their families.

Child protection committee (CPC) is a locally-based, inter-agency strategic partnership responsible for child protection policy and practice across the public, private and third sectors. Working on behalf of chief officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

Chronology sets out key events in sequential date order, giving a summary timeline of child and family circumstances, patterns of behaviour and trends in lifestyle that may greatly assist any assessment and analysis. They are a logical, methodical and systematic means of organising, merging and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration, investigation and assessment.

Getting it Right for Every Child (GIRFEC) is a national policy designed to make sure that all children and young people get the help that they need when they need it.

Independent advocacy is when the person providing advocacy is not involved in providing the services to the individual, or in any decision-making processes regarding their care.

Inter-agency referral discussion (IRD) is the start of the formal process of information sharing, assessment, analysis and decision making following reported concern about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns. This may include discussion of concern relating to brothers and sisters, or other children within the same context, and can refer to an unborn baby that may be exposed to current or future risk. They may also be known as initial referral discussions or initial referral tripartite discussions.

Integrated children's services plan is a strategic plan prepared by local authorities and relevant health boards. It sets out the provision of children's services and related services in a local authority area.

Integration joint board (IJB) plans and commissions integrated health and social care services in their areas. Integration joint boards are local government bodies, as defined by Section 106 of the Local Government (Scotland) Act 1973. They are responsible for overseeing the local health and social care partnership and managing social care and health services in their area.

Learning review brings together agencies, individuals and families in a collective endeavour to learn from what has happened in order to improve and develop systems and practice in the future and thus better protect children and young people. The process is underpinned by the rights of children and young people as set out in the United Nations Convention on the Rights of the Child (UNCRC). Until the updated national guidance for child protection was published in 2021, the term 'significant case review' (see below) was more commonly used.

Local outcomes improvement plan (LOIP) is a requirement of the Community Empowerment (Scotland) Act 2015. It is produced to outline how community planning partners will work with communities to improve outcomes for individuals, families and communities. The LOIP is not an aspirational statement for the future but a document that takes into account the needs of communities.

Minimum Dataset for Child Protection Committees in Scotland has been developed by [CELCIS](#) in partnership with Scotland's child protection committees, Scottish Government, Care Inspectorate, Police Scotland, NHS Scotland and Scottish Children's Reporter Administration. It is a package of data collation, presentation, analysis, scrutiny questions and reporting. It aims to deliver robust datasets to support child protection improvement, develop a national resource for advice on using child protection data for local planning and service development, and to expand analytical capacity.

Multi-agency risk assessment conference (MARAC) is a regular, local meeting where information about domestic abuse victims at risk of the most serious levels of harm (including murder) is shared between representatives from a range of local agencies to inform a co-ordinated action plan to increase the safety of the victim and their children.

National Guidance for Child Protection 2021 describes responsibilities and expectations for all involved in protecting children in Scotland. The Guidance outlines how statutory and non-government agencies should work together with parents,

families and communities to prevent harm and to protect children from abuse and neglect. Everyone has a role in protecting children from harm.

The Promise is the main report of Scotland's independent care review published in 2020. It reflects the views of over 5,500 care experienced children and adults, families and the paid and unpaid workforce. It describes what Scotland must do to make sure that its most vulnerable children feel loved and have the childhood they deserve.

Safe and Together provides a model for practitioners to consider and discuss concerns, challenges and solutions for families. It is a way of working that aims to create systems and practice change that is child-centred and keeps children safe and together with the protective parent. Its effectiveness is measured by how domestic violence informed agencies make this occur as much as possible and how child welfare systems and practitioners respond to the issue of domestic abuse.

Scottish Children's Reporter Administration (SCRA) is a national body which focuses on children most at risk. Its role is to decide when a child needs to go to a Children's Hearing, help children and families to take part in hearings and provide accommodation for hearings.

United Nations Convention on the Rights of the child (UNCRC) is a widely ratified international statement of children's rights.

Headquarters

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

Website: www.careinspectorate.com

Email: enquiries@careinspectorate.gov.scot

Care Inspectorate Enquiries: 0345 600 9527



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**EAST DUNBARTONSHIRE COMMUNITY PLANNING PARTNERSHIP
JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE AT RISK OF HARM
ACTION PLAN - APRIL 2023**

The inspection report was published on 18 April 2023 and can be accessed [Joint inspections of services for children and young people \(careinspectorate.com\)](https://careinspectorate.com)

The areas for development identified through the inspection process and the actions agreed to address these are set out below.

1. Advocacy			
a) A range of advocacy services was available, but they were less developed for children and young people at risk of harm and were not always consistently accessible throughout the area.			
b) The value of independent advocacy in hearing their voices within protective processes was less understood by staff more generally.			
Action and Cross Referencing	Lead & Reporting Route	Timescale	Progress
1 a) Part 1 - The NHSGGC wide advocacy strategy is currently being refreshed for 2022 – 2026.	NHSGGC Board led by Glasgow City HSCP via a Review Group (Kelly Gainty is ED rep)	Publication 31 July 2023	In consultation stage – comments by 26 May 2023
Part 2 - A local implementation plan will be developed for East Dunbartonshire.	David Aitken reporting to EDIJB	16 November 2023	To follow completion of above
1 b) Part 1 - Mapping of advocacy which is currently available – to be completed as part of production of NHSGGC advocacy strategy 2022 - 2026	DCYPP members	26 May 2023	In progress
		31 August 2023	In progress

<p>Part 2 - Promotion of awareness across the workforce. Web site links to services refreshed, and advocacy poster produced</p> <p>Part 3 - Ensure the views of children and young people about their use of advocacy is captured, as part of capturing wider views on their experience</p>	<p>CPC through development of the Communication, Participation and Engagement Framework, on CPC 2022 – 2025 Business Plan. Also for inclusion in next iteration of the ICSP</p>	<p>31 June 2024</p>	<p>In progress</p>
<p>2. Voices of Children & Young People at Risk of Harm Opportunities for children and young people’s voices to influence wider strategic planning were less established for those at risk of harm than for those who were care experienced.</p>			
<p>Action and Cross Referencing</p>	<p>Lead & Reporting Route</p>	<p>Timescale</p>	<p>Progress</p>
<p>2. Develop and Implement CPC Communication, Participation and Engagement Strategy to:</p> <ul style="list-style-type: none"> - Widen the number of ways in which we can gain feedback from children, young people, parents and professionals in a focussed way using a number of accessible tools, including MOMO, online survey and telephone consultation. - Information gathered provides us with evidence to inform improvement. 	<p>CPC – led by Public Information and Communication sub group</p>	<p>31 June 2024</p>	<p>In progress</p>

3. Chronologies

By comparison to other key processes, the weaker quality of chronologies was limiting their contribution to assessment of risk and need for individual children and young people at risk of harm, and the planning of services for them.

Action and Cross Referencing	Lead & Reporting Route	Timescale	Progress
<p>3. Chronology framework to launch and embed:</p> <ul style="list-style-type: none">- Implement Learning and Development Evaluation Framework to support this.- Multi-agency training is available in the Joint Learning and Development calendar.- 7- minute briefing to be used in team meetings and supervision to evidence and understand how chronologies are being used to further inform improvements in this area.- Make changes to agenda for Child Protection Planning and Review Meetings and core groups to include the provision of a multi-agency chronology.- Accessible resources available on the website.	CPC – led by Management Information and Self-Evaluation Sub Group	31 June 2024	In progress

4. CAMHS (Child and Adolescent Mental Health Services)

Not all children and young people were being adequately supported in relation to their mental health. By contrast to the range of services that provided early support for emotional wellbeing and mental health needs, CAMHS services had only recently benefitted from extra funding to address the unprecedented levels of need. Although there was evidence that performance was improving, they had been subject to long waiting times and geographical imbalance within the area.

Action and Cross Referencing	Lead & Reporting Route	Timescale	Progress
4 a) The workforce plan for CAMHS will be reviewed to establish where there are gaps specifically in relation to case holding capacity. 4 b) Recruitment will continue to allow greater case holding capacity and to meet the 18 week waiting times standards. 4 c) The realignment of SCS in to a single management arrangement will allow for a channelling of resource to focus on areas of longest waiting. This will also allow for recruitment to be channelled to the teams with the greatest demand. This will support delivery of the waiting times standards. 4 d) CAMHS will strengthen links with East Dunbartonshire Delivering for Child and Young People's Partnership planning for a to ensure more integrated pathways are being developed and to advice on future service developments to support children young people and their families while they await CAMHS	Karen Lamb – Reporting via the NHSGGC Mental Health Recovery and Renewal Programme Board Performance reporting to NHSCMT and Board and EDIJB	31 December 2023	In progress

5. Analysis and demonstration of outcomes and impact of services

Partners were working to develop evaluations of interventions to ensure that these were clearly measured. They were not yet able to demonstrate the outcomes that services were achieving for individual children and young people at risk of harm, as well as the overall impact that they were having.

Action and Cross Referencing	Lead	Timescale	Progress
<p>Implement Frameworks which support evidencing evaluation and impact:</p> <ul style="list-style-type: none">5 a) Learning and Improvement Framework<ul style="list-style-type: none">- Supported by themed audit activity throughout the academic year for targeted areas for improvement from previous learning from audit activity.- This is developed and supported by the MISE Action Plan5 b) Learning and Development Strategy<ul style="list-style-type: none">- Multi-agency workforce development which continues to be influenced by themes derived from audits/ Learning Reviews.5 c) Monitoring and Evaluation Framework<ul style="list-style-type: none">- Supported and driven by Multi-agency and L and D subgroup and will be live via the new learning management system, Moodle. This will be further scrutinised by our annual training report.5 d) Communication, Participation and Engagement Strategy<ul style="list-style-type: none">- Widening the number of ways in which we can gain feedback from children, young people, parents and professionals in a focussed way using a number of accessible tools, including MOMO, online survey and telephone consultation.- Information gathered provides us with evidence to inform improvement.	CPC – led by various Sub Groups	31 June 2024	In progress

- Promote awareness of impact, outcomes etc through CPC annual report and seven minute briefings			
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EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/15

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

SUBJECT TITLE: EAST DUNBARTONSHIRE HSCP RISK MANAGEMENT POLICY AND CORPORATE RISK REGISTER UPDATE

1.0 PURPOSE

- 1.1** The purpose of this report is to seek the Board's approval on the updated HSCP Risk Management Policy and provide an update on the Corporate Risks and how they are mitigated and managed within the HSCP.

2.0 RECOMMENDATIONS

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

- 2.1** Approve the updated HSCP Risk Management Policy attached as **Appendix 1**.
- 2.2** Consider and approve the Corporate Risk Register attached as **Appendix 2**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The HSCP Risk Management policy was developed at the inception of the IJB in August 2017. Following a recent audit of the HSCP Governance arrangements and a review of HSCP policies more generally, it was highlighted that there was a need to review and update the policy in the context of alignment with updated Council and NHSGGC strategies and to ensure that policies and procedures of the IJB are kept up to date and relevant
- 3.2** The HSCP Risk Management policy sets out the approach to risk management to be adopted within the HSCP, how the policy will be implemented across HSCP services, the arrangements for leadership and accountability, the resourcing to the risk management framework and the requirements around ensuring staff are properly trained in the risk management approach.
- 3.3** A copy of the updated Risk Management Policy is attached as **Appendix 1**.
- 3.4** The Corporate Risk register reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.
- 3.5** Individual Service Risk Registers are reviewed and updated on a quarterly basis by the Operational Leads within the HSCP. These capture a more detailed picture of individual service risks and include those services hosted within ED HSCP.
- 3.6** The Corporate Risk Register is reviewed quarterly by the Senior Management Team and updated. It captures the high level risks across the HSCP and the hosted services.
- 3.7** The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these. The risks associated with the Covid pandemic have been incorporated into the wider HSCP Corporate risks where they are considered to have an ongoing impact beyond the Covid pandemic and will remain relevant for the duration of 2023 - 24.
- 3.8** There are a total of 14 risks included within the HSCP Corporate Risk register. This represents an overall reduction in the number of risks for the HSCP of 4 from that previously reported. This movement relates to the removal of 5 risks where it has been determined they are no longer relevant (related to impact of Covid) or can be incorporated or reflected within the other corporate risks highlighted.
- 3.9** There is 1 new risk included related to the failure to secure an alternative system to Carefirst for Social Work case management and provider financial payments. The risks which have been removed relate to:
- Failure to deliver the health visiting pathway in line with SG requirements – the impact on the recruitment and retention of health visitors is captured with HSCP 07 related to the wider recruitment issues across the HSCP
 - Failure to deliver in house care at home services to all those vulnerable and complex individuals to allow them to remain safely at home – this risk is

reflected across a number of the corporate risks identified such as recruitment, funding restrictions and delivery of the un-scheduled care commissioning plan

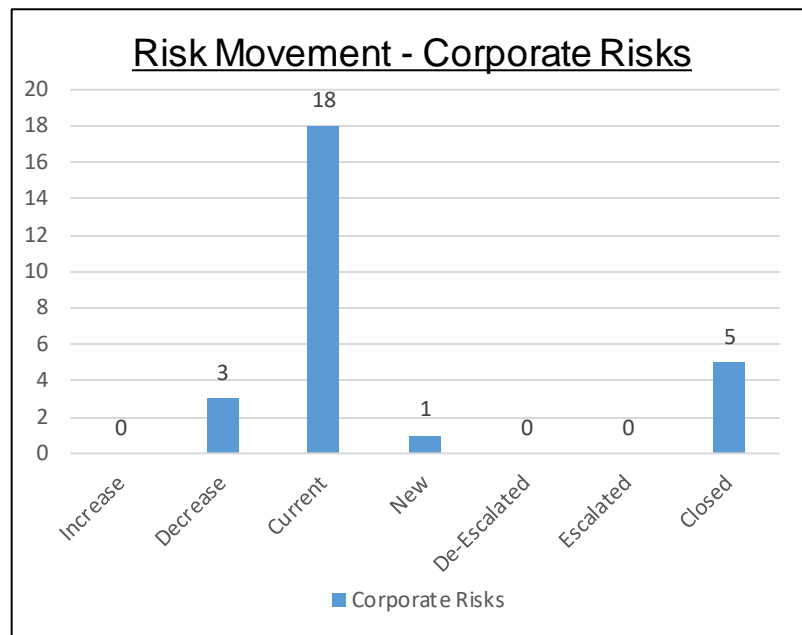
- Inability to support early, effective discharge from hospital – this is now included within HSCP 10 and the wider risk related to the failure to deliver on the actions to support the implementation of the un-scheduled care commissioning plan
- Heightened risk of community mental ill-health and deterioration in wider wellbeing and mental health – this related to the impact of the Covid-19 pandemic and the potential increase in demands in this area. This is now considered part of business as usual and will be managed at a service risk level.
- Failure to retain/recruit GPs (in particular but not restricted to Principal GPs) de-stabilising existing Partnerships/Practices – this is now captured in HSCP 07 related to the wider recruitment issues across the HSCP

3.10 There has been a change to a number of the risk scores within the HSCP Corporate Risk Register, these relate to:

- HSCP 01 Inability to achieve recurring financial balance has moved from a score of 16 (likelihood 4, impact 4) to a score of 12 (likelihood 3, impact 4) – the IJB has been able to set a balanced budget for 2023/24 with savings identified, there is also a healthy contingency reserves balance to mitigate any in year budget pressures and unplanned events and ensure a level of financial sustainability for the HSCP in the short / medium term.
- HSCP 03 Failure to comply with General Data Protection Regulations - loss of sensitive personal data (this risk and mitigation relates to personal data held which is the data controller responsibility of NHS GG&C or ED Council) has moved from a score of 12 (likelihood 3, impact 4) to a score of 9 (likelihood 3, impact 3) – in the context of the impact, if this risk were to materialise there would be reputational damage and some potential impact on service delivery, however this is not expected to be significant and widespread across the HSCP but rather limited to individual cases.
- HSCP 04 Failure to comply with General Data Protection Regulations - failure to destroy records in line with schedule of destruction dates has moved from a risk score of 10 (likelihood 5, impact 2) to a risk score of 8 (likelihood 4, impact 2) – there is work ongoing to review of file classification and rationalisation of number of information assets underway which is expected to have a positive impact.

3.11 Of the 14 risks identified within the Corporate Risk register, 9 are considered to be high risk albeit following the risk management actions implemented, this reduces to 1 high risk area, the rest falling down to medium risks. The remaining high risk area relates to failure to deliver on actions to support the implementation of the Un-scheduled Care Commissioning Plan and inability to support early, effective discharge from hospital. In terms of delayed discharge, ongoing collaborative working across GG&C, investment of Adult Winter Support funding to create additional

capacity across in house care at home services and care homes and continued engagement with care providers will be key in managing this risk event.



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

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

- The Scottish Government Covid enquiry
- The development and implementation of the National Care Service
- The impact or failure of the National Care Home Contract

3.14 The HSCP also has a number of service risk registers in place provides a systematic and structured method to support the risk management process. Information forming the risk register will be captured using the Datix system. The risks included are of a more operational nature, service specific and tend to be more fluid in how they appear on the register the risk score attached and the management actions to mitigate the risks. There are a total of 21 service risk registers with 32 live/active risks associated with these registers. The process for escalation to the corporate risk register will depend on a number of factors such as risk score, ability to continue to manage risk at a service level or where risk have an impact across the HSCP and are not solely within one service area.

4.0 **IMPLICATIONS**

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – there are particular workforce issues highlighted throughout the risk register, particularly related to the challenges in recruitment and retention of staff into key frontline services and managing ongoing absence across critical services. Workforce issues will be addressed through the HSCP Workforce Strategy.

4.4 Legal Implications – The HSCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.

4.5 Financial Implications – There are key high level risks to the HSCP which will have a financial impact going forward and where there will require to be a focus on the delivery of transformation and service redesign to support financial sustainability and the delivery of financial balance in future years.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

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

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The HSCP Board Risk Register contributes to East Dunbartonshire Council Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.

6.3 NHS GREATER GLASGOW & CLYDE – The HSCP Board Risk Register contributes to NHS GG&C Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 – HSCP Risk Management Policy May 2023

8.2 Appendix 2 - HSCP Corporate Risk Register May 2023

RISK MANAGEMENT POLICY

Version 2: May 2023

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POLICY – the risk management approach

East Dunbartonshire Health & Social Care Partnership Board (HSCP Board) is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

In doing so the HSCP Board aims to work with EDC and NHS GG&C to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the HSCP construct and others who interact with the services delivered under the operational oversight of the HSCP Board.

The HSCP Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

The HSCP Board purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the HSCP Board can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

The HSCP Board's risk management matrix identifies levels of risk using a 'likelihood/consequence' scale. Full risk matrix can be viewed at **Appendix 1**.

The HSCP Board promotes the pursuit of opportunities that will benefit the delivery of the [Strategic Plan 2022-25 \(1\).pdf](#) and associated financial plans.

Opportunity-related risk is evaluated in the context of the anticipated benefits for patients, clients and the HSCP Board.

The HSCP Board will receive assurance reports not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to its wider governance arrangements. As part of these monitoring arrangements, updates on identified risks and mitigating actions will be

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/satisfaction with a consequent reduction in adverse incidents, claims and/or litigation; and
- positive reputation established for the HSCP Board.
- robust planning processes based on consideration of known and potential threats and opportunities

Likelihood	Consequent Impact				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

brought to the Performance, Audit and Risk Committee and the full IJB on an agreed basis.

The HSCP Board, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

At the time of updating this Policy (May 2023), the IJB is moving into recovery from the Covid-19 pandemic. This framework is also intended to provide flexibility, and the approach to managing risk will be reviewed regularly to ensure that it supports recovery and renewal activity.

Implementing the policy

1. Introduction

1.1 The primary objectives of this policy will be to:

- promote awareness of risk and define responsibility for managing risk within the HSCP Board and the constituent organisations;
- establish communication and sharing of risk information through all areas of the Health & Social Care Partnership;
- ensure mechanisms are in place for participation and engagement in partner organisations risk governance structure and effective joint management of risk where this is appropriate.
- initiate measures to reduce the HSCP Board's exposure to risk and potential loss; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.
- Enable a proactive and flexible approach to managing risk, including but not limited to project activity, operational service delivery and through joint activity with partners.

1.2 This policy takes a positive and holistic approach to risk management. The scope applies to all risks directed through the Chief Officer, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3 **Strategic risks** represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the operational oversight of the HSCP Board's.

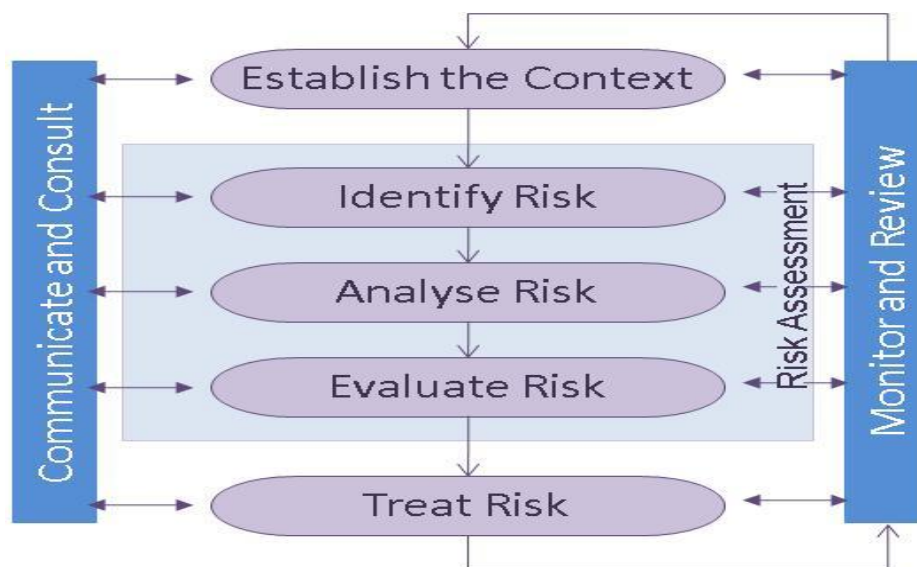
Operational Managers will retain responsibility for managing operational risks as these will be more 'front-line' in nature including the development of activities and controls to respond to these risks. Where a number of operational risks require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board. These will tend to be risks which have a high risk score,

where measures to mitigate the risks at a service level have been exhausted or where risks impact across the HSCP and are not solely within one service area.

- 1.5 All risks will be analysed consistently with an evaluation of risk as being low/ mod/ high/ very high/ red/ amber/ green. High/very high risk (and in some cases moderate risk) will be subject to closer scrutiny by the HSCP Board.
- 1.6 This document represents the risk management framework to be implemented across the HSCP and will contribute to the HSCP Board's wider governance arrangements.

2. Risk management process

- 2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹ It is proactive in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.
- 2.2 The HSCP embeds risk management linking with the operational risk management processes of EDC and NHSGGC shown in the diagram below, across all areas of service delivery and business activities.



3. Application of good risk management across the HSCP activities

Standard procedures (3.2 – 3.10) have been implemented across all areas of activity that are under the strategic and operational oversight of the HSCP Chief officer in order to achieve consistent and effective implementation of good risk management. A risk management flowchart can be found at **Appendix 2**.

- 3.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 3.2 Identification of risk using standard methodologies and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 3.3 Categorisation of risk under the headings below:

¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

- Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes (responsibility of HSCP Board). At the time of writing such risks include:
 - Financial sustainability
 - Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties.
 - Operational Risks: such as risks that may arise from or impact on clinical care and treatment, social care, patient and service user experience, employee health, safety & well-being, business continuity/ supply chain, information security and asset management (responsibility of EDC & NHSGGC), workforce planning, property and accommodation, project change based activity.
- 3.5 Appropriate ownership of risk. Specific risks are owned by/assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required. These individuals will be responsible for developing necessary mitigation plans for reporting on the progress made in managing specific risks.
 - 3.4 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix being utilised is attached in Appendix 1.
 - 3.5 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with effective measures to bring it to a level where it is acceptable or tolerable for the HSCP Board in keeping with its appetite/tolerance for risk. In the case of opportunities, the HSCP Board may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the HSCP Board is confident in its ability to achieve the benefits and manage/ contain the associated risk.
 - 3.6 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.
 - 3.7 Reporting of strategic risks and key operational risks to the HSCP Board, EDC and NHSGG&C when necessary.
 - 3.8 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the Chief Officer and Senior Management Team.
 - 3.9 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.
 - 3.10 Risk escalation - If significant risks have been identified that are deemed impossible or impractical to manage at a local Management Team level, then they should be reported for review by the Chief Officer and/or Head of Service. Assessment and improvement should then be monitored through inclusion in the HSCP Corporate Risk Register; the NHS Greater Glasgow & Clyde Corporate Risk register and EDC Corporate Risk register, where appropriate. The nature of risks which may need to be escalated include:

- Significant threat to achievement of Council or health plan objectives or targets
- Assessed to be a substantial or intolerable risk
- Widespread beyond local area
- Significant cost of control far beyond the scope of budget holders
- Potential for significant adverse publicity.

VISION – for effective risk management

4. Risk management vision and measures of success

The HSCP Board's vision statement:

Appropriate and effective risk management practice will be embedded throughout the HSCP as an enabler of success, whether delivering better outcomes for the people of East Dunbartonshire, protecting the health, safety and well-being of everyone who engages with the HSCP or maximising opportunity, delivering innovation and best value, and increasing performance.

- 4.1 In working towards this risk management vision the HSCP Board aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making.
- 4.2 Examples of the measures of success for this vision include:
- good financial outcomes for the HSCP Board
 - successful delivery of the Strategic Plan
 - meeting or exceeding targets outlined in the performance management framework
 - successful outcomes from external scrutiny
 - effective engagement of service users and carers
 - fewer unexpected/ unanticipated problems
 - fewer incidents/ accidents/ complaints

RISK - leadership and accountability

5. Governance, roles and responsibilities

5.1 HSCP Board (IJB and Performance Audit and Risk Committee)

Members of the HSCP Board are responsible for:

- oversight of the HSCP's risk management arrangements;
- receipt and review of reports on strategic risks and any key operational risks that require to be brought to the HSCP Board's attention; and

- ensuring Board members are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like.
- Agreeing, with the IJB Chair and Vice Chair, any necessary changes to risk management arrangements in exceptional circumstances.

5.2 Chief Officer

The Chief Officer has overall accountability for the HSCP's risk management arrangements, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the HSCP.

The Chief Officer will keep the Chief Executives of the HSCP's constituent bodies (EDC and GGC) informed of any significant existing or emerging risks that could seriously impact the HSCP Board's ability to deliver the outcomes of the Strategic Plan or the reputation of the HSCP.

5.3 Chief Finance & Resources Officer

The Chief Finance & Resources Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance. The Chief Finance & Resources Officer will also be responsible for financial decisions relating to the IJB's risk management arrangements.

5.4 Senior Management Team

Members of the Senior Management Team are responsible for:

- supporting the Chief Officer and Chief Finance & Resources Officer in fulfilling their risk management responsibilities;
- securing risk management support, guidance and training for HSCP staff;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the Chief Officer and HSCP Board, EDC and NHSGGC; and
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

5.5 Operational Heads of Service

In support of the Senior Management Team the Operational Heads of Service are responsible for:

- The identification of emerging partnership/operational risks and ongoing assessment and mitigation of these in line with assigned risk ownership.
- Regular review of partnership/operational risks through Heads of Service Group and core governance groups, and provision of regular reports to the wider Senior Management Team via agreed arrangements.
- Identification and escalation of partnership/operational risks to the wider Senior Management Team for consideration and inclusion within the IJB/Corporate Risk Register as appropriate.

5.6 Core Service Governance Groups

Core Groups are in place to ensure the safe and effective delivery of services within the remit of the IJB. They have responsibility for ensuring relevant risks are identified, managed and escalated as appropriate across the following areas:-

- Clinical and Care Governance
- Health and Safety
- Property and Assets
- Information Management and Governance

5.7 Individual Risk Owners

It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed monthly not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.
- Risks are regularly reviewed to ensure linkages are identified and managed from an early stage.

5.8 All persons working within the HSCP

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas.

This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patients, services user's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of flagging up incidents and/or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and
- understand that good risk management is a key part of the HSCP culture.

5.9 Partner Organisations

It is the responsibility of relevant specialists from the partner organisations, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner organisations to ensure partnership working as part of risk management as they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the HSCP Board.

5.10 Senior Information Risk Owner

The constituent Bodies, EDC and NHSGGC, will continue to undertake a senior information risk owner role.

RESOURCING - risk management

6. Resourcing the risk management framework

- 6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the HSCP Board will be resourced through the Chief Officer and Senior Management Team.
- 6.2 The HSCP will continue to secure risk management training/education delivered through resources already available to the HSCP from the EDC and NHSGG&C (risk managers/ risk management specialists).

7. Resourcing those responsible for managing specific risks

- 7.1 Where risks impact on a specific constituent body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that body.
- 7.2 Financial decisions in respect of the HSCP's risk management arrangements will rest with the Chief Finance & Resources Officer.

LEARNING - Training and development

8. Risk management training and development opportunities

- 8.1 To effectively implement this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the HSCP Board and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs of staff and source the relevant training and development opportunities required.

MONITORING - activity and performance

9. Monitoring risk management activity

- 9.1 The HSCP Board operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made. This system also needs to be flexible to enable a robust and effective response to exceptional circumstances.
- 9.2 Monitoring will include review of the HSCP's risk profile at Senior Management Team level.
- 9.3 The risk register will be reported to the HSCP Board on a six monthly basis, the Performance Audit and Risk Committee at each meeting and/or as individual risks arise that require a HSCP Board response.
- 9.4 It is expected that constituent bodies will use HSCP Board risk reports to keep their own organisations updated on the management of the risks, highlighting any HSCP risks that might impact on the constituent organisation.

10. Monitoring risk management performance

- 10.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives. This will include regular monitoring of (i) the number of risks which materialise (become issues); (ii) the number of risks closed; and (iii) the actual severity of the risks against previous assessments.
- 10.2 Key risk indicators will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, monitoring PIs (Performance Indicators) can provide assurance that key financial and other risks are under control.
- 10.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.
- 10.4 Reviewing the HSCP Board's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the HSCP Board, inform subsequent revisions of this Policy and Strategy and drive continuous improvement in risk management across the HSCP.

COMMUNICATING - risk management

11. Communicating, consulting on and reviewing the risk management framework

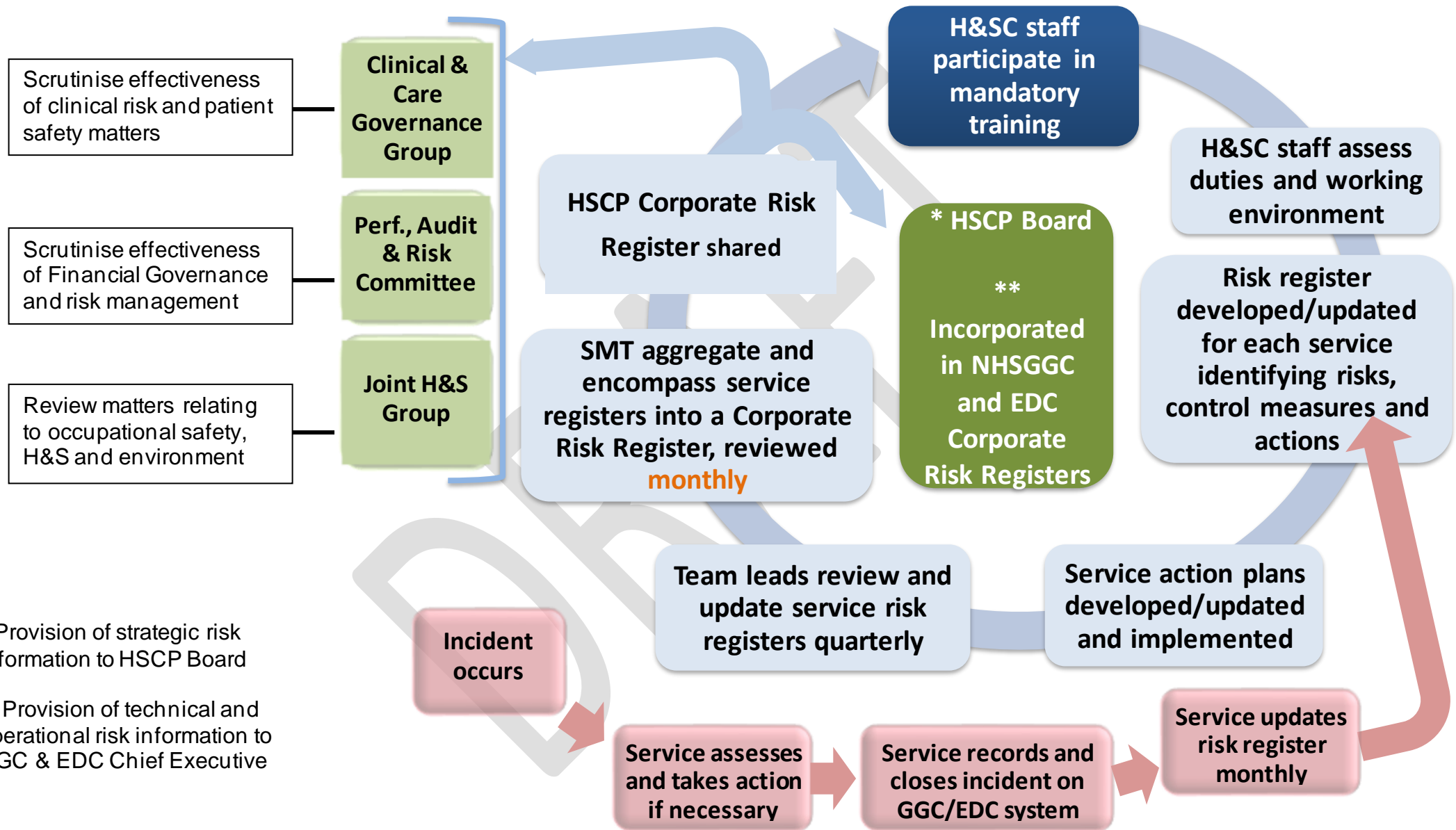
- 11.1 Effective communication of risk management information across the HSCP is essential to developing a consistent and effective approach to risk management.
- 11.2 Copies of this Policy will be widely circulated via the Senior Management Team to Service Managers and will form the basis of any risk management training arranged for staff.
- 11.3 The Policy will be submitted to the Performance, Audit and Risk Committee for approval at its meeting of 20th June 2023.
- 11.4 The Policy will be submitted to the HSCP Board at its meeting of **29th June 2023**.

This Policy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the HSCP Board's business environment.

Risk Event	Provides a brief description of the potential risk to the organisation either strategic or operational
Cause	Provides details of single or multiple causes that could result in possible risks
Effect	Describes the impact on the organisation, service user, carers, the public, other services and organisations
Control measure	Details the specific supports/controls/actions that are identified as mitigating/removing potential risk
Residual Likelihood	5X5 Likelihood risk score predicting possible risk occurring prior to implemented action
Residual Impact	5X5 Impact risk score predicting possible risk occurring prior to mitigation action
Priority Ranking	Total score and ranking using a visual Red, Amber, Green (RAG) system. Prior to mitigation action
Strategy for risk	Describes approach to be undertaken e.g. tolerate or treat risk
Action	Agreed specific actions to be implemented to mitigate/remove risk
Acceptable Likelihood	5X5 Likelihood risk score predicting possible risk occurring following implemented action
Acceptable Impact	5X5 Impact risk score predicting possible risk occurring following implemented action
Priority Ranking	Total score and ranking using a visual Red, Amber, Green (RAG) system. Following implemented action

Example - 5X5 Risk Scoring Matrix

		Impact				
		Trivial	Minor	Moderate	Major	Extreme
Probability	Rare	Low	Low	Low	Medium	Medium
	Unlikely	Low	Low	Medium	Medium	Medium
	Moderate	Low	Medium	Medium	Medium	High
	Likely	Medium	Medium	Medium	High	High
	Very likely	Medium	Medium	High	High	High



EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Completed by

Jean Campbell

Date created/
updated

Updated May 2023

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

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

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

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

Risk Appetite/Tolerance matrix

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

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/16

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

SUBJECT TITLE: HSCP DIRECTIONS LOG UPDATE

1.0 PURPOSE

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

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the Report.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Directions are the mechanism by which the IJB signals to the Health Board and Local Authority the details of how the objectives of its Strategic Plan, and any other strategic decisions taken during the lifetime of the plan, are to be delivered.

3.2 The use of Directions is a legal requirement for IJB's, Health Board and Local Authorities and as such their use is subject to internal/external audit and scrutiny.

3.3 Each IJB report which has an accompanying Direction is submitted through each IJB cycle for consideration noting the Direction to be issued, revised, superseded or revoked.

3.5 The Directions Log is updated and maintained by the Corporate Business Manager.

3.6 A process to ensure all directions are reviewed and updated on the Directions Log has been introduced, following review by Internal Audit as part of HSCP governance processes. The recommendation was that to comply with statutory guidance that Directions are regularly reviewed with a robust follow up and review process.

3.7 The Directions Log is taken to the Senior Management Team meeting for regular review, highlighting impending review dates and asking for an update on the progress of the Direction the most recent review at SMT being 26th April 2023.

3.8 An update on the Directions Log will be brought to the Performance, Audit & Risk Committee and HSCP IJB on a twice yearly basis.

3.9 **Appendix 1** details the Directions Log for 2021, 2022 and 2023 IJB cycles.

3.10 There was a total of 18 Directions issued for 2021, the status of the Directions are noted as being:

Current	5
Complete	6
Superseded	7
Revoked	0

3.11 There was a total of 11 Directions issued for 2022, the status of the Directions are noted as being:

Current	3
Complete	1
Superseded	7
Revoked	0

3.12 There have been 6 Directions issued across the two IJB meetings held so far in 2023 (January and March 2023), the status of the Directions are noted as being:

Current	5
---------	---

Complete	0
Superseded	1
Revoked	0

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

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

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

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

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – The Strategic Plan acknowledges that some individuals, or groups of individuals may face difficulties in accessing services and the Plan identifies some additional supports to address this issue. Directions issued by the IJB are likely to be instrumental in improving access to services.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

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

6.0 IMPACT

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1** – East Dunbartonshire HSCP Directions Log as at 23.05.23

Reference No.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by LJB to carry out direction(s)	Date Issued	Min Effect From	Review Date	Current	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to LJB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Most Recent Review Date	
19012905	Clear People's Social Support Strategy	East DUBLIN/DUBLINSHIRE Council only	The 116 Healthy Older East DUBLIN/DUBLINSHIRE Council to: - Progress the activities associated with executing the preferred delivery option for centre based day care for older people from BAME communities - Alternatives to day care social support - Clear People Local Area Co-ordination - Human Resources - Strategic Commissioning	- Centre based day care for older people from BAME communities - Alternatives to day care social support - Clear People Local Area Co-ordination - Human Resources - Strategic Commissioning	The total budget relating to Clear People's social support in 2022/23 is €1,568,423	15.01.2023	15.01.2023		June	Current	Yes	20012104	Need link to published paper on on the HSCP webpage	NA	Melanie Sheehan, Chief Officer	Community Health and Care Services		16.01.2023
19012911	Financial Performance Budget 2022/23 - Month 8	East DUBLIN/DUBLINSHIRE Council and NHS Greater Glasgow and Clyde jointly	East DUBLIN/DUBLINSHIRE Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1	Budget 2022/23 - all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is €137,450m and East DUBLIN/DUBLINSHIRE Council is €71,555m as per this report.	19.01.2023	19.01.2023	24.03.2023	Superseded	Yes	17112212 - Superseded by 23032311	Need link to published paper on on the HSCP webpage	NA	Melanie Sheehan, Chief Officer	Finance and Resources		16.01.2023	
20022906	HSCP Financial Planning Annual Budget Setting 2023/24	East DUBLIN/DUBLINSHIRE Council and NHS Greater Glasgow and Clyde jointly	East DUBLIN/DUBLINSHIRE Council is directed to spend the delegated budget of €72,226m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of €156,997m (incl. £38.382m related to activities) in line with the Strategic Plan and the budget outlined within this report.	Budget 2023/24 - all functions set out within Appendix 7.	The budget delegated to NHS Greater Glasgow and Clyde is €156,997m and East DUBLIN/DUBLINSHIRE Council is €72,226m as per this report.	23.03.23	01.04.23	01.04.23	May	Current	No	NA	Need link to published paper on on the HSCP webpage	NA	Melanie Sheehan, Chief Officer	Finance and Resources		23.03.23
23032907	HSCP Annual Delivery Plan 2023-24	East DUBLIN/DUBLINSHIRE Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board invites partners to support the agreed areas of development as set out in the HSCP Annual Delivery Plan 2023-24. The Annual Delivery Plan draws together the strategic development priorities for the year, informed by the Strategic Plan's development priorities, the NHS Moving Forward Together Strategic Plan, the priorities of East DUBLIN/DUBLINSHIRE Council as set out in the Community Planning Partnership's Local Outcome Improvement Plans, new tables and policy drivers, and identified areas for transformation change and our savings requirements. The Annual Delivery Plan is attached as appendix 1 to the cover report.	HSCP Annual Delivery Plan 2023-24 - The business planning directions of the HSCP Board for the period 2023-24 in pursuance of the implementation of the current Strategic Plan which covers all delegated functions of the IJB.	The following implications, both financial and disinvestment, are set out within the body of the Annual Delivery Plan which is attached as appendix 1 to the cover report.	23.03.23	01.04.23	01.03.24	Current	Yes	24042208	Need link to published paper on on the HSCP webpage	NA	Melanie Sheehan, Chief Officer	Finance and Resources		23.03.23	
23032910	Lambic Strategy	East DUBLIN/DUBLINSHIRE Council and NHS Greater Glasgow and Clyde jointly	The IJB Healthy Older East DUBLIN/DUBLINSHIRE Council and NHS Greater Glasgow & Clyde NHS Board to: - Support the continuation of the existing Lambic Strategy 2019/22 until completion of the new Green Strategy 2023/26, which will be presented for LJB approval in June 2023.	Implementation of the Lambic (Scotland) Act 2016	The total budget relating to Lambic Short Break services and care funding of Green Link in 2022/23 is £608,095	23.03.23	23.03.23	Implementation of the Lambic (Scotland) Act 2016	June 23	Current	No	NA	Need link to published paper on on the HSCP webpage	NA	Melanie Sheehan, Chief Officer	ESBSP		23.03.23
23032911	Financial Performance Budget 2022/23 - Month 10	East DUBLIN/DUBLINSHIRE Council and NHS Greater Glasgow and Clyde jointly	East DUBLIN/DUBLINSHIRE Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1	Budget 2022/23 - all functions set out within Appendix 2.	The budget delegated to NHS Greater Glasgow and Clyde is €138,414m and East DUBLIN/DUBLINSHIRE Council is €71,907m as per this report.	23.03.23	23.03.23	Retrieved for LJB - Budget 2022/23 monitoring report will supersede this direction planned for 10th June 2023	Current	Yes	190123 - 111	Need link to published paper on on the HSCP webpage	NA	Melanie Sheehan, Chief Officer			23.03.23	

Report Title	Report Date	Responsible Officer	Service Area	Comments	Next Review Date
Financial Performance Budget 2021/22 - Month 8	20.01.22	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	Finance and Resources	Approved - Budget 2021/22 monitoring report will supersede this direction planned for March 2022.	20.01.22
Integrated Care Commissioning Plan 2022/23 - 2024/25	24.03.22	NHS Greater Glasgow and Clyde only	Community Health and Care Services	Approved - Budget 2022/23 will be expected to update for the full duration of its three year lifespan, however this direction will be reviewed at least annually in line with the budget setting process.	24.03.22
HSCP Strategic Plan 2022-25	24.03.22	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	HSCP wide services	Approved - Budget 2022-25 will be expected to update for the full duration of its three year lifespan, however this direction will be reviewed at least annually in line with the budget setting process.	24.03.22
HSCP Annual Delivery Plan 2022-23	24.03.22	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	HSCP wide services	Approved - Budget 2022-23 will be expected to update for the full duration of its three year lifespan, however this direction will be reviewed at least annually in line with the budget setting process.	24.03.22
Financial Performance Budget 2021/22 - Month 10	24.03.22	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	Finance and Resources	Approved - Budget 2021/22 monitoring report will supersede this direction planned for June 2022.	24.03.22
HSCP Financial Planning & Annual Budget Setting 2022/23	24.03.22	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	Finance and Resources	Approved - Budget 2022/23 will be expected to update for the full duration of its three year lifespan, however this direction will be reviewed at least annually in line with the budget setting process.	24.03.22
Older People's Social Support Strategy	30.06.22	East Dumfriesshire Council	Community Health and Care Services	Approved - Budget 2022/23 will be expected to update for the full duration of its three year lifespan, however this direction will be reviewed at least annually in line with the budget setting process.	30.06.22
Financial Performance Budget 2021/22 - Month 12 (Year End Outturn)	30.06.22	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	Finance and Resources	Approved - Budget 2021/22 monitoring report will supersede this direction planned for September 2022.	30.06.22
Financial Performance Budget 2022/23 - Month 3	15.09.22	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	Finance and Resources	Approved - Budget 2022/23 monitoring report will supersede this direction planned for 17th November 2022.	15.09.22
Green Strategy 2023-2036	17.11.22	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	Community Health and Care Services	Approved - Budget 2022/23 will be expected to update for the full duration of its three year lifespan, however this direction will be reviewed at least annually in line with the budget setting process.	17.11.22
Financial Performance Budget 2022/23 - Month 6	17.11.22	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	Finance and Resources	Approved - Budget 2022/23 monitoring report will supersede this direction planned for 17th November 2022.	17.11.22

Project ID	Project Title	Director	Full Text	Functions	Priority/Status	Project Manager	Start Date	Review Date	Current	Approved/Revoked	Decision Status	Link to LHM page	Link to New Direction	Responsible Office	Service Area	Comments	Next Review Date (Date)
202201	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202202	Project 2022 - Adult Support	East Dunbartonshire and City Region	Adult Support Strategy 2022-2025	Adult Support Strategy	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Adult Support	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202203	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202204	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202205	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202206	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202207	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202208	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202209	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202210	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202211	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23
202212	Project 2022 - Health Strategy Review	East Dunbartonshire and City Region	East Dunbartonshire Health Board Strategic Plan 2022-2025	Health Strategy Review	Approved	Dr. Gillian Ross	20.03.21	20.03.21	100%	Yes	NA	NA	NA	East Dunbartonshire Health Board	Health Strategy	The ASP 2022 will be published in September 2022 as part of the annual report, which has a digital link to the ASP.	26.04.23

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29th JUNE 2023

REPORT REFERENCE: HSCP/290623/17

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

SUBJECT TITLE: PERFORMANCE, AUDIT AND RISK
COMMITTEE MINUTES HELD ON 21ST MARCH
2023

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Board on the HSCP Performance, Audit and Risk Committee meeting held on 21st March 2023 (attached as **Appendix 1**).

2.0 RECOMMENDATIONS

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

- 2.1 Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 21st March 2023.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended are the draft Performance, Audit and Risk Committee minutes from the meeting held on the 21st March 2023.

3.2 The main highlights from the meeting were:

- An update on the audit work undertaken over the period since the last committee and an interim review of the outstanding audit actions for the HSCP – 1 high risk, 2 medium risk actions. The committee asked for a further update in relation to the high risk action related to Social Work Contractual arrangements and a date for completion of this outstanding action.
- An update of the status of projects on the HSCP Delivery Plan.
- An update on the HSCP Qtr 3 performance report with a focus on the performance in relation to unscheduled bed days and delayed discharge given the national and board wide attention on this agenda. The committee sought assurances that we were progressing all appropriate actions to improve performance in this area.
- Consideration of the MWC report on “Ending the Exclusion” and assurance that work was underway locally to progress on the recommendations within this report to build on the work to strengthen integrated working across the EDADRS and Community mental health team.

4 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

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

5 MANAGEMENT OF RISK

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

- 5.1 None.

6 IMPACT

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

7 POLICY CHECKLIST

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

8 APPENDICES

- 8.1 **Appendix 1** – Performance, Audit and Risk Committee Minutes of 21st March 2023.

**Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Tuesday 21 March 2023 at 2pm
Location: Via MS Teams**

Present:	Calum Smith (Chair) Csm	Jacquie Forbes	JF
	Ian Ritchie IR	Ketki Miles	KM
	Alan Moir AM	Susan Murray	SM
	Jean Campbell JC	Gillian McConnachie	GMcC
	Caroline Sinclair CS	David Aitken	DA
	Derrick Pearce DP	Claire Carthy	CC
	Alison Willacy AW		

Minutes : Siobhan McGinley **SMcG**

No.	Topic	Action by
1.	Welcome and Apologies	Csm
	Chair welcomed the Committee members to the meeting. Apologies submitted from:	
2.	Minutes of Last Meeting – Extraordinary Performance, Audit and Risk Committee Meeting of 27th October 2022	All
	The minutes of the meeting on the 27 th October 2022 were accepted as accurate and approved.	
3.	HSCP Internal Audit Update Feb 23	GMcC
	<p>GMcC gave an update on the audit work undertaken over the period since the last committee (September 2022 to February 2023). Four outputs were concluded during this period. In addition an update was provided on the interim review of outstanding audit actions which included 1 high risk action and 2 medium risk actions.</p> <p>A verbal update was provided on the Internal Audit Plan for 2023/24. It was anticipated that the plan would include a focus on the HSCP's approach to Social Care Payments, Workforce Planning and Hospital Discharges as key processes for the HSCP.</p> <p>JF queried the absence of a due date for conclusion of the high risk action related to HSCP contractual arrangements and the fact that this originated in 2014 and so had been outstanding for some time. GMcC highlighted that there had been improvement in the contractual position and work had been ongoing to progress this action which had stalled during Covid. Work had included the completion of a risk matrix in collaboration with Heads of Service to review services and categorise these in terms of risk, with a plan to move to a contractual underpinning. JC advised that the timescales to put everything into a contractual underpinning will be dependent on the outcome of the risk assessment and whether this requires a tender process, which can be lengthy, and a number of areas are subject to ongoing service reviews which will impact timescales. Following further discussion,</p>	

	it was agreed that a further update would be brought back to the committee, at a future meeting, on the work underway and a timescale for conclusion.	
4.	HSCP Delivery Plan 2022/23 Update	JC
	JC gave an update on the status of projects within the 22/23 annual delivery plan. Committee members noted progress on the HSCP Delivery Plan. It was noted that resource constraints have limited the progress of a number of projects and that some projects would be carried forward to 2023/24 with revised plans for progress and that some projects, by their nature, would take a number of years to conclude.	
5.	HSCP Performance Monitoring Report – Qtr3	AW
	AW gave an update on the HSCP performance for Qtr 3. This report will now come to the PAR Committee ahead of the IJB to facilitate additional scrutiny and assurance to the IJB that performance is being managed. JF noted the performance in relation to delayed discharge, unscheduled bed days and given the national interest in this area are we confident we are doing all we can to support this agenda. DP noted the number of A&E attendances is off target but noted that there is a high %age of people presenting at A&E who are then admitted suggesting that those attending are appropriately been referred to hospital. In addition we are seeing levels of complexity and frailty in those attending hospital which is contributing to the increase in bed days occupied and when individuals are assessed as fit for discharge there is an increase in the complexity of care packages required with an increase in the numbers requiring 2:1 support. CS advised that we have a number of local initiatives in place to support effective and timely discharge and there is daily scrutiny on cases. We are also linked into the national discussions and initiatives promoted are being adopted within East Dunbartonshire where appropriate.	
6.	Mental Welfare Commission – “Ending the Exclusion”	DA
	DA gave an update of the MWC report which focuses on the experience of people who have lived with mental ill health and problematic drug or alcohol use. The Commission made a number of recommendations for HSCPs to progress and work is underway in East Dunbartonshire to progress on these recommendations and build on the work to strengthen integrated working across the EDADRS and Community Mental Health teams as well as board wide processes and protocols.	
7.	HSCP PAR Agenda Planner	JC
	Committee members noted the updated agenda planner. It was requested that the Corporate Risk register should be considered at every PAR Committee to ensure members have effective oversight of the management of risks for the IJB.	
8.	A.O.C.B	CSm
	Nil of note.	
9.	Date of next meeting	CSm
	Date of next meeting – 20 th June 2023 at 1.30pm via Ms Teams	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/18

CONTACT OFFICER: CAROLYN FITZPATRICK, LEAD FOR CLINICAL
PHARMACY AND PRESCRIBING
TELEPHONE 0141 232 8237

SUBJECT TITLE: MINUTES OF CLINICAL & CARE
GOVERNANCE GROUP MEETING HELD ON
8TH MARCH AND 3RD MAY 2023

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Clinical and Care Governance Group meeting held on 8th March and draft minute of 3rd May 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Clinical and Care Governance Group Meeting held on 8th March and 23rd May 2023.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Clinical and Care Governance Group minutes of 8th March 2023 highlight:

- a) The group received a presentation from Kathleen Halpin, Senior Nurse Manager on the analysis and recent audit of pressure ulcer incidents. The higher rate of pressure ulcer incidences in East Dunbartonshire compared to other HSCPs had prompted the audit to look at contributing factors and areas for improvement. The group heard how incidents were being managed and actions which had been taken and noted that public awareness should be raised. It was agreed that contact would be made with the Public Service User and Carers group to ask for information and guidance about pressure ulcers to be included in their newsletter. The group asked for a further update on progress in a few months' time.
- b) The group reviewed the incidents and complaints from the period since the last C&CGG meeting. Individual incidents and complaints were reviewed and it was noted that they had been a significant improvement on health side in terms of the management of incidents and the time for processing.
- c) The group heard about the Alcohol and Drugs Recovery Service undertaking work with the Scottish Drugs Foundation to engage with people who use the services, specifically with people who use the same day treatment provision. A report will be submitted to the group in due course once service users thoughts and feedback has been collected about how the service has supported their recovery.
- d) Oral Health reported that they were undertaking a quality improvement project on the National Dental Inspection Programme process which is currently in an annual basis
- e) The group were also made aware of a local clinical risk with the thermometers which were provided to district nurses three years ago. Local nurses had noted discrepancies with their accuracy which had been escalated to leads in medical physics. The group recommended further escalation to the Director for Medical Physics and Diagnostics
- f) The group were made aware of the new Guidance on accessing Specialist Learning Disability Health Services. The guidance is aimed at clinicians referring to the Learning Disability Teams and it was agreed that the guidance would be shared at the GP Forum

3.2 Clinical and Care Governance Group draft minutes of 23rd May 2023 highlight:

- g) The group received a presentation from Cristina Martin, Clinical Improvement Coordinator about the GGC Evaluation Toolkit. The group heard that although there were good quality improvement processes in place across the teams, often evaluation was missing and the tool was put in place to improve on it. Details about the tool were to be disseminated to all teams for use in practice and support was available from the Clinical Governance Support Team.
- h) The group reviewed the incidents and complaints from the period since the last meeting. Jaime Steel, Information and Governance Officer provided the group

with a presentation on incident trends. She also explained that she was working with individual services to provide support with looking over incidents and ensuring investigation were completed in a timely manner.

- i) The group received an update from the Children and Families Team and the ongoing work in place to have a robust quality assurance process in place for child protection for both accommodated children and those looked after at home
- j) Oral Health update included details about the review of frail elderly and domiciliary care provisions within Special Care Dentistry. Enhanced domiciliary care practitioner training is in place and a welcome guide has been developed to support a smooth process and training.
- k) The group heard about the risks and concerns re the number of ADHD (attention deficit hyperactivity disorder) referrals. Steps had been taken to increase the number of clinics, including weekend clinics to help keep waiting times as stable as possible. The group also asked that this be added to the local risk register and highlighted at the Board Clinical Governance Forum
- l) The group also heard about the recently implemented Alcohol and Drug Recovery Service Operational Guidance which had been put into place for the team to highlight service aims, background for policy drivers, organisational structure and process including treatment and care options from referral to closure

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.

6.3 **NHS GREATER GLASGOW & CLYDE** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 **Appendix 1** - Clinical & Care Governance Group minutes of meeting held on 8th March 2023.

8.2 **Appendix 2** – Clinical and Care Governance Group draft minutes of meeting held on 23rd May 2023.

**Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 8th March 2023, 9.30am
Microsoft Teams Meeting**

Members Present

Name	Designation
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Caroline Sinclair	Chief Officer and CSWO
Tara Dunseith	Clinical Director, Oral Health
Derrick Pearce	Head of Community Health and Care Services
David Aitken	Interim Head of Adult Services
Leanne Connell	Interim Chief Nurse for HSCP
Fiona Munro	Lead AHP for HSCP (and deputising for Derrick Pearce)
Lisa Dorrian	General Manager, Oral Health Directorate
Karen Lamb	Specialist Children's Services
Fraser Sloan	Clinical Risk
Vandrew McLean	Corporate Business Manager

In Attendance

Name	Designation
Jaime Steel	Information Governance Officer
Lorraine Brown	PA/Business Support

Apologies

Name	Designation
Claire Carthy	Interim Head of Children and Families Services and Criminal Justice

No.	Topic	Action by
1.	Welcome and Apologies	
	CF welcomed all and announced members present and reminded those in attendance of the recording of the meeting. Apologies noted on page 1.	
2.	Minutes of Previous Meeting	
	Minute of previous meeting agreed and approved.	
3.	Matters Arising	
	CF noted no matters arising at this time.	
4.	Actions / Outcomes Log	
	CF reviewed the Actions & Outcomes Log. She advised that new action log is ready to be populated for the coming year.	
5.	Presentation	
	<p>DN Pressure Ulcer Incident Report – Kathleen Halpin</p> <p>Paper attached to agenda regarding analysis and audit of pressure ulcer incidents. KH then talked the group through the paper and the information contained therein. She noted a higher rate of pressure ulcer incidences in East Dunbartonshire than in other areas of the HSCP therefore agreed to do analysis and explanation into the pressure ulcer incidences in the month of January and look at any contributing factors and areas for improvement. She then proceeded to share the figures and the analytical detail from the paper with the group.</p> <p>Item 5 DN Pressure Ulcer incidence Report Jan 23 final.docx</p> <p>CF then thanked KH for the helpful and informative presentation. CS then thanked KH for the clearly thought out work that has been done around this, and appreciated the careful work that has been done. She asked in terms of the month snapshot and whether this was representative, noting that compliance with equipment and advice is a high factor, and whether there is potential for engaging with the Public Service User and Carers group to include in their newsletter around advice and guidance, and to raise public awareness. Also she noted she would like the information surrounding this to be highlighted in the covering paper with the minutes for the next IJB meeting. ACTION: CF to ensure this information is noted and highlighted within the covering paper with the minutes of this meeting to be presented at the next IJB. DP also noted in terms of leaflets within community pharmacies, and whether some work could be done to add information with regard to maintaining physical movement and hydration as part of a wider prevention piece. A short discussion thereafter followed with regard to governance and reporting processes. It was agreed that KH would report back in a few months' time to monitor.</p>	
6.	Incident Trends	
	<p>VMcL advised that group of Jaime Steel's attendance at today's meeting in her new role as the Information Governance Officer, and welcomed her to the meeting and group.</p> <p>In terms of incidents on health side reported through Datix, have seen significant improvement in terms of management of incidents for this period in terms of the holding area, under 50. Shown that activity and progress is being made as incidents are moved through the holding areas then move to final approval. Sitting with 26 overdue as at the 24th February, 14 were categorised as severe incidents category 4 or 5 unexpected death.</p> <p>In terms of clinical incidents there was 50 reported through the period, some of which have already progressed to final approval. Pressure ulcer care remains the highest category and what is being reported on, 33 within this period. Have also seen an increase in confidentiality</p>	

	<p>breaches and category of Other remains high, will look into this and determine why there has been no category allocated. Reporting more quickly if there are confidential breaches and taking advice from the Information Governance team, there is also an improvement in reporting these incidents. Even spread in terms of the other incidents referenced from the figures already circulated with the papers. A copy of the non-clinical incidents was also provided, 6 reported in the period. One categorised as breach of confidentiality also, VMcL will review this incident.</p> <p>In terms of EDC reports, no incidents within this period. No activity to date to report.</p> <p>In terms of OHD, there have been 20 incidents reported on Datix, however no detail of these incidents at this time. VMcL will liaise with OHD to discuss any themes or awareness training.</p> <p>A short discussion in relation to specific incidents thereafter ensued.</p>	
7.	Complaints & Whistleblowing	
	<p>No whistleblowing issues from either health or local authority to report on at this time. In relation to complaints, HSCP Board complaints, one closed off as a Stage 1 complaint for Mental Health; LC has progressed and outcome sent to patient that raised the complaint. Another one received this week that will be picked up as a Stage 1 and will be an early resolution and will be picked up by the Mental Health Team also.</p> <p>In terms of the EDC complaints return, VMcL advised that there had been 6 complaints reported for the period. 3 Stage 1 complaints not upheld, 1 Stage 1 partially upheld, and one Stage 1 still open and a Stage 2 still open. Four service and standards complaints, one staff behaviour and one disagreement with council decision.</p>	
8.	SPSO Updates	
	<p>SPSO update attached with papers. CS noted that the SPSO are in the process of developing an easy read and child friendly complaints policy framework. In terms of complaints through local process before being sent to SPSO, have now had one that has required the review of factual accuracy opportunities. She also noted a link to Stage 2 investigation training within the newsletter if anyone is interested.</p>	
	GOVERNANCE LEADS UPDATES / REPORTS	
9.	Children & Families/Criminal Justice	
	<p>Report contained within agenda.</p> <p>JM updated the meeting in CC's absence. She updated that there are currently 44 children on the child protection register, 46 children looked after at home and 112 looked after and accommodated outwith the home, which has shown a marked increase since October last year, especially in terms of the child protection registrations. In terms of the Child Protection Inspection, she updated that there had been a delay in completion to change of lead inspector at the midway point, Partnership 3 meeting is now 16th March, draft report will be issued for factual accuracy on 27th March and the partnership will upload the factual accuracy report on 31st March and the embargoed report will be issued to the partnership on the 11th April with the published report being issued on the 18th April. With regard to the learning review, she advised that the action plan continues to be progressed across all the agencies, and for health the action plan was taken to the cross HSCP Child Protection Quality Improvement Group where Kerry McGuire presented on it and the next stage is for completion onto Datix.</p> <p>With regard Criminal Justice she updated that MAPPA has completed a case file audit of three cases which evidence that key areas were being completely met, which are indicators of robust</p>	

	risk assessment and risk management and the audit will help staff to self-assess cases as part of ongoing learning. Within Children and Families CCAT quality assurance is continuing and just had first cycle of case records audited and have been sent for analysis within the board.	
10.	Community Health & Care Services	
	<p>Report contained within agenda.</p> <p>DP updated with exceptions relating to ongoing issues in relation to demand with respect to Care at Home. Within in house service significantly above numbers that would normally be serving, covering through use of overtime. And in externally contracted commissioning services in excess of the levels determined within budget and within services specifications. Governance concerns from a financial point of view and service standard point of view that is being monitored.</p> <p>DN services have seen an upturn in workforce pressures and leadership capacity pressures. Continue to experience real challenges in terms of medical cover in relation to OPMH services and in relation to carrying significant number of vacancies. Containing pressure however continuing to liaise with clinical lead for medics and partners across the board area. And nursing pressure largely relates to covering patients from North Lanarkshire but not enough staff in post. Part of an ongoing discussion at system wide level.</p> <p>Good news stories by exception with regard the competencies and development framework for allied health professionals has been launched and work has been done locally through Fiona Munro as lead AHP for the partnership, and seeing significant high compliance standards in CCAT audits in District Nursing services.</p>	
11.	Commissioned Services	
	<p>Report contained within agenda.</p> <p>DP noted to exceptions to pick up, in relation to the Care at Home provider Delight who had investigation by the Care Inspectorate in relation to the significant number of complaints received and the aspects of the complaints being upheld, which raised significant compliance and quality of care concerns for the HSCP, however pleased to report they have turned around their improvement actions very quickly and on course for them being able to achieve compliance within the next few weeks. Have currently suspended any new business being passed to the provider and will have capacity implications however hopeful that this will be resolved soon.</p> <p>Also exception in relation to Buchanan House where there has been sustained quality of care issues over a number of weeks and months, overseen through the ORG. Work being undertaken with the Care at Home support team and the Care Inspectorate.</p> <p>DP noted emerging risk to be aware of in terms of provider's ability to deliver service at the current rate at which they are being paid. A number of these providers are on national frameworks that were signed up to. These will be renegotiated through Scotland Excel, but are seeing representation from a number of providers around the inability to deliver the level of care being required at the rate at which they are currently being paid which is a risk in terms of sustaining delivery of services. Will monitor through the ORG and report back to CCCG.</p>	
12.	Joint Adult Services	
	<p>Report contained within agenda.</p> <p>DA noted some highlights from the report. With regard mobile harm reduction services, the Wand Initiative, will be a mobile facility which will visit East Dunbartonshire one day every fortnight, looking particularly to support work in the prevention of drug related death and harm.</p>	

	<p>Do not have a date yet, and technical note will be prepared once the date is confirmed, and finalised where the mobile van will visit. Will feedback on the progress.</p> <p>Within ADRS currently undertaking further work with the Scottish Drugs Foundation to engage with people who use the services, specifically people who use the same day treatment provision. Now looking to try and gauge people's experience of this and their thoughts and feedback on how it has supported their recovery. Will report back once the report from the Scottish Drugs Foundation has been received back.</p> <p>Additionally he advised Practice Learning Annual Report attached for information. Broad summary was positive and good feedback from partners within the academic institutions and also for students and those involved for all social work students. Positive overview of the learning opportunities provided and the willingness of students to come and work within the service.</p> <p>As mentioned within the Mental Health report, he updated that two local learning events are in the process of being finalised and will rollout to respective teams and will bring back to the CCG meeting. Also movement of Adult Social Work Services to 360, may encounter some issues.</p>	
13.	Oral Health – Primary Care	
	<p>Report contained within agenda.</p> <p>TD updated on a number of points from within the report. In terms of Pediatric services currently undertaking clinical revalidation of the pediatric exit onto a waiting list. Once this has been completed a timetable will be set to allow the introduction of senior clinical triage of all new referrals being received.</p> <p>Also currently undertaking quality improvement project on National Dental Inspection Programme process that is undertaken on an annual basis. Within priority groups there is ongoing discussion around the funding to support care in prisons, SBAR has been developed and shared with prison health care and awaiting comment back on that. In terms of options appraisals for mobile dental unit, to improve access to care for patients with complex needs. Has been through various structures for approval and currently awaiting final confirmation around funding where further work is planned to operationalise the van.</p> <p>The integration document between NHS24 and OOH services in GGC is currently being reviewed and further meeting planned with NHS24 to discuss this further. NHS24 has also provided confirmation of cover to be provided for all nine public holidays sitting within 2023, and further discussion taking place with regard 2024. Within special care the GA and domiciliary protocols have been finalised, and have been approved at the OHD Primary Care Clinical Governance.</p> <p>In terms of sustainability, the nitrous oxide waste reduction is ongoing. Quote in place for full conversion of the equipment at the RAH and Stobhill from piped gases to portable cylinders in line with the proposed closure of the manifolds. Still awaiting update. Also taking more focused look at the estate that sits within the Greater Glasgow and Clyde Low Emissions Zones and the impact that will have on staff and patients. With regard to Outreach, the NES virtual quality management visit took place on 2nd March and was for the Outreach programmes delivered at the RAH and the Vale Centre for Health and Care. This was a positive experience and have received some excellent feedback for the teams and the programmes at both sites and report will be shared that will include recognitions and opportunities and will be disseminated to the teams for further learning. With regard to SAERs, specifically SAER 723460, the review process is complete, QA is complete and awaiting final sign off from Clinical Risk. In terms of</p>	

	SAER 746009, briefing note has been escalated, a review lead has been identified and pharmacy input was agreed at the regional services SAER meeting.	
14.	Specialist Children's Services	
	<p>Report contained within agenda.</p> <p>KL picked up a couple of points of interest from the report. She updated that there has been some fairly significant work ongoing with third party and Glasgow University around looking at engagement factors, and noted that the findings will be equally relevant to other services also. Presentation included with report. Breakdown of factors also included. Tried multiple solutions to improve attendance rate particularly treatment appointments.</p> <p>Work ongoing with National Adolescent and Psychiatric Unit inpatient units in Dundee and Lothian to produce and develop a protocol around admitting young people between this units and this has been undertaken if there is no bed available in the West of Scotland Region, this protocol will formalise this process. Also doing some work with CAMHS services around the use of risk assessment tools and being mindful of the significant turnover of staff., also revising a local champions model within each team to sure that the ----- risk assessments are being duly completed at the points they should be. In terms of the summary report embedded within the paper, there have been 17 submissions for Learning from Excellence. In that same period there were 329 Datix incidents submitted, most of which were in relation to self-harm.</p> <p>With regard to the earlier update in relation to incident reports she updated that there had been two data breaches reported within the CAMHS service.</p>	
15.	Mental Health	
	<p>Report contained within agenda.</p> <p>LC provided brief update. She advised that in terms of staffing this still remains quite challenging with the CMHT nursing, and have been unable to recruit to some Band 5 posts, which is causing issues around the waits for ADHD patients.</p> <p>In LD there will be challenges in the next few months as medic is due to leave, and psychology post is still vacant. In other exceptions she noted the Perinatal Mental Health self-care packs have now been given out to Health Visitors to be distributed to patients. The Psychological Therapies library has now had books purchased after money received from endowments. In terms of Joint Investigations LC advised that she will speak with DA about presenting to a future CCG meeting. Work undertaken recently with the Mental Health Network who visited the building and provided their feedback. In respect to complaints she advised of two at Stage 2. Also received some money from endowments around trauma and improving environment. Working with VMcL and Josie Stewart around purchasing items that can help to improve the environments within the building. Staff Wellbeing awareness sessions had been planned for May, liaising with Tom Quinn around planning. Will be held in Stobhill Hospital and will send out communication in due course.</p>	
16.	Business Support	
	<p>Report contained within agenda.</p> <p>VMcL was unable to report on this due to attendance at another meeting. Nothing of exception to report at this time.</p>	
17.	Primary Care & Community Partnerships Governance Group update	
	<p>CF updated that the meeting is not due to take place until after this meeting and will report back to next meeting. From the previous meeting in January, she noted the work that has been done in terms of the SAERs.</p>	
18.	Board Clinical Governance Forum update	
	<p>No update at this time. ACTION: CF to request for copies of minutes from these meetings until new CD is in post.</p>	

RISK MANAGEMENT	
19.	Clinical Risk Update
	<p>FS attended and provided clinical risk update reported between July 2022 and December 2022. Incidents increased by over 50% compared to first half of 2022 with 773 incidents. This is the highest number of clinical incidents ever reported by the HSCP during a six month reporting period. The largest increase was reported by Specialist Children's Services who reported 617 incidences, an increase for them of 63%. The HSCP also reported the highest number of major and extreme severity incidents with 20 reported, 17 patient deaths, 2 self-harm incidents and a communication failure between DN and MH teams. From the 20 incidents there were 4 SAERs commissioned, two related to unexpected patient deaths and two self-harm incidents. He noted that while there had been a significant increase in the number of patient incidents, he advised that the themes largely remained the same namely self-harm, pressure damage and medication issues. With regard to the self-harm incidents he advised that these had increased by almost 60% compared to January to June 2022 with 379 incidents. However there was also a significant increase in suicide incidences rising from 13 to 82. Of note, the use of these two categories is inconsistent with self-harm and suicide being used interchangeably. Importantly he advised that the number near misses reported during this period also have doubled, three quarters of which have been reported by CAMHS. The last point raised from page 5 of the report in relation to severity scoring. Clinical Risk are detailing in all reports for this cycle as a number of high severity incidents are being scored lower than they should be. Page 7 of the report also gives an overview of the SAE activity with the four commissioned during this reporting period, as mentioned previously. Three of these were commissioned within one month of the incidents occurring and the fourth was commissioned approximately two months after it occurred. Four SAERs were also closed during this period, one closed within 12 months, and three were closed over the 12 months. There are currently five SAERs in progress and in addition to these there are 14 potential SAEs that still require briefing notes. On page 8 of the report he highlighted the update regarding the root cause analysis training that is being provided by clinical risk. This has been renamed SAE reviewer training to reflect that it encompasses more details. Link to register for this is available in page 8 of the report.</p>
20.	SAE Actions
	<p>Finally FS advised that there are 13 actions open across East Dunbartonshire and appendix one on page 9 gives an overview of the open actions.</p>
21.	Corporate Risk Register
	<p>CS advised that there was nothing new to update on at this time, will bring when it is next due for refresh.</p>
CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
22.	Quality Improvement Projects within HSCP
	<p>Nothing to report at present. LC advised that along with VMcL and JS it was agreed that together they would start a log on all the quality improvement projects to allow for evaluation of progress that could then be brought to this group for discussion.</p>
23.	Quality Management Framework
	<p>Nothing to report at this time.</p>
PUBLIC PROTECTION	
24.	Child Protection
	<p>JM advised that there was nothing further to add from the information provided earlier in the meeting at agenda item 9.</p>
25.	Adult Protection
	<p>DA highlighted that the service has just completed annual integrated joint self-evaluation audit of adult protection in East Dunbartonshire. Will have findings and analysis prepared for further CCG meeting. In terms of ASP activity continued to see high number of referrals, and similar patten over last 7 or 8 quarters, 220- 250 referrals per quarter. 120 enquiries taken forward.</p>

	Highest number of referrals again still relating to those aged over 65. Slight drop in police referral numbers. Retain strong performance figure and attaining performance figures into 90%. Also of note a lead in the partners for the National Minimum data set which was released and also the recording of the data across the provision of adult support protection services. This has been led IRIS on behalf of Scottish Government, ED are a learning partner in that process. Planned to move forward in April this year and will be well placed to take this forward.	
26.	PREVENT Counter-terrorism	
	1 PREVENT case actively managed with engagement from the PREVENT Intervention Providers. CS highlighted that recently there has been national review of the effectiveness of the national PREVENT process. CS noted that this report had been fairly critical indicating the way it operates does not effectively target extremist thinking and potentially over used in certain scenarios. Continue to work within the framework that currently exists nationally but expect some activity in reviewing this process in the future.	
27.	MAPPA / Management of high risk offenders	
	Nothing to update on this time. Detail included in report at Item 9.	
28.	MARAC Domestic Violence	
	Nothing to update at this time. Detail included in report at Item 9.	
	INFECTION CONTROL	
29.	Infection Control Minutes	
	Minutes from December meeting still awaiting ratification.	
	ESCALATIONS	
30.	Items to be escalated to HSCP Board	
	No items to be escalated.	
31.	Items to be escalated to NHS GG&C C&CGG	
	LC highlighted to the group that she has been made aware of a local clinical risk in terms of thermometers that were provided to district nurses three years ago. DNs had suspected that these were less accurate than the ANPs and there have been some discrepancies therefore ANP has been trying to engage with medical physics for the past year. Incident last week where the differential shown was significant enough to alter a new score which raised concerns and exposes patients to clinical risk. This has been escalated to the three main leads for medical physics however have still received anything back. Locally DNs have been advised of this risk and not to rely on the reading that they are getting with their thermometers and instruction has been issued to replace them. However concern around what communications should be going out in light of this, given that medical physics have not validated the discrepancy with testing. FS advised that safety alerts can be issued across the organisation and suggested that the Director for Medical Physics or Diagnostics would be the best person to contact. FS also suggested linking in with Health and Safety, and suggested he would send the link to the process to LC. LD advised that there is a new Director of Diagnostics and provided his details, and other relevant details of persons who may be able to help or redirect if required.	
	GENERAL BUSINESS	
32.	Guidance on the need to access Specialist Learning Disability Health Services	
	CF advised that information and papers attached that had come from Louise Healy to highlight the new guidance for anyone referring to the Learning Disability team and information on whether patients would benefit for accessing the team. Information has also been shared with the members of the GP Forum.	
33.	AHP Learning & Development Strategic Framework	

	FM noted that the framework is now available on the website, has been held up as exemplary and have had correspondence from other boards to find out if they are able to use and implement within their own areas.	
34.	AOCB	
	Nothing further to be discussed at this time.	

Date of next meeting – 3rd May 2023, 9.30am via MS Teams

**Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 3rd May 2023, 9.30am
Microsoft Teams Meeting**

Members Present

Name	Designation
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Caroline Sinclair	Chief Officer and CSWO
Tara Dunseith	Clinical Director, Oral Health
David Aitken	Interim Head of Adult Services
Claire Carthy	Interim Head of Children & Families Services and Criminal Justice
Leanne Connell	Interim Chief Nurse for HSCP
Fiona Munro	Lead AHP for HSCP (and deputising for Derrick Pearce)
Lisa Dorrian	General Manager, Oral Health Directorate
Jacqueline Hardie	Specialist Children's Services (deputising for Karen Lamb)
Fraser Sloan	Clinical Risk
Vandrew McLean	Corporate Business Manager

In Attendance

Name	Designation
Cristina Martin	Clinical Improvement Co-ordinator, Clinical Governance Support Unit
Jaime Steel	Information Governance Officer
Lorraine Brown	PA/Business Support

Apologies

Name	Designation
Derrick Pearce	Head of Community Health and Care Services
Karen Lamb	Specialist Children's Services Manager
Lorraine Currie	Team Manager, Mental Health Services

No.	Topic	Action by
1.	Welcome and Apologies	
	CF welcomed all and announced members present and reminded those in attendance of the recording of the meeting. Apologies noted on page 1.	
2.	Minutes of Previous Meeting	
	Minute of previous meeting agreed and approved.	
3.	Matters Arising	
	CF noted no matters arising at this time. Will be picked up through the agenda items.	
4.	Actions / Outcomes Log	
	CF reviewed the Actions & Outcomes Log. <ul style="list-style-type: none"> • Pressure Ulcer Incidence Report and Analysis to go the next IJB meeting – CF will ensure that this is forwarded and included in the report. • Board Clinical Governance Forum update – CF advised that she has not been able to receive copy of this yet, however will chase this for the next meeting. 	
5.	Presentation	
	<p>GGC Evaluation Toolkit – Cristina Martin, Clinical Improvement Co-ordinator, Clinical Governance Support Unit</p> <p>CF introduced CM to the meeting, short round of introductions were thereafter provided. She then informed the members of her role within the Clinical Governance Support Unit. It is a unit that has a variety of teams, and CM advised that she works within the CARE Team (Communication, Analytics, Reporting and Evaluation). It was identified that there is good Quality Improvement process in place however it became clear that evaluation was a minimal part of the process and visibility of this process was lacking. CM advised that her role in the process is to identify and develop resources that can support the Board to learn more about evaluation and to feel more equipped, a toolkit with specific templates and resources that staff can use independently to conduct their own evaluation work. She then proceeded to share the Evaluation toolkit with the group members and reviewed in more detail.</p> <p>https://scottish.sharepoint.com/sites/NHSGGC_Evaluation</p> <p>LD asked whether it was appropriate if individual teams could request that CM come along and speak to the clinical governance team within their areas, would be useful as there is a lot of work going on specifically within Oral Health at present. LD will provide contact details to CM to make arrangements. LC also acknowledged that this work will be supportive for the HSCP with regard to the transformation of services going forward. To have a suite of resources as a starting point when introducing change, to focus on evaluation and how to measure outcomes will be really helpful. Will link in with CM also. DA noted that he had been overseeing self-evaluation work within the HSCP for some time now, and at the very early stages of looking at an integrated process later in the year, so he also might get in touch with CM to discuss this separate from today's meeting. He did however ask briefly whether this process had been applied across integrated projects and services so far. CM commented that this is a very new process and the only area so far that has had input is the person centred virtual visiting services. Happy to make arrangements to discuss the process further with those members looking to engage.</p> <p>CF thanked CM for her presentation and her informative update with regard to the Evaluation Toolkit. CM asked for the group to provide feedback on the form attached below.</p>	

	(link to the feedback form)	
6.	Incident Trends	
	<p>JS provided update in relation to incident trends. She shared the reports that were included within the agenda with the group. She advised that she has been working with the Datix team to pull together a more standardised report between the services within the HSCP and hosted services and this is ongoing. Have also undertaken some focussed support with individual services and looking over the incidents and the barriers of getting them through the holding area.</p> <p>She then shared and reviewed the figures within the reports (Item 6 ED HSCP DATIX incidents Q4 rpt.ppt)</p> <p>Majority of the 100 incidents reported this quarter were Health & Community Care with the majority of these (56) pressure ulcer care. Broken down, of these 100 incidents, 33 were reported in January, 37 reported in February and 30 reported in March. These reports are for the HSCP as a whole. She also advised that Chief Officer Caroline Sinclair is also receiving a monthly Datix report of overdue incidents for all the services and hosted services.</p> <p>CS thanked JS for sharing the presentation and for the big improvement on the visibility of the data and asked for some clarification on a couple of points. She noted that there were two different overdue incident slides, and the numbers differed on each slide. And also Specialist Children's Services slide was not within the presentation, however she commented that there is a need for a more collective visibility, or summary slide in the same way that there is for Oral Health. Finally she commented on long overdue incidents having a high board profile at present, she encouraged the group to ensure services close of incidents timeously. JS then responded to the questions asked. She advised that she will look at someone within each of the hosted services being able to have access to the same report. ACTION: JS to seek nominations from Oral Health and Specialist Children's Services to have access report. LD suggested Raymond Carruthers for Oral Health. JH noted that KL detailed this information within her governance report however asked if it would be better provided in advance to allow JS to pull together the collective information into one report. JS agreed that this was the longer term plan and thanked both for their support.</p> <p>LC asked if it would be possible to have a report that shows severity 4 incidents that do not have briefing report completed as likely to be a KPI that will come for this and will be a prompt for service managers to ensure that is being done correctly. JS advised that she will look into this.</p> <p>JS also advised that she had included a breakdown of clinical and non-clinical incident for March, and asked if anyone had any questions to get back to her.</p> <p>CF thanked JS for her helpful reporting and update.</p>	
7.	Complaints & Whistleblowing	
	<p>VMcL advised that JS had been undertaking a piece of work in terms of complaints particularly around the format of reports and linking with colleagues in Oral Health, Specialist Children's Services and colleagues in EDC.</p> <p>JS then reviewed the report that had been included with the agenda. Item 7 Complaints Jan-March 2023.pdf.</p> <p>She advised that work is currently ongoing to standardise the reports that come from the Datix system, and tying these in with the reports from council colleagues to make the</p>	

	<p>information similar. In terms of quarter 4 reporting she advised that there were 13 complaints, 8 Stage 1 and 5 Stage 2. Outcomes majority not upheld, 3 withdrawn and 1 partially upheld. Categories include services and standards, staff attitudes and behaviours and disagreement with decisions. 31% of complaints had an element within that was upheld, each complaint can have a number of elements within, main elements upheld were around communication. On review, JS noted that a lot of it comes as a result of the changes that have come through the COVID period and how patients are seen, possibly a piece of work to see how this is standardized or if this is individual views on how patients are seen by each services. One SPSO action that has come due to one complaint through the health side last April. They have come back and asked that the service offer an apology to the patient's family and after this was agreed, they came back and informed that they would not be taking the complaint forward. No further SPSO action.</p> <p>CS asked re SPSO response in terms of a small number of decision letters with respect to EDC complaints that have come via CS all of which SPSO have concluded they are not taking complaints any further, however there is a gap in join up of the information as it is more common for EDC complaints to go to SPSO and need to keep sight on. JS will look to further investigate that the correct information is being reported. ACTION: JS to investigate EDC SPSO complaint reporting process through the HSCP (?) check with Carolyn. CS suggested that it would be useful to have a discussion around signing off of complaints and at which level this is conducted. ACTION: VMcL to review the variability in how complaints are responded to and to ensure that processes and assurance routes are clear.</p> <p>CS also highlighted the need for clarity in terms of responding to MSP/MP enquiries, in relation to timescales, and determining when an enquiry becomes a complaint, and when it is necessary to involve public affairs.</p>	
8.	SPSO Updates	
	<p>SPSO update attached with papers. CS advised that there was nothing further to add from the newsletter attached with agenda. However she informed that recently she has reviewed the decisions from the SPSO about Health and Care Services and there was nothing from this for members to be made aware of.</p>	
	GOVERNANCE LEADS UPDATES / REPORTS	
9.	Children & Families/Criminal Justice	
	<p>Report contained within agenda.</p> <p>CC updated from Children and Families report, update included in terms of the health visitor's assessment process and currently doing well on this despite the challenging time at present for the health visiting workforce due to sick leave and absences. Have had to look at health visiting baseline cover and have escalated this issues to the SMT and through Head of Children's Services and Chief Nurses as this is currently impacting negatively on the services ability to deliver the universal pathway. Keeping a close eye on the situation and have raised it with senior nursing officials at the Health Board also. Risk that needs to be reviewed. LC acknowledged that additional steps have had to be taken to reduce the pathway further, there a number of further reductions that have made to take the pressure of the health visitors that are covering increasingly larger caseloads, and risk assessment has been put in place for the next 8 weeks, will be subject to review next month and will bring any updates on whether this needs to be extended for a further period of time. Secondly, CC updated in terms of the social care side of the service she advised that for some time there has been a robust quality assurance process in place for child protection activity however aware that there is a gap for looked after and accommodated children and the processes that go with the child when they are accommodated or when they are looked after at home. Work has been done to develop a quality assurance system and process. Full detail contained within the report but to note the outcome from this is there will be a regular quality assurance mechanism in place which</p>	

	<p>provides regular reports on the quality of the looked after and accommodated care planning and processes that will then lead to any improvement actions. Positive improvement and will bring back reports with fuller findings to a future meeting.</p> <p>With regard to Criminal Justice, she advised that from the report provided items to highlight with regard to escalation in the number of sexualized crimes that are being detected and reported and referred on to court that are leading to convictions. It was also noted that there are technologically mediated. Have also seen a rise in the number of MAPPA Level 1 and Level 2 cases locally. Action from this is to work closely with the Police Offender management Unit and using the tools and working with other colleagues as well in the Criminal Justice world, as this issue is being experienced nationally. Service is taking appropriate action and working with all the available resources and tools at their disposal. No escalation at present as risk is being managed within the service.</p> <p>CC also informed that the recent Joint Inspection of Services to Protect Children at Risk of Harm has now been concluded and report has been published. Received positive report and positive reflection on really innovative work ongoing in East Dunbartonshire and overall score was good; action plan has now been developed which will be submitted back to the Care Inspectorate on experience on participating in the inspection.</p> <p>CF thanked CC for her highlights.</p>	
10.	Community Health & Care Services	
	<p>Report contained within agenda.</p> <p>DP submitted apologies for today's meeting however FM noted a couple of highlighted from the report in his absence. She commented with regard to the anticipatory care plan completion which is excellent, in comparison to neighbouring HSCPs, East Dunbartonshire is ahead in terms of aims and completion rates over the past three years. Really positive piece of work. Also of note she pointed out the continuing risk in terms of nursing and medical cover within OPMH services. No long term solution at present, in the short term however additional clinics has brought waiting times down quite considerably and the consultant will continue with this for the next 6 to 8 weeks. Lastly she noted the test of change process that is being initiated around pressure ulcers risk assessment tool in the west locality, currently awaiting feedback on this.</p>	
11.	Commissioned Services	
	<p>Report contained within agenda.</p> <p>FM noted that there was nothing specific to note from the report already provided.</p>	
12.	Joint Adult Services	
	<p>Report contained within agenda.</p> <p>DA updated on a few highlighted from the report. New Carer's Strategy 2023 – 2026 is in the final stages of consultation and should be presented to the next HSCP IJB Board meeting and final version issued thereafter, and thanked Gayle Paterson and Alan Cairns for all their work on this strategy and to partners at Carers Link. Also to note governance in terms Medication Assisted Treatment (MAT) Standards, Standards 1 to 5, had to achieve all first set of standards by the beginning of April and this has been successfully achieved and reported back positively to Public Health Scotland. Have until next April to have these in place. He also advised that he had attached with the report the Combined Care Assurance Audit tool, very positive feedback, mixture of amber and green responses with an overall rating of 89% achieved, action plan attached to this also. Ending the Exclusion Mental Welfare commissioned report has been concluded. Four action points noted to work through and these have been successfully progressed. The last of which being targeted training sessions for those involved with Adults</p>	

	<p>with Incapacity practice directly. Have been very well received and will be rolled out further and will liaise with colleagues in NHS and teams that do not engage with this routinely. Additionally ADRS Operational Guidance, Seonaid McCorry will attend later in the meeting to discuss.</p> <p>CF thanked DA for his update.</p> <p>LC highlighted the work done by ADRS in terms of the CCAAT and in the difference from last year's submissions. Really positive work has been undertaken. Given that CCAAT is being introduced across most of the nursing services within the HSCP, she asked if it was worth having a CCAAT reporting paper that comes independent on the agenda. LC will work with JS to develop a paper to report this information.</p>	
13.	Oral Health – Primary Care	
	<p>Report contained within agenda.</p> <p>TD highlighted a couple of items from the report. Review of pediatrics patient pathway continues. Have completed the revalidation process of the GA waiting list and have established senior clinician led triage of all referrals received. Access continues to be an ongoing concern around access to NHS dentistry within General Dental services this will be addressed and incorporated into the Boards Annual Delivery Plan. In terms of Prison service, ongoing dialogue has taken place within Prison Health care and it has been established that there will be no additional funding to maintain the current increase in service level when the winter preparedness funding ends. Have asked to have ongoing monitoring of referrals, the waiting list and any complaints received as concerns around the impact the reduction in service will have. Will revisit the SBAR to update with further recommendations around how to mitigate against the reduction in service. Letter will be drafted in line with the end of the extra sessions reiterating concerns around the impacts as a result of the reduction of service and also added to the OHD risk register. Has been a spike in oral cancer referrals, all patients attending will continue to have a robust oral cancer screening, will monitor to identify any trends in referrals which may be in line with a lack of access to care in dentistry. Within special care dentistry, have had a review of frail elderly and domiciliary care provisions. Enhanced domiciliary care practitioner training is ongoing, welcome guide developed to smooth process and support training, and additional recruitment is likely to be undertaken for additional clinical teams to support this care moving forward. With regard to sustainability, have had engagement with Scottish Government Improvement Advisor and the Lead for Sustainable Pharmacy to develop some change theory with regard to dental nitrous oxide usage with a view to developing a national protocol around this. And finally with regard to SAER reference number 746009, she advised that investigation is now complete, report has been drafted and is under review. SAER reference number 723460, report is complete and has been discussed at Primary Care Clinical Governance SAER Q&A group and is now closed on Datix. Report has been shared with next of kin and clinical teams to discuss recommendations and learning. In relation to the provision within prisons, LD added that the funding comes from Glasgow City HSCP as the prisons sit within their remit. Have engaged with the team within the HSCP with discussion around ring fencing some underspend that they were carrying, however this will not happen at this stage. Waiting on outcome from the Glasgow City IJB but no response to date, chasing this at present, however back to pre pandemic level of activity from June onwards, not enough capacity to deal with demand. Will bring SBAR back to SMT and then have discussion whether this needs to go through Chief Officers Group. Looking at possibly having a different offer to go back to Glasgow with. Lastly, LD mentioned the Board's Annual Delivery plan and some concerns around some of the actions for Oral Health within that. Very focused on pressures within general dental services which Oral Health do not manage however support in terms of governance. For noting.</p>	
14.	Specialist Children's Services	

	<p>Report contained within agenda.</p> <p>JH updated on highlights from the report. She advised that main documents within the report are in relation to the review of Scheduled and Unscheduled services pathway. Had targets to meet in respect of the Mental Health Strategy and the National CAMHS Service Specification. Asked specifically to improve access to mental health assessments and reduce waits within emergency departments over a 24 hour period. Also asked to improve access to liaison mental health pathway over a 24 period, and provide a single point of contact and access for all unscheduled activity over a 24 hour period also. One of the main factors was that there was a number of pathways all working together however there were gaps within those services and there was no complete 24 hour pathway. Outcome of this is that there is now a joined up service 24 hours a day, staff are based within the mental health assessment units within the city, and available during a broader range of hours, and Pediatric Liaison Service OOH is now also provided through the unscheduled care service. Working very successfully, huge process of redesign and is managing to avoid the risk of admission for young people. In addition to that, she highlighted the paper attached in terms of the Operational Standards for the Managed Workflow within Infant Mental Health Services. Lays out service model and pathways, and waiting times and standard documentation. Main document within is the Specialist Children's Services Clinical Governance document which JH shared with the group and discussed further. Main points within are learning from excellence and submissions a number of which were from families reporting their happiness with the service. Some also in relation to the Child Protection Forum. Datix incident report details also highlighted. Complaint information detailed also. All data and figures are included within the paper in the report attached.</p> <p>CF thanks JH for her update.</p>	
15.	Mental Health	
	<p>Report contained within agenda.</p> <p>DA updated in LC's absence. He highlighted increasing risk and concerns in terms of ADHD referrals. Now in excess of 4000 outstanding ADHD assessments across GGC, and 280 people in East Dunbartonshire waiting for assessment with a waiting time in excess of 60 weeks. Taken step to introduce Saturday weekend clinic to try and stem the level of demand and keep waiting times as stable and static as possible, however is currently just stemming the wave of referrals. Learning Disability services looking at physical health checks and physical monitoring; new nurse led clinic developed to try and specifically monitor certain individuals on certain medication. Staff wellbeing, number of CMHT psychology led sessions have been developed for staff to engage with and have had a good level of engagement and interest from people.</p> <p>CF thanked DA for providing this update. CS asked whether the issues arising from the ADHD referrals and waiting times should be highlighted on a risk assessment locally. DA agreed that consideration be given to moving this towards local risk register, as is beginning to be a consistent feature in a number of conversations taking place at present. CF noted that she could also raise this at the Board Clinical Governance Forum for further update.</p>	
16.	Business Support	
	<p>Report contained within agenda.</p> <p>VMcL updated that there was nothing of exception to report out within the attached update. However she did bring to the attention of the group the work ongoing in relation to monthly assurance checks and work underway on the service risk registers, and all risks logged have been reviewed and updated and provides assurance in line with the NHS Risk Policy around monthly checks and escalation to corporate risk registers. VMcL and JS have access to all services risk registers modules on Datix for all teams, significant amount of tidying up to be done. Also of note, some issues at the moment in terms of the use of Winscribe and the impact</p>	

	on clinical patient outcomes, significant to KHCC and the Mental Health Teams. Will update further on the agenda.	
17.	Primary Care & Community Partnerships Governance Group update	
	CF updated that she attended the last meeting on the 23 rd March. Main thing to highlight was the report presented to them by LC around the revision of avoidable pressure ulcers and the SAER reporting. LC added that an approach has been standardised in respect to reporting SAERs, previously all Grade 3 avoidable pressure damage would have to be taken through a SAER to fulfil Joint SAER and Duty of Candour obligations, however policy has been reviewed and would now only generate a SAER for a Grade 3 that met a set criteria that would trigger Duty of Candour. This is not likely to have any impact on East Dunbartonshire HSCP as there are very few reported at Grade 3 or Grade 4. Will have a bigger impact across GG&C.	
18.	Board Clinical Governance Forum update	
	CF advised that CS has shared the previous minutes from the Forum with her and this will be shared with the group in due course.	
	RISK MANAGEMENT	
19.	Clinical Risk Update	
	No update at present.	
20.	SAE Actions	
	No update at present.	
21.	Corporate Risk Register	
	CS advised that currently in the process of reviewing the risk register, at the last Performance Audit & Risk meeting the committee members asked that there is a move to formally review the risk register quarterly rather than every six months currently, so it will appear more frequently at this meeting and she will ensure that that it is forwarded for addition at the next meeting. Is next going to the IJB at the end of June for review.	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
22.	Quality Improvement Projects within HSCP	
	Nothing further to add at this time.	
23.	Quality Management Framework	
	Nothing to report at this time.	
	PUBLIC PROTECTION	
24.	Child Protection	
	CC informed that since the last meeting the level of child protection activity has remained relatively high, however the number of names on the child protection register has reduced by 11, now sitting at 33.	
25.	Adult Protection	
	DA highlighted that Kirsty Kennedy, Adult Protection Co-ordinator, has just completed the analysis and presentations around the annual self-evaluation and audit exercise, which is a multi-agency audit and has been very successful over the past few years. This was presented at the ASP Committee Continuous improvement sub group and will be going to the next Adult Protection Committee and will report back to this group thereafter. Initial findings from that were positive across all of the agencies involved and the way the process is designed is worked around the Care Inspectorate Grading System, the cases audited all either scored excellent or very good, with some particular points for action. Overall really good outcome from the audit and evaluation. How Good is Our Service report out this morning, and high performance levels across Adult Support and Protection practice and meeting targets in excess of 92%. Will update in more detail at the next meeting.	
26.	PREVENT Counter-terrorism	
	1 PREVENT case actively managed with engagement from the PREVENT Intervention Providers, DA has agreed to take over chairing responsibility from CS for this case.	

27.	MAPPA / Management of high risk offenders	
	CC updated that the number of MAPPA cases being supervised within the HSCP area remains at 75 with 1 Level 3 highest risk, and there is a significant care package around that to monitor behavior and is a multi-agency approach for this case.	
28.	MARAC Domestic Violence	
	With regards to MARAC, CC advised that the conferences still continue, still experiencing a high number of referrals in relation to domestic violence, no specific numbers however continuing to receive referrals around domestic violence.	
	INFECTION CONTROL	
29.	Infection Control Minutes	
	Minutes attached to agenda for information.	
	ESCALATIONS	
30.	Items to be escalated to HSCP Board	
	No items to be escalated.	
31.	Items to be escalated to NHS GG&C C&CGG	
	No items to be escalated.	
	GENERAL BUSINESS	
32.	ADRS Operational Guidance	
	<p>Seonaid McCorry Team Lead ADRS, attended to speak to the ADRS Operational Guidance document. She advised that the paper could not be shared with the group due to the size of the document therefore she shared the guidance with the group at the meeting. She advised that this is version 6 of the operational guidance for the Alcohol and Drug Recovery Service. Constant revisions required on a regular basis due to the face paced development of alcohol and drugs recovery. This guidance is for staff in the team and is everything from a start to finish of a patients journey through the service. It highlights the service aims and background around policy drivers, organisational structure and the process from referral to closure and everything needed in between. Also highlights different tiers of response in relation to alcohol and drugs services. Also highlights treatment and care options that are available within the service. Also refers to recovery service and residential rehabilitation and the processes for that. Also linked to MARAC and MAPPA and Justice Services and medication assisted treatments and process for accessing all the services available to the patient. Also highlights the process to review deaths within the services. Also have guidance for staff around bereavement and loss, for staff and family members and carers. All useful telephone numbers and contacts are contained within also.</p> <p>LC commented that this is an excellent set of guidance, the use of policy and procedures is something that all services could strengthen on and make this template work corporately and for all individual services, and suggested that it would be good to take this guidance through a future Leadership Group meeting for some further discussion.</p> <p>CS also noted that this was a very good document.</p> <p>DA also noted the incredible work that has gone into this document and that it reflects the continuing requirement to adapt and evolve and the growth in interest and policy direction in terms of Alcohol and Drugs Recovery Service.</p>	
33.	Winscribe Digital Dictation	
	DA advised that this is a live issue and VMcL is taking steps to address the issue, having an impact and a number of Datix reported as a result. VMcL advised that she is due to meeting with colleagues from EDC IT and NHS IT, along with Voice Technologies who host Winscribe	

	to look at a solution. Previously presented an SBAR to SMT to highlight the solution to move fully onto an NHS server and NHS support, as it would allow a speedier resolution to find the issues experienced. Frustrating for everyone involved and a solution is required, and does seem very specific to KHCC. Will bring update to future meeting.	
34.	AOCB	
	Nothing further to be discussed at this time.	

Date of next meeting – 12th July 2023, 9.30am via MS Teams

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/19

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

SUBJECT TITLE: HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF 2ND MARCH 2023

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 15TH December 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the HSCP Strategic Planning Group draft minutes of 2nd March 2023.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended is the draft minute of the Strategic Planning Group held on 2nd March 2023.

3.2 The main highlights from the conversations within the meeting related to:

- The development of the HSCPs second Annual Delivery Plan
- The ongoing pressures being experienced in the commissioned social care market due to rising costs of service and recruitment/retention challenges, reflective of the experience with in house services
- The culmination of the consultation and development work on the HSCPs new Carers Strategy

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1:** Strategic Planning Group Minutes of 2nd March 2023.

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 15th December 2022 via MS Teams

Present



NAME	Designation
Derrick Pearce	CHAIR – Head of Community Health & Care Services
Fiona McManus	Carers Representative
David Radford	Health Improvement & Inequalities Manager
Dianne Rice	Primary Care Development Officer
Fiona Munro	Service Manager/Lead AHP
Karen Albrow	Carers Representative
Dr Alison Blair	GP Representative
Laura Coia	GP Representative
Catherine McKiernan	Depute Director Hillhead Housing
Joni Mitchell	Third Sector Rep, EDVA
Sharon Gallacher	Commissioning Support & Development Team Leader
Lisa Walsh	Sen Organisational Development Advisor
James Johnstone	Primary Care Transformation Manager
Alan Cairns	Planning Performance & Quality Manager
David Aitken	Interim Head of Adult Services
Leanne Connell	Interim Chief Nurse
Claire Carthy	Interim Head of Children's Services & Justice

Attending: Nicky Coia,

Minutes: Catriona Burns

1.	Introductions & Apologies	Actions/ Attachments
	<p>Apologies: Claire O'Neill, Ian Marshall</p> <p>DP welcomed Catherine McKinnon, Depute Director of Hillhead Housing to the meeting.</p>	
2.	<p>Notes of Previous Meeting</p> <p>The minutes of the last meeting were reviewed and accepted as an accurate record.</p>	
3.	<p>Matters Arising</p> <p>No matters arising.</p>	
4.	<p>Updates</p>	
4.1	<p>East & West LPG Update</p> <p>DA updated that the intention to schedule the LPG's meetings between the SPG meetings has not happened due to the commitment required to the Children at Risk of Harm Inspection. It is intended that there will be meetings arranged and an update provided at the next SPG Meeting.</p> <p>Noted.</p>	

4.2	3rd Sector Update	
	<p>JM advised that the 3rd Sector is very busy at present and focused on 3 main areas of activity. The Communities Mental health & Wellbeing Fund has awarded £277k of funding which has now been distributed to 52 organisations. An ASN network has been set up as a result of the high number of applications from people with autism. It is clear that there is a need for a clear pathway for people of all ages who have additional support needs within East Dunbartonshire. The first network meeting was well attended and will meeting bi monthly. JM advised that funding is still available for Warm Spaces. Uptake has not been as expected mainly due to stigma.</p> <p>Discussion on use of Warm Spaces and ConnectED and possible use of a more multifunctional centre to remove stigma. DR advised that ConnectED has had an increase in attendance of late. Further joint partnership working is required and SPG will be informed.</p> <p>Noted.</p>	
4.3	Independent Sector Update	
	<p>SG advised that Sara Abbott has moved on and a 2nd Rep has been requested from the providers. All providers are operating well despite the recruitment and cost of living pressures. The Scottish Living Wage uplift has been confirmed and will be implemented as of 1st April 2023. This is only for Adult Service Providers. There are delays with the National Care Home Contract development due to inability of sector reps to meet up. SG advised that it is likely there will be another Minute of Variation extending the current contract if a rate can be agreed. The Scotland Excel Framework is due to end in 2024 and the new tender process has commenced and asked for any ideas/comments that can be taken forward to the UIG's.</p> <p>DP commented on the ability of providers to keep going despite the pressures. DP asked for all to be encouraging and supporting recruitment in the health & social care sector.</p> <p>Noted</p>	
4.4	Communications & Engagement	
	<p>FMcM advised the meeting on 2nd February 23 was well attended, James Johnstone attended and gave a presentation on Primary Care Transformation, followed by informative discussion. Anthony Craig presented the Equalities Mainstreaming Report and Equalities Outcome for comments. The Group are progressing the recommendations from the Equal, Expert and Valued Report with the assistance of LW. A Buddy system has been set up to support new members. There have been nominations for the Locality Groups and we are still looking for new members. FMcM asked all to encourage new members where possible and to contact AC for more information.</p> <p>FMcM shared a fact and story regarding Discharges. Following a recent national report 62% of Carers across Scotland said they were not involved in decisions regarding discharges and only 15% said they felt no pressure to provide care. The remainder felt pressure to provide care regardless of their ability. FM asked all to bear this in mind.</p>	

	<p>FM shared the experience of a lady who had contacted Carers Link for support and the personal impact of delayed discharges. FM also shared concerns from members of the Carers Care Home Forum and Dementia group who are worried about staffing challenges within Care Homes.</p> <p>DP added that the Care Inspectorate are consulting on the development of a Safe Staffing Model for Care Homes where there will be an acceptable minimum standard. Links to consultation to be shared.</p> <p>DP commented that it is important to hear about the personal impact of delays to hospital discharge and thanked FM for sharing.</p> <p>KA advised that the same challenges are being faced in the parent and children side in obtaining PA's. Social Work have allowed SDS budgets to be used in creative ways to assist in finding successful outcomes.</p> <p>DR reiterated the significant amount of work being undertaken on the requirements of the Human Rights and Equalities Commission with a refreshed equalities page on our website needed by the end of March 2023. DR updated on the wide range of work being carried out.</p> <p>Noted.</p>	
<p>4.5</p>	<p>Housing Update</p>	
	<p>CMcN was unable to attend, however had submitted the following update</p> <p>Housing update 2 March 2023</p> <ul style="list-style-type: none"> • <u>Local Housing Strategy 2023-2028</u> is undergoing peer review. The Scottish Government, More Homes Division, will advise shortly whether they agree the Strategy is robust and credible at which point Housing will return to an appropriate committee seeking adoption of the final document. Potentially end of current financial year. The new LHS details the contribution that housing makes to health and social care in LHS Priority 3: Supporting people to live independently and well at home (Page 29) of the attached Draft LHS. • <u>Allocations Policy</u> review is about to commence from March 2023. The process will involve various consultation methods and smaller working groups. Thank you to those who have volunteered names for the Stakeholder list already. Should anyone else have an interest in being included in a particular workshop on the following topics please contact Claire McNeil on claire.mcneil@eastdunbarton.gov.uk note groups will be held from June through to October 2023: <ol style="list-style-type: none"> 1) Legal Framework – Regulation, assessing priority Groups, information to applicants 2) Applying for a House – offers/choice/areas/housing type/conditions of let 3) Letting houses – legal obligations, qualifying groups, points ready reckoner 	 <p>East Dunbartonshire Local Housing Strateg</p> <p><i>Figure 1 East Dunbartonshrie Local Housing Strategy</i></p>  <p>Plan on a Page.docx</p> <p><i>Figure 2 Plan on a Page</i></p>

	<p>4) Suspending, bypassing, deferring – Suspension, NOPs, abandon, refusal of offer, rent arrears, false statement</p> <p>5) Performance and Monitoring – Issues, equalities, appeals, complaints.</p> <ul style="list-style-type: none"> • <u>Autism Awareness Training</u> – very grateful to Catherine Davidson and her team who will deliver a three hour training session to Housing Officers and staff on 26 April in relation to issues/concerns in relation to current or prospective tenants with an autism diagnosis. This is the second session of its kind aiming to keep autism high on the agenda and maintain links between officers and Local Area Coordinators. <p>CMcK advised that Hillhead Housing have also reviewed their Allocations Policy and commented that the Autism Awareness Training would be of interest.</p> <p>Noted</p>	
4.6	<p>Primary Care Update</p>	
	<p>Following the update at the last SPG meeting, JJ advised that there had been a meeting with Scottish Government colleagues regarding the GP Contract and the financial challenges therein will continue this year and also likely to continue into the next financial year. Work is ongoing around the pay uplift and a further update will be provided for the next meeting.</p> <p>Concerns raised from Practices regarding workload sustainability and requests to review catchment areas and work continues to support all involved. There is one practice with a closed list and there are meetings with the residents of Twechar who have expressed concerns about access to primary care support. . A practice in Kirkintilloch has requested not to take on new patients from Auchinloch which is technically North Lanarkshire and this is likely to be ongoing. Most local practices have stopped allowing patients to move between practices unless they move into the catchment area. JJ shared details of the remote blood pressure monitoring system and improving frailty focus.</p> <p>Noted.</p> <p>AB thanked JJ for the excellent presentation at the recent meeting and noted that there is more work to be done. Challenges remain as before, practices working to maximum capacity, recruitment backfill for leave, lack of locums. AB advised that several in-house trained staff members have left or are about to leave. Morale is low and junior doctors are opting for other specialities. AB shared the details of the high numbers of urgent appointments being carried out along with routine appointments on a daily basis. Challenges are being met but with increasing difficulties. AB & LC are keen to discuss further targeted measures with JJ and DP.</p> <p>DP reiterated the commitment to moving the discussion forward.</p> <p>Noted.</p>	
4.7	<p>Improving the Cancer Journey in East Dunbartonshire</p>	

	<p>DR advised that the ICJ has been operational in East Dunbartonshire for one year and the stats for the year are extremely positive meeting just over 70% of the target. DR discussed some challenges facing the team and solutions being sought. The service provided to prisons is very strong and other partnerships are adopting the practices developed in East Dunbartonshire. Ongoing developments within GP Clusters, District Nurses were discussed. Overall a positive outlook.</p> <p>DR confirmed that there is no time limit to support offered to a service user's family after a bereavement.</p> <p>Noted.</p>	
<p>5.8</p>	<p>Performance Update</p> <ul style="list-style-type: none"> • Annual Performance Report • Quarterly Performance Report • Performance Management Framework 	
	<p>AC attached the Quarterly Performance Report for information as this will be submitted to the Board later this month. This will be presented to SPG on a regular basis. AC welcomed questions/comments at any time.</p> <p>LC asked for further information on the CAMHS waiting times as this is a cause for concern for practices. AC advised the information is provided by the CAMHS team and there has been a programme over some period of time to try to improve timescales for children. The performance has certainly been improving over the last three or four months. This may not necessarily be fully felt throughout the system yet, but in terms of how quickly young people are being seen, there has been a quite significant turnaround on that. AC suggested that it may would be helpful to have somebody from that service come along to speak a bit more about the work that's being done to improve the service time scales.</p> <p>DP advised that Specialist Children's Services are now hosted within EDHSCP and all performance reports will be reported to our Board. These stats for are East Dunbartonshire children. CC advised that significant funding was invested in the CAMHS services last year and shared the detail of the work that has been undertaken to improve services. The majority of children are seen within the target of 18 weeks. CC suggested the new service manager when appointed could be invited to SPG.</p> <p>CC advised that there has been local investment to improve tiers one and two services to improve children's access to mental health and wellbeing support in the community. CC suggested a presentation could be brought to the next SPG meeting.</p> <p>ACTION: CC to present to next SPG – Improvement in Children's Access to Mental Health and Wellbeing – CC to confirm DP to clarify with CS re governance of SCS</p> <p>Noted.</p>	
<p>6.</p>	<p>Joint Inspection on Services to Protect Children at Risk of Harm - Update</p>	

	<p>CC advised that the inspection has not yet concluded and described the work carried out to date. On 17th March 2023 there is a Partnership meeting with the Care Inspectorate when the first report will be shared. The final written report is expected mid-April and will be shared with the SPG.</p> <p>ACTION: Add to next SPG Agenda for update</p>	
7.	<p>Strategic Item – Annual Delivery Plan</p> <p>AC explained the approach being taken to the second Annual Delivery Plan. At the end of the financial year, we have to report on the actions completed and those being carried on or commenced. SPG are being made aware of the intentions of the plan before it is submitted to the Board later this month.</p> <p>DP advised that this document has been developed in response to what is in the Strategic Plan and asked for SPG to consider, reflect and pass any comments to AC.</p> <p>ACTION: Comments to AC</p>	
8.	<p>Strategic Item – Carers Strategy Update</p> <p>AC advised that the consultation document was considered by the SPG members and thanked all who responded. The conclusion of the consultation was that there was broad support for the priorities included. The next stage is to conclude the preparation of the draft Carers Strategy document and to proceed to the second period of consultation.</p> <p>AC shared some of the comments received and these are included within the report. The SPG and other groups will have further opportunity for involvement in the finalised strategy.</p> <p>ACTION: To be added to next SPG Agenda</p>	
8.	<p>AOB</p> <p>No new business</p> <p>Noted.</p>	
9.	<p>Dates of Next Meeting</p> <p>8th June 2023 at 10am via MS Teams</p>	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/20

CONTACT OFFICER: TOM QUINN, HEAD OF HUMAN RESOURCES
TELEPHONE 07801302947

SUBJECT TITLE: STAFF PARTNERSHIP FORUM MINUTES OF
MEETING HELD ON 12TH APRIL 2023

1.0 PURPOSE

- 1.1 The purpose of this report is to share the minutes of the Staff Partnership Forum meeting held on 12TH April 2023.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the Staff Partnership Forum Meeting held on 12th April 2023.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Staff Partnership Forum minutes highlight:

The staff forum had a varied agenda which covered the array of activity on-going at this time -

- a. The forum received an update on CARH inspection and advised that the report would be circulated to forum members when it was published.
- b. The forum had a positive update on the work which has taken place to ensure the smooth transition for the realignment of the management of Specialist Children Services.
- c. Jean Campbell gave the forum a very positive finance update in speaking to several papers previously circulated to members
- d. Tom Quinn updated forum members on the work underway to support "Stress Awareness" month, with coffee morning at KHCC and Stobhill and signposted material across all our locations.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) –

1. Statutory Duty

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 STATUTORY DUTY – None.

6.2 EAST DUNBARTONSHIRE COUNCIL – None.

6.3 NHS GREATER GLASGOW & CLYDE – Meets the requirements set out in the NHS Reform Act 2002.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 – Staff Partnership Forum Minutes of Meeting of 12th April 2023.

Minutes

Staff Forum
Wednesday 12 April 2023, 1pm

<u>Item</u>	<u>Subject</u>	<u>Lead</u>
1.	Welcome & Confirmation of Attendees Apologies received from: Lisa Dorrian, Diana McCrone, Marie Low	
2.	Minutes of 1 March 2023 Brian, raised an issue about Parking for the buses at Allander Centre. David confirmed that this was some first week teasing issues and now resolved, overall parking will get better when new overflow car park opens.	
3	NHSGGC Primary Care Strategy Deferred to May meeting Tom to contact and confirm	TQ
4	Covid update Derrick update about community prevalence now leveling out after some spikes but also the expect pattern going forward would be short periods of spikes. Staff absence was now also returning to normal levels. Vaccinations for those over 75yrs, in Care Homes or at significant risk had started. Andrew advised that NHS monitoring had also now stopped.	
5	Public Health Improvement Team Review Derrick spoke to SBAR previously circulated and seeking staff side nominations to join the working group. Andrew McCreedy and Margaret McCarthy identified as representatives. Margaret McCarthy raised the issue of some anxiety from staff about the review but Derrick explained that they had had a development day and it was deemed not fair to advise staff, and also highlight that staff side colleagues would be part of the process	
6	Finance Update Jean Campbell spoke to a number of papers previously circulated. Jean advised that the IJB had approved the 2023-24 budget at their meeting in March 2023. Jean highlighted a budget pressure in the region of £4M for 2023-24 but advised that we had savings programme in place but also had some reserved that could be used to mitigate any shortfall.	
7	CARH Inspection (Children at Risk of Harm) Caroline spoke to some of the issues in our draft report which we will circulate once we receive the full version. We are making some comments on the report. Overall the report is very positive but does have some recommendations for	

	improvements and these will be developed into an action plan to take forward in 2023-24.	
8	<p>Update on SCS realignment</p> <p>Karen Lamb updated the group on the realignment of SCS into East Dunbartonshire HSCP. Highlighting that the Oversight Group had now been established, information sessions had been held in all 6 HSCPs for staff directly and indirectly including local SPF members. Karen further advised that she had met with the service managers involved and was working on a plan to ensure that we have due diligence in ensure that we maintain connected to local meeting structures. Karen also advised that in discussion with Lisa Walsh a series of development sessions will be held with the new teams.</p> <p>Margaret McCarthy raised concerns over admin staff at West Centre Drumchapel and also about issues at Skye House. Karen advised that she would look into the issues related to West Centre and that we would get the meeting with Staff side colleagues over Skye House reorganised.</p>	<p>KL/LW</p> <p>KL</p>
9	<p>Carer's Strategy</p> <p>Caroline spoke to the previously circulated paper and welcomed any comments, it was hoped that we would take to the IJB in June 2023</p>	
10	<p>Stress Awareness Month</p> <p>Tom advised that 2 "coffee morning" events had been arranged one for Stobhill and one at KHCC, on the basis that "its good to talk.....". We will also be circulating a number of "signposting" information around our teams to raise awareness,</p>	TQ
11	<p>NHSGGC HR Metrics</p> <p>Tom spoke to the already circulated HR Metrics</p> <p>Andrew McCready asked about information on EDC staffing, Caroline Smith advised that a report will be available soon</p>	CS
	AOCB	
	<p>3 Items for the APF</p> <p>It was agreed to advise the APF of the following</p> <ul style="list-style-type: none"> - Public Health Improvement Team Review - CARH Report - SCS realignment going well 	
	<p>Items for information</p> <ul style="list-style-type: none"> - Our News (March 2023) 	
	Date of Next Meeting: 1pm, 24 May 2023 – MS Teams	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 29TH JUNE 2023

REPORT REFERENCE: HSCP/290623/21

CONTACT OFFICER: DAVID RADFORD, HEALTH IMPROVEMENT & INEQUALITIES MANAGER, TELEPHONE NUMBER 0141 355 2391

SUBJECT TITLE: PUBLIC, SERVICE USER & CARER (PSUC) UPDATE

1.0 PURPOSE

- 1.1 The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC).

2.0 RECOMMENDATIONS

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

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

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.
- 3.2** The PSUC have held two meetings in 2023, the latest meeting took place on the 11 May 2023 and was again offered in a hybrid model. All members attending did so on a 'physical' basis, while also having the option of attending in a 'virtual' capacity on Microsoft Teams.
- 3.3** At the latest PSUC meeting, the members received a presentation from Elaine Jack (Citizens Advice Bureau). Elaine gave an update on the East Dunbartonshire Income Maximisation Service and apprised the members on the cost of living crisis and its known impacts on the local population.
- 3.4** The group also received a meet and greet from Lisa Walsh (HSCP – Senior Organisational Development Advisor) on her role and remit with the HSCP.
- 3.5** The PSUC group have requested that the development officer scope, disseminate and inform the group on the current General Practice patient attending figures and the percentage of those that are of a 'non-compliant' standing.
- 3.6** The PSUC group have also requested that the Carers 'Transitions' narrative feedback campaign, be continued, amplified and remain as an ongoing workstream and key agenda item.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

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

4.3 Frontline Service to Customers – None.

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

4.5 Legal Implications – None.

4.6 Financial Implications – None.

- 4.7 ICT – None.
- 4.8 Procurement – None.
- 4.9 Economic Impact – None.
- 4.10 Sustainability – None.
- 4.11 Equalities Implications – None.
- 4.12 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1:** Public Service User and Carer Support Group of 11 May 2023.

Agenda Item Number: 21a Appendix 1

Public Service User and Carer Support Group – 11 May 2023

Attending; Catherine Buchanan, Gordon Cox, Linda Hill, Linda Jolly, Fiona McManus, and Michael Rankin & Elaine Jack (Citizens Advice Bureau)

Apologies; Karen Albrow, David Bain, Suzanne McGlennan Briggs, Sandra Docherty, Avril Jamieson, Mary Kennedy, Michael O'Donnell, Jenny Proctor and Frances Slorance.

HSCP Staff in attendance; Lisa Walsh (Senior OD Advisor)

HSCP Support Staff; David Radford

Action points agreed at meeting:

Action		By who	When	G	A	R
1	HSCP officer to source information on 'Short breaks Scotland' and invite to present at future meet.	A Craig	By next meeting 13/07/2023			
2	The members have enquired if the Primary Care Transformation Manager, can provide the most recent figures on GP patient contacts and percentage that are of a 'non-compliant' standing.	A Craig	By next meeting 13/07/2023			
3	HSCP officer to source and provide information on the 'wellbeing service' and invite service manager to present and provide update at future meet.	A Craig	By next meeting 13/07/2023			
4	The members have asked for an update from Carolyn Fitzpatrick (Lead for Prescribing and Clinical Pharmacy) on GP patient prescription delivery protocols (electronic or physical).	A Craig	By next meeting 13/07/2023			
5	The members have asked HSCP officer to scope for evidence with regards to, Primary Care Mental Health services, re-provision projects (Scot Gov/NHS GGC).	A Craig	By next meeting 13/07/2023			
6	HSCP officer to re-share, the Improving Cancer Journey project/service information with the members.	A Craig	By 01/06/2023			
7	PSUC group mentoring policy and contact details to be re-shared with all members.	A Craig	By 01/06/2023			

8	PSUC Glossary of Terms (Jargon Buster) to be re-shared with all members.	A Craig	By 01/06/2023		
9	PSUC wish to continue and disseminate the Carers Transitions Narrative. The SPG Carer member will present to the SPG group.	A Craig	By next meeting 13/07/2023		
10	PSUC group have asked that an invitation be extended to interim Chief Officer to attend a meeting in 2023. AC to liaise with and source possible date(s).	D Radford / A Craig	Ongoing		
11	PSUC group to continue to engage and clarify funding offered to HSCP via the Scottish Carers funding stream / allocation.	A Craig	Ongoing		

**East Dunbartonshire HSCP Board Agenda Planner
January 2023 – March 2024**

Update: 6 June 2023

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Performance Reports
Financial Reports
Notes of Meetings – Performance, Audit and Risk, Strategic Planning Group, Clinical and Care Governance Group, Staff Partnership Forum, Patient Service User and Care Group
Board Agenda Planner (CS)
HSCP Board Agenda Items – 19 January 2023
Topic Specific Seminar – Frailty Update – Derrick Pearce
HSCP Public Health Strategy – Derrick Pearce
Older People’s Social Support Strategy – Derrick Pearce
Directions Update – Jean Campbell
Risk Register Update – Jean Campbell
HSCP Board Development Seminar – 19 January 2023
Specialist Children Services (SCS) – Realignment – Karen Lamb, Julie Metcalfe
Financial Planning 2023 – 2024 – Jean Campbell
HSCP Board Development Seminar – 16 February 2023
Patient Interface in Primary Care – Derrick Pearce
Trauma Informed Practice – Claire Carthy

HSCP Board Agenda Items – 23 March 2023
Specialist Children Services (SCS) Update Caroline Sinclair/Karen Lamb
Records Management Plan – Interim update
HSCP Board Development Seminar – Tue 6 June 2023 – Hybrid in person / MS Teams
Update on CARH Inspection /Children’s services plan (Claire Carthy)
Children's Services management re-alignment to East Dun IJB Update (Karen Lamb)
HSCP Board Agenda Items – 29th June 2023 (tentative date)
Topic Specific Seminar (9am) – Care at Home – “State of the Nation”
Outcome of Allander Moves
Annual Performance Report
Draft Annual Accounts 2022-23
Corporate Risk Register
Directions Report
Good News Stories Transfer from Kelvinbank to Allander – David Aitken tbc
Carer Strategy 2023-26
HSCP Board Development Seminar – Wed 23 August 2023 Hybrid – In Person / MS Teams
Board Development – Self assessment Activity (benchmarking activity)
Essential of Good Governance (Invite external guest speaker) - undertake scrutiny, development discussions, an assessment of current risks and performance monitoring

HSCP Board Agenda Items – 14th September 2023 (tentative date)
Annual Performance Report – Alan Cairns
Annual Clinical & Care Governance Report – tbc
Drug Harm Framework – David Aitken
Developing Primary Care Strategy
HSCP Property Strategy
Supporting access to primary healthcare in Twechar
Oral Health Update – GGC Performance / ED HSCP
HSCP Board Development Seminar – Thur 26 October 2023 - Hybrid–In Person / MS Teams
Alcohol and Drugs Partnership strategy and key areas of work update (David Aitken)
Suicide Prevention Strategy and Commissioning / Governance Arrangements
HSCP Board Agenda Items – 16th November 2023 (tentative date)
Topic Specific Seminar - tbc
CSWO Annual Report 2022 – 2023 – Caroline Sinclair
HSCP Board Agenda Items – 18th January 2024 (tentative date)
Corporate Risk Register
Directions Report
HSCP Board Development Seminar – Wed 7 February 2024 - Hybrid–In Person / MS Teams
Audit Scotland (Invite external guest speaker input) Risk Management, profile, appetite, willingness, public services risks
Budget Setting (Jean Campbell)
HSCP Board Agenda Items – 21st March 2024 (tentative date)
Topic Specific Seminar - tbc

HSCP Board Development Seminar – Suggested Topics (2 hours) In-Person 10am–12 noon

Alcohol and Drugs Partnership strategy and key areas of work update

Board Development – Self assessment Activity, assurance (benchmarking activity)

Essential of Good Governance (**Invite external guest speaker**) - undertake scrutiny, development discussions, an assessment of current risks and performance monitoring

Audit Scotland (**Invite external guest speaker input**) – Risk Management, profile, appetite, willingness, public services risks

Budget Setting

National Care Service Update

Primary Care Transformation

Children's Services management re-alignment to East Dun IJB

Conversations with Government on key challenges:

- Budget shortfall
- Service demand and expectation management