

**East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting**  
**Friday 21<sup>st</sup> January 2022 10am.**  
**Meeting will be held virtually via MS Teams**

**AGENDA**

No.	Item	Lead	Document
1.	Welcome and Introductions	Councillor Goodall	
2.	Minutes of Last Meeting – 28th October 2021	Councillor Goodall	
3.	Audit Scotland Proposed Annual Audit Plan 2021/22	P Leggate	Verbal Update
4	HSCP Internal Audit Update	G McConnachie	
5.	HSCP Delivery Plan 2021 22 Update	J Campbell	
6.	Care Inspectorate Update – Care at Home Service	D Pearce	
7.	HSCP PAR Agenda Planner June 2021 – June 2022	All	
8.	A.O.C.B	Councillor Goodall	
9.	Date of next meeting – 31st March 2022	Councillor Goodall	

**Minutes of**  
**East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting**  
**Date: Thursday 28<sup>th</sup> October 2021, 12pm**  
**Location: Via MS Teams**

**Present:**

<b>Jim Goodall (Chair) (JG)</b>	<b>Gillian McConnachie (GMcC)</b>
<b>Ian Ritchie (IR)</b>	<b>Caroline Sinclair (CS)</b>
<b>Sheila Mechan (SM)</b>	<b>Peter Lindsay (PL)</b>
<b>Jean Campbell (JC)</b>	<b>Alan Moir (AM)</b>
<b>Marie McFadden (MMcF)</b>	<b>Fiona Mitchell-Knight (FMK)</b>
<b>Jacqui Forbes (JF)</b>	<b>Claire Carthy (CC)</b>
<b>Vandrew McLean (VM)</b>	

**In attendance:** Siobhan McGinley (Minutes)

No.	Topic	Action by
1.	<b>Welcome and Apologies</b>	<b>JG</b>
	Councillor Jim Goodall opened the meeting for the first time as chair and welcomed everyone. Apologies submitted by Ketki Miles and Derrick Pearce.	
2.	<b>Minutes of last meeting – 28<sup>th</sup> June 2021</b>	<b>JG</b>
	Minutes of previous meeting were reviewed for any corrections and factual accuracy. These were agreed by the members.	
3.	<b>Audit Scotland Proposed Annual Audit Report 2020/21</b>	<b>FMK/MM</b>
	<p>The annual audit report, the 5<sup>th</sup> year of audits was introduced by Fiona Mitchell-Knight, the appointed auditor. Item 3a within the report is a covering letter advising of the requirement of Audit Scotland to present the audit opinion on the annual accounts. An unqualified audit opinion was provided as a true and fair opinion of the IJB accounts and financial position as at 31<sup>st</sup> March 2021. All work has been completed with no outstanding matters.</p> <p>Part of the letter is also a letter of representation which requires to be received clarifying assurances from the Chief Officers about what's included in the accounts. Item 3b is the annual audit report which summarises all parts of the audit and wider scope of the audit.</p> <p>MM spoke about the key messages at Page 25 of the papers and began by reiterating what FMK had said, in that Audit Scotland had issued an unqualified opinion for 2020/21 and concluded that the financial statement were a true and fair view of the IJB financial position for the year ended 31<sup>st</sup> March 2021, and that the audited part of the remuneration report, management commentary and governance statement were all consistent with the financial statements and prepared in accordance with proper accounting practice. They recommended that the Public Inspection advert for the accounts should be revised slightly to come in to line with the Local Authority Accounts Regulations. Part 2 which covers financial management and sustainability, Audit Scotland are satisfied that there are adequate arrangements in place to support effective scrutiny and no issues were identified in the key financial system which the IJB relies upon. The joint board reported an underspend of £12.04m against the revised budget of £202.669m mainly due to unspent Scottish Government money and a significant downturn in service activity. Exhibit 2 on page 36 notes significant underspend within specific areas such as Covid 19 funding of £10.132m received and £6.469m unspent at year end, however this has been earmarked for use in 2021/22. An indicative revenue budget for</p>	

	<p>2021/22 sits at £143.079m and it is estimated that £1.075m of earmarked reserves will be used to balance this budget. This budget excluded any exceptional Covid 19 costs. A 5-year medium term financial plan is in place which reflects the impact the pandemic will have over this period however, the recommendation would be to revisit this to take account of the longer term financial challenges the Board will be facing. Part 3 covers Governance, Transparency and Best Value. It was concluded that the IJB has appropriate Governance arrangements in place and appropriate steps were taken to revise its arrangements to reflect the challenges of service delivery during the pandemic. The deadline for the Annual Performance Report (APR), has been extended in line with the Coronavirus Act 2020 and was therefore not reviewed for 2020/21, this will be reported on as part of next year's audit. The APR for 2019/20 was reviewed and some positive improvements were noted compared to the previous year. MM drew attention to page 31 of the document which is where any significant findings during the audit work would be outlined. There were no significant findings to report on in terms of the IJB practices. Appendix 1 on page 48 is a table summarising risk, recommendations and agreed action on 4 points. The first is the revision of the Accounts Inspection Advert, the second is the revision on Management Commentary ahead of next year in order to make it more user friendly. The third is in relation to the Financial Regulations being reviewed to ensure they are fit for purpose, and lastly Governance and Transparency in regards to Committee papers and details of meetings being added to the website. Two follow up points were noted from the year prior in relation to the medium term plan being reviewed within the context of the pandemic and the longer term risks/issues to consider. Management have provided responses for all the aforementioned points in the far right column. MM welcomed any questions. JF thanked FMK and MM and asked that in light of the points made in terms of the advert and the commentary, if there were any additional changes in presentation on the way the accounts are presented that the IJB should be made aware of now. FMK advised that there were no substantial changes in terms of what the accounts will look like over the next year or so. Covid funding was a challenge this year and this has been dealt with within the accounts by JC. Unusually, there were no numerical changes to the accounts map which was positive. The accounts advert has been in place for many years and that kind of mistake ought not to happen however it was accepted that the past 18 months brought with it extreme pressures and mistakes happen. Recommendations were approved by the Committee.</p>	
4.	<b>East Dunbartonshire IJB Annual Audited Accounts 2020/21</b>	JC
	<p>JC presented the final audited accounts for approval and for sign off by the Chair (JG), Chief Social Work Officer (CS) and Chief Finance and Resources Officer (JC). JC will endeavour to improve on the few areas already highlighted within the report including the management commentary and presentational issues. Regarding the key messages, there was indeed an under spend of £12m largely due to late income from the Scottish Government, this has been carried forward in reserves into next year. A downturn in care home placements and some adult social care placements as a direct result of Covid 19 has had a positive impact on the pit turn position but this will continue to be monitored and reported back to the Board. A degree of financial cushioning exists going into the next financial year to manage unexpected pressures however is not yet at the level in line with the reserves policy but opportunities are being looked at to further the general reserves. Questions were welcomed. JF commented how important it is to focus on the coming year(s), investing, improving, redesigning but above all providing better person-centred services. These will be signed off by the relevant officers electronically.</p>	

5.	<b>HSCP Internal Audit Update</b>	<b>GM</b>
	<p>GM introduced herself and her role as the Audit and Risk manager for EDC, she has a dual role as Chief Internal Auditor of the HSCP and EDC. The Internal Audit Team who GM is responsible for continue to work fully remotely, there no current vacancies, something which was previously identified as a risk. An auditor was recruited into the team in July. They are aware of continued Covid related demands on services and working flexibly in their approach. In terms of this HSCP Internal Audit progress, an HSCP Provider had requested that part of a claim be back dated, after reviewing against COSLA and Scottish Government guidance it was concluded that correct and consistent treatment had been applied therefore the original decision was upheld and no additional payments were made as a result of the review. There are other pieces of work in progress such as looking at procedures for Adults Without Capacity and their access to funds, a review of financial assessment processes and intern review of outstanding audit actions, the outcome of which will be brought back to this Committee once complete. The report also provides an update on the internal audit work of partner organisations as a reflection of the reliance the HCSP places on its partners control environments.</p> <p>The recommendations in the report were approved, no comments or questions were offered.</p>	
6.	<b>HSCP Delivery Plan 2021 22 Update</b>	<b>JC</b>
	<p>JC provided an update on the Board annual delivery which was approved through the IJB on 24<sup>th</sup> June. There are 27 projects on the plan, 24 of which are on track to being delivered this year, 3 are sitting at some risk of delivery. Of the 27, the plan is to make a reduction of 6 projects as these have been delivered and will be closed off, one will be put on hold awaiting guidance from Scottish Government on the recovery of dental services. This means that in the next cycle there will be a total of 21 projects to report on. Item 6b sets out a high level exception report detailing the status of each project. On opening up for questions, IR queried if he was correct in saying the purpose of these projects were about transformation and redesign. JC advised there were 7 projects related to transformation and service redesign however the HCSP is involved in a range of work. IR made the point of there being a huge burden, financially on the HSCP but through transformation could get to a point of financial sustainability, something that was recognised may be very difficult or impossible to achieve and highlighted the importance of being upfront if this was the case. IR felt concerned that too often we seem to over promise and under deliver. JC commented that the delivery of some projects had been hampered by the Covid 19 response however described the pragmatic approach adopted by the HSCP this year and that 7 of the projects described as transformational with the hope to deliver some improvement efficiency agreed as part of the budget process. Additionally, further transformation activity is planned for next year although it was recognised that this would not meet the full extent of the financial gap so will require to rely on some financial reserves. Representations for additional funding is ongoing and the recently announced sum of £300m will assist in winter planning pressures and will allow the capacity within the care at home service to be enhanced. Further transformation activities are being looked at with our partner agencies to help mitigate the gap going into next year. JF commented that she found the format of some of these projects hard to follow although some did flow better than others however, the expected outcome of some is not very clear. The use of reserves to balance the budget was not an option, the reserves should only be used for</p>	

	<p>unforeseen circumstances and we need to be more ambitious in our transformation going forward for sustainability to be reached faster. AM felt it would be useful to understand whether additional funding from the Scottish Government was a one off or would be re-occurring. JC advised that currently, further clarification is awaited from Scottish Government on the allocation of the HSCPs share of £300m. With the exception of providing interim care packages, the rest will be recurring therefore investment can be made in staffing/recruitment to help manage pressure areas such as community nursing and care at home services. IR commented on the audit report suggesting that the HSCP should be focussing on transformation which comes through as a recurring theme and wanted to seek assurance that this would be done considering there is increasing demand. CS noted that over the last 18 months the vast majority of focus has been on response to and recovery from the pandemic but wanted to provide assurance that the 7 projects which are around transformation this year would evidence that there is a real focus on transformation and service improvement. An active programme is underway with JC at the forefront collaborating with the senior team looking at proposals and ideas for the coming year and hoped this would also provide some assurance. JG reflected on the contributions by IR and AM so far and the important points raised then noted that the nature of transformation projects improving efficiency and quality as opposed to it being driven by money saving tactics. JF added that this had been the point she was raising earlier, the outcome of the projects should be clear and requested that this be built into how things are reported going forward and used the Children's House Project as an example. JC spoke about a recent exercise undertaken to articulate where the expected benefits of the projects will be and will bring this to the next meeting.</p> <p>Recommendations were accepted.</p>	
<b>7.</b>	<b>EDHSCP Corporate Risk Register Update</b>	<b>JC</b>
	<p>JC offered apologies for anyone who had not received the Risk Register paper as part of the suite of papers issued however, advised this will come before the IJB Committee mid-November where members will have a further opportunity to have a more in-depth look and provide any comments. Commitment has been made to review the risk register every 6 months and to bring updates back to this Committee. A total of 23 risks have been identified, 10 of which relate directly to the Covid 19 pandemic. There has been a slight reduction in number of risks due to them no longer being significant for reporting through this Committee as a risk, these include adequate levels of PPE having been maintained, spread of Covid in buildings reduced due to physical distancing measures in place, risk assessments, improved and regular disinfecting contributing to this. Two additional risks are Primary Care Improvement Plan and Unscheduled Care Commissioning.</p> <p>No comments/questions followed, the Risk Register will be presented for final approval at the IJB meeting.</p>	
<b>8.</b>	<b>The Children's House Project: Year 1 review</b>	<b>CC</b>
	<p>CC presented the evaluation of year one of this project which was approved in week one of lockdown in March 2020 and despite the impact of the pandemic was able to report an excellent outcome so far with recruitment of a co-ordinator and 2 support workers ensuring the project got off the ground as soon as practically possible. One of the challenges initially was that no face to face contact could take place however, the staff made amendments and moved digitally and engaged with the first cohort of young people. The purpose and priority of the project was to improve outcomes for care experienced young people on the cusp of leaving care where the duty of care now goes from 18 up to 26. An additional bonus is that financial efficiency is being</p>	



	<p>achieved due to moving people back into the community away from high cost placements outwith the local area. Collaborating with key partner agencies such as education, health, housing, learning and development has meant that 10 young people are now in safe independent living within this locality. East Dunbartonshire is one of 3 local authorities engaging with this project. Year 2 will see another cohort of 10 young people being supported to achieve similar outcomes and continue to achieve similar savings. By year 3 decisions will be made whether this approach will be continued, radically changing service redesign. SM commended the work undertaken in this initiative which will be spoken at the National Care System Proposal later today is a fantastic example of what local authority does in spanning across many departments. JF echoed the positive outcomes and commended the transformation work, as did IR and AM.</p> <p>JG added that it would be fitting for all of the positive feedback and comments to be fed back to the staff involved.</p> <p>All recommendations were accepted.</p>	
<b>9.</b>	<b>Audit Scotland – Covid-19 Vaccination Programme</b>	<b>JC</b>
	<p>JC spoke to this paper, which included some key messages at 3.2 in this generally very positive report. High area of uptake was reported particularly in the over 80s cohort but some lower engagement in certain other groups so improvement actions were set out on how to reach this cohort. It also includes purchase of the vaccine by the Scottish Government and how additional staff can be brought in to support the clinics if this will be a regular feature of immunisations going forward as is the case with the flu vaccine.</p> <p>Report was noted my members.</p>	
<b>10.</b>	<b>HSCP PAR Agenda Planner June 2021 – June 2022</b>	<b>CS</b>
	CS highlighted that this is a working document and subject to change as other matters arise but encouraged members to advise of any additions which will be accommodated.	
<b>11.</b>	<b>A.O.C.B.</b>	<b>JG</b>
	No discussion.	
<b>12.</b>	<b>Date of next meeting</b>	<b>JG</b>
	<b>Friday 21<sup>st</sup> January 2022 at 10am via MS Teams</b>	

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

**DATE OF MEETING:** 21<sup>st</sup> JANUARY 2022

**REPORT REFERENCE:** HSCP/210122/04

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

**SUBJECT TITLE:** HSCP INTERNAL AUDIT UPDATE

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**1.1 PURPOSE**

- 1.2** The purpose of this Report is to advise Committee of the internal audit work completed in the period, as work on the 2021/22 plans continued.
- 1.3** This report presents a consolidated summary of the internal audit work completed by both East Dunbartonshire Council's in-house internal audit team on the HSCP and the Council and also the work performed by Azets, the NHSGGC's internal audit providers.
- 1.4** This is the third monitoring report of 2021/22. The report additionally summarises the risk classifications where appropriate and provides detail on key internal audit findings.
- 1.5** The information contained in this report relating to East Dunbartonshire Council or NHSGGC audits has been presented to the Council's Audit & Risk Management Committee (A&RMC) and the NHSGGC Audit & Risk Committee (ARC) as appropriate, where it has received scrutiny. Once noted by the these committees, this report provides details on the ongoing audit work, for information, to the H&SCP Performance, Audit & Risk Committee and to allow consideration from the perspective of the H&SCP.

**2.1 RECOMMENDATIONS**

- 2.2** The Performance, Audit & Risk Committee is asked to:

Note the Update on Internal Audit Progress.

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

### 3.1 **BACKGROUND / MAIN ISSUES**

### 3.2 **HSCP INTERNAL AUDIT PROGRESS**

3.2.1 Since the last Performance, Audit and Risk Committee meeting, work on a number of areas has continued. The following output has been completed since the last PAR:

3.2.2 *Interim review of Outstanding Audit Actions* – an interim follow up report has been produced, covering outstanding audit actions for East Dunbartonshire Council and the HSCP. This interim follow up report represents a return to the twice yearly update on outstanding audit actions that was previously suspended during the Covid-19 pandemic and demonstrates the Council and the HSCP's commitment to maintaining compliance with the Public Sector Internal Audit Standards. Of particular relevance to the HSCP are the following reports, each with one outstanding High risk action:

- *Social Work Contract Monitoring* - The action relating to Contractual Arrangements is in progress. A new Planning & Service Development (P&SD) structure is expected to further address this issue, through heightened monitoring. To address this risk fully, further discussion is required between Procurement, Legal and P&SD in order to agree actions to address spend on the contract tracker.
- *HSCP Contract Awarding* - The remaining 'in progress' action from this report relates to Off Contract Spend Procedures. Written expectations and requirements to follow proper governance processes in relation to commissioning additional planned and emergency care services were sent to all staff in by email January 2020 by the Interim Chief Officer and further reinforced through management structures by Heads of Service in February 2020, which included the requirement for all teams leads to confirm receipt and understanding. Correct processes were further outlined in management team meeting February 2020.
- To provide support and documentation to the above process, a form for alerting the need to commission emergency care service will be developed in consultation with Legal Services and Corporate Procurement teams and distributed to all staff. There has been slippage in completing this action due to pressures of covid response and recovery.

3.2.3 Other significant outstanding actions for the Council include ten actions relating to Cyber Security. The actions are in progress and will be further progressed once the service review is implemented. Recruitment is underway and the new service structure will facilitate a focus on improvements, beginning with the policy base to ensure that this is suitable from the outset. In terms of training and awareness, emails have been sent out to remind staff to be vigilant, particularly when working from home. The Council has also purchased a security improvement plan from its security partner which will be taken forward once the new structure is implemented. A further area of focus is that the Council are looking at learning lessons from the SEPA cyber attack including with respect to how back-ups are held.



- 3.2.4 Internal Audit's follow up work has identified that 34 total risks remain outstanding across the Council and HSCP in comparison to 51 risks outstanding in the 2020/21 Final Follow Up report. Within these figures, for the HSCP and Social Work actions specifically, the decrease has been from 24 to 4 outstanding risks. Given the stage that the organisations are at in terms of Covid recovery it is encouraging that the total number of risks outstanding has reduced, indicating that improvements in the control environment continue to be made. Of the four HSCP related risks outstanding, two are High risk, as outlined at 3.1.2 above and Auditors have asked Council management, and where appropriate HSCP management, to prioritise these for completion in line with revised target dates that have been set. Full detail on the HSCP related outstanding audit actions is included at *Appendix 1*.
- 3.2.5 Responding to the requirement of the Public Sector Internal Audit Standards, the Audit and Risk Manager has not revised any opinions previously reported to members. All residual issues will be considered in the 2021/22 final follow up report and will inform future audit work, including the specification of the 2022/23 internal audit plans.

### **Deferral of Audit**

- 3.1.4 Auditors have received a request from senior management to defer the Home Care audit that was originally on the 2021/22 audit plan to 2022/23. The main driver of the deferral is the ongoing pandemic and related impacts on resulting in a reduced capacity to accommodate this internal audit. Due to the assurance provided by internal audit work completed to date during the year, work in progress and other sources of assurance, it is nonetheless anticipated that adequate evidence over the HSCP's systems and processes will be obtained by the year end. This will allow the provision of the year end audit opinion which supports the Annual Governance Statement.
- 3.1.5 *Work in Progress* - A number of other pieces of audit work are in progress, including consultancy work on the procedures for Adults with Incapacity – Access to Funds, a review of Financial Assessment processes and a control self assessment for the Children's Residential Unit at Ferndale.

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

- 3.2.1 Work continues on the 2021/22 Internal Audit Plan. Continued progress is being made against the internal audit plan, with 18 outputs completed in the seven months to October. Progress represents 49% completion of the 37 outputs planned for the year at 58% through the year. In delivering these outputs, 58% of the resources in the Plan for the year have been allocated. Furthermore, ten audits were in progress. Outputs are behind Plan at this stage due to an increase in the number of audits in progress and in particular, those nearing completion. It is nonetheless expected that the Plan will be delivered by the year end, enabling the provision of the annual internal audit opinion.
- 3.2.2 Audits that have been completed since the last update comprise the following: Treasury Management, Glasgow City Region Deal Claims, Building Regulatory Compliance, and the Interim Follow Up Report. Of most relevance to the HSCP is the Interim Follow Up work; details of this have been provided above.

### **3.3 NHSGGC INTERNAL AUDIT PROGRESS**

3.3.1 The following audits have been completed since the last update to the PAR committee, with the Audit Title and *Audit Rating* provided below:

- Procurement and Tendering – *Substantial Improvement Required*
- HEPMA – Project Governance – *Minor Improvement Required*
- Management Action Follow Up – *n/a*

3.3.2 Further detail is provided below on Procurement and Tendering due to Substantial improvement being required. The areas for improvement were as follows:

- Ensuring compliance with processes for both competitive and non-competitive tendering activity;
- Improving arrangements for ensuring the completeness and accuracy of the contracts register; and
- Refining processes for ensuring that procurement activity is subject to appropriate approval, in line with the NHSGGC Scheme of Delegation.

3.3.3 Five recommendations were graded at 2 (Moderate Risk), two were graded at 3 (High Risk). All 7 recommended actions are due to be completed by 31/03/2022 with action to address these being in progress.

### **4.1 IMPLICATIONS**

The implications for the Committee are as under noted.

4.2 Relevance to HSCP Strategic Plan – None

4.3 Frontline Service to Customers – None

4.4 Workforce (including any significant resource implications) – None

4.5 Legal Implications – Legal risks are presented in the body of internal audit reports with reference to relevant legislation where appropriate

4.6 Financial Implications - Internal Audit reports are presented to improve financial controls and aid the safeguarding of physical and intangible assets.

4.7 Procurement - Where applicable these are referenced in the body of internal audit reports with associated management actions for improvement.

4.8 Economic Impact

4.9 Sustainability

4.10 Equalities Implications – None

4.11 Other - None

## 5.0 **MANAGEMENT OF RISK**

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

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

## 6.0 **IMPACT**

6.1 **EAST DUNBARTONSHIRE COUNCIL** - The risks identified in the internal audit reports relevant to East Dunbartonshire Council have been highlighted to the Council's Audit & Risk Management Committee.

6.2 **NHS GREATER GLASGOW & CLYDE**- The risks relevant to the NHS Greater Glasgow & Clyde identified in the internal audit reports have been highlighted to the NHSGGC's Audit & Risk Committee.

6.3 **DIRECTIONS REQUIRED TO COUNCIL, HEALTHBOARD OR BOTH** - No Direction required.

## 7.1 **POLICY CHECKLIST**

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

## 8.1 **APPENDICES**

8.2 Summary of HSCP Outstanding Audit Actions

Summary of HSCP outstanding actions PAR Appendix 1  
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Parent	Sub Action	Risk Rating	Description	Improvement Target	Original Due Date	Due Date	Latest Note
HSCP Contract Awarding	CFO-IA-1920-HSCP Direct Contract Awards 2 Off Contract Spend Procedures	High	A process should be established and documented for the seeking of Procurement and Legal advice whenever there is a risk of spend being off contract	Form for alerting to the need to commission emergency care service, to provide support and documentation to the above process to be developed in consultation with legal and procurement teams and distributed to all staff.	31-Jan-21	30-Sep-22	This action relates to Off Contract Spend Procedures. Written expectations and requirements to follow proper governance processes in relation to commissioning additional planned and emergency care services were sent to all staff in by email January 2020 by the Interim CO and further reinforced through management structures by Heads of Service in February 2020 which included requirement for all teams leads to confirm receipt and understanding. Correct processes were further outlined in management team meeting February 2020. Form for alerting to the need to commission emergency care service, to provide support and documentation to the above process to be developed in consultation with legal and procurement teams and distributed to all staff. Slippage in completing this due to pressures of covid response and recovery.
Social Work Contract Monitoring	EPB-CM-02 Contractual Arrangements	High	Examination of the contract register illustrated a number of providers operating without a contract with the Council (68%) and services (65%)	The Team will be refined to further enhance efficiencies within the area and this will see steady improvements within the area.	31-Dec-14	30-Jun-22	Progress on this action has been affected by Covid-19 response and recovery. A new P&D structure is expected to largely address this issue, through heightened monitoring. To fully complete this action further discussion is required between Procurement, Legal and P&D to agree actions to address spend on the contract tracker.
HSCP Financial Outturn and Key Controls	CF0-HSCP-FOKC-5 Data Cleansing - Service Register	Medium	The service register on Carefirst contains key financial and other data relating to suppliers. A review and data cleansing exercise is required.  Auditors were unable to identify the owner of the data contained on the service register.	A data cleansing exercise of the service register should be carried out.	31-Jan-20	31-Jan-20	Work has not progressed due to Covid-19 priorities. Group to be established to review service register and agree actions for data cleansing.

Summary of HSCP outstanding actions PAR Appendix 1  
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Parent	Sub Action	Risk Rating	Description	Improvement Target	Original Due Date	Due Date	Latest Note
HSCP Outturn Variance	CFO-HSCPAOVN-4 Benchmarking	Medium	<p>Local authorities in Scotland submit multiple performance indicators on an annual basis to a benchmarking process where the authorities are compared against each other across multiple factors.</p> <p>In the period 2017/18, EDC were ranked 16 out of 32 authorities for aged debt indicators. Benchmarking enables EDC to have a greater understanding of how they are performing against other authorities, but this may not provide the granularity required by HSCP.</p>	It may be appropriate to consider a review of credit control arrangements to improve the overall position in relation to local authority benchmarking statistics.	31-Mar-20	30-Jun-22	Review undertaken at year end of criteria for considering bad debts. Regular process of reporting to be established - work underway.



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

**DATE OF MEETING:** 21<sup>st</sup> JANUARY 2022

**REPORT REFERENCE:** HSCP/210122/05

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

**SUBJECT TITLE:** HSCP DELIVERY PLAN 2021/22 UPDATE

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**1.1 PURPOSE**

- 1.2** The purpose of this report is to update the Committee on the delivery of the HSCP Delivery Plan for 2021/22.

**2.0 RECOMMENDATIONS**

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

- 2.1** Note the update to the HSCP Delivery Plan for 2021/22.

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

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

- 1.1 The HSCP Board agreed the HSCP Delivery Plan 2021/22 at the IJB meeting on the 24<sup>th</sup> June 2021. The HSCP Delivery Plan draws together our strategic development priorities for the year, informed by the Strategic Plan's development priorities, the NHS Moving Forward Together Strategic Plan, the priorities of East Dunbartonshire Council as set out in the Community Planning Partnership's Local Outcome Improvement Plans, new statute and policy drivers, identified areas for transformation change and our savings requirements. This would bring all high level strategic development into a single document for the year and would be called the HSCP Delivery Plan. A Delivery Plan would be prepared annually, costed with a bottom line that would ensure delivery of our change agendas within the available financial envelope.
- 1.2 The Delivery Plan includes areas for transformation and service redesign which contribute to the delivery of a balanced budget for the year and were considered as part of the annual budget setting process in March 2021. This did not address the full extent of the financial gap for 2021/22 with the remaining gap of £1.075m to be covered through the application of reserves to under write the identification of future transformation activity. The latest budget monitoring reports provide for a projected under spend on budget which would not require resort to the use of reserves in this financial year, however this will continue to be monitored throughout the year and the recurring impact will be considered as part of future financial planning assumptions.

#### HSCP Delivery Plan 2021/22

- 1.3 The onset of the pandemic (Covid-19) and the impact of this on the delivery of health and social care services continues to have an impact on the delivery of aspects of the HSCP Delivery Plan.
- 1.4 This has seen a re-direction of management and leadership capacity across the HSCP, Council and the NHS, toward managing response to and recovery from the Covid-19 pandemic which has inevitably had an impact on our collective ability to deliver the priorities set out in the Delivery Plan with slippage across some aspects of the programme.
- 1.5 The Delivery Plan is monitored through the HSCP Delivery Plan Board comprising the Interim Chief Officer, Chief Finance & Resources Officer, HSCP Heads of Services and organisational development, transformation and HR support from both the Council and NHS.
- 1.6 The projects within the Annual Delivery Plan have been classified to more clearly identify where these relate to efficiencies, improvements to service delivery, statutory / legal responsibilities, corporate priorities, sustainability and enhancement to assets. This process aligns to the scoring matrix applied to wider Council transformation projects and is included as **Appendix 1** for information. Each of the HSCP Delivery planning priorities has been classified according to these criteria and this is reflected within the highlight report for each priority. Some priorities will have more than one classification as a project may deliver efficiencies as well as improving services and outcomes for patients and service users.

- 1.7 The dashboard setting out progress on delivery of the projects to be delivered during 2021/22 is attached as **Appendix 2** with a more detailed update on each project attached as **Appendix 3**.
- 1.8 The delivery of the transformation aspects of the Delivery plan for 2021/22 included as part of the Budget 21/22 is indicating a shortfall of £0.16m at this point in the year. This means that the HSCP expects to achieve £1.2m (£0.7m related to the approved savings programme for 2021/22) of transformation savings during 2021/22. A copy of the financial implications of projects approved as part of the Budget 2021/22 including historical savings from the previous financial year are included as **Appendix 4**.
- 1.9 There were a total of 27 projects to be delivered within the Delivery Plan for 2021/22:-
- 24 are considered at Green status – on track
  - 3 are considered Amber status (at risk) – work is underway with some risk or delay to delivery.
  - 0 are considered Red status – more significant risks / delays to delivery.
  - There are 6 projects where a decision was required from the HSCP Delivery Plan Board, 5 of which are completed and the projects will now be closed and one project that has been put on hold for 2021/22 related to the redesign of public dental services awaiting clarification from the Scottish Government on the return of dental services post covid.

#### **4.1 IMPLICATIONS**

The implications for the Committee are as undernoted.

- 4.2 Relevance to HSCP Board Strategic Plan –All. The Strategic Plan sets out the priorities and ambitions to be delivered over the next three years to further improve the opportunities for people to live a long and healthy life. The HSCP Delivery Plan sets out the priorities which will be delivered during 2021/22 in furtherance of the strategic priorities set out in 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 – The HSCP Delivery Plan includes the transformation and service redesign priorities for the year including the areas requiring investment and dis-investment.
- 4.7 Procurement – None
- 4.8 Economic Impact – None

- 4.9 Sustainability – None
- 4.10 Equalities Implications – None
- 4.11 Other - None

## 5.1 **MANAGEMENT OF RISK**

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

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

## 6.1 **IMPACT**

- 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

## 7.1 **POLICY CHECKLIST**

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

## 8.1 **APPENDICES**

- 8.2 Appendix 1 – HSCP Delivery Plan Dashboard
- 8.3 Appendix 2 – HSCP Delivery Plan Highlight Report
- 8.4 Appendix 3 – HSCP Savings Update 2122 Oct 21











Criteria	Score						Weighting
	0	1	2	3	4	5	
<b>1 Improved Efficiency</b> - Reduced future Capital liabilities, Revenue Savings are secured, Operational Efficiencies are secure	The project will <b>increase</b> capital and/or revenue spend	The project brings <b>no</b> Net Financial OR operational benefits	The project brings <b>minimal</b> Net Financial OR operational benefits	The project brings <b>some</b> Net Financial OR operational benefits	The project brings <b>considerable</b> Net Financial OR operational benefits	The project brings <b>considerable</b> Net Financial <b>AND</b> operational benefits	<b>5</b>
<b>2 Corporate Priorities</b> - Supports Corporate Development Plan Objectives, Alignment with Corporate Objectives, Alignment with Service Plan	The project <b>does not</b> contribute to the Corporate Plan, Corporate Objectives or Service Plan	The project <b>indirectly</b> contributes to the Corporate Plan, Corporate Objectives or Service Plan	The project <b>directly</b> contributes to the Corporate Plan, Corporate Objectives or Service Plan	The project is a <b>key initiative</b> in the Corporate Plan, Corporate Objectives or Service Plan	The project is <b>key to a number of initiatives</b> in the Corporate Plan, Corporate Objectives or Service Plan	The project <b>directly and significantly impacts</b> on the delivery of the Corporate Plan, Corporate Objectives or Service Plan	<b>2</b>
<b>3 Statutory and Legal Responsibilities</b> - Meets statutory/legal requirements, Avoids adverse operational/financial impact, Mitigates Reputational Risk	The project <b>is not</b> a statutory/legal requirement, <b>will not</b> impact on operation or finance <b>AND will not</b> help mitigate risk	The project <b>avoids</b> operation/financial impact <b>OR</b> will help mitigate risk	The project <b>avoids</b> operation/financial impact <b>AND</b> will help mitigate risk	The project is a <b>statutory requirement</b>	The project is a <b>statutory requirement AND</b> will <b>EITHER</b> avoid adverse operational/financial impact <b>OR</b> mitigates against risk	The project is a <b>statutory requirement AND</b> avoids s adverse impact <b>AND</b> mitigates against risk	<b>3</b>
<b>4 Service Delivery</b> - Supports Delivery of existing Services within Budget, Continued acceptable outcomes for Stakeholders, Improves service delivery to customers	The project <b>does not</b> contribute improved or continued service delivery to customers	The project <b>indirectly</b> contributes towards improved or continued service delivery to customers	The project <b>directly</b> contributes towards improved or continued service delivery to customers	The project <b>is a key initiative</b> towards improved or continued service delivery to customers	The project <b>is key to a number of initiatives linked to</b> improved or continued service delivery to customers	The project <b>directly and significantly impacts</b> improvements or continued service delivery to customers	<b>4</b>
<b>5 Maintenance and Enhancement of Core Assets</b> - Enhances the asset or Extends the useful life of the asset (i.e. cost avoidance)	The project <b>does not</b> enhance or extend the life of an asset	The project <b>indirectly</b> enhances or extends the life of an asset	The project <b>directly</b> enhances or extends the life of an asset	The project enhances or extends the life of <b>multiple assets</b>	The project enhances or extends the life of <b>a critical asset</b>	The project enhances or extends the life of <b>multiple critical assets</b>	<b>4</b>
<b>6 Sustainability</b> - Meets the council commitment to the sustainability agenda	The project <b>does not</b> contribute towards delivery of the sustainability agenda	The project <b>indirectly</b> contributes towards delivery of the sustainability agenda	The project <b>directly</b> contributes towards delivery of the sustainability agenda	The project <b>is a key initiative</b> towards delivery of the sustainability agenda	The project <b>is key to a number of initiatives linked to</b> the sustainability agenda	The project <b>directly and significantly impacts</b> sustainability targets	<b>2</b>











## HSCP TRANSFORMATION PROGRAMME 2021/2022

Programme overview				Summary of RAG Status					
Number of Projects <b>27</b>				On Track <b>24</b>	At Risk <b>3</b>		In Exception <b>0</b>		
Priority	Project Name	Previous Status	Current status	Progress	Reason for RAG Status	Original Project End Date	Forecast Project End Date	Decision Required	
65	Delivery of Children's House Project			<div><div style="width: 75%;">75%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time	
57	Learning Disability: service review, action plan and implementation			<div><div style="width: 55%;">55%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time	
52	Digital Health & Care Action Plan: development and implementation			<div><div style="width: 50%;">50%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.	
51	Older people's Day Services: service review, action plan and implementation			<div><div style="width: 70%;">70%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time	
47	Recovery Services commissioned service review, action plan and implementation			<div><div style="width: 50%;">50%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time	
n/a	Covid-19: Critical Response, transition and recovery			<div><div style="width: 70%;">70%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.	
n/a	Strategic Plan 2022-25 development			<div><div style="width: 70%;">70%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.	
n/a	Medium Term Financial Plan 2022-2027			<div><div style="width: 100%;">100%</div></div>	Project complete	31-Mar-2022	31-Mar-2022	Project complete and approved to close. Will be added to completed projects list for next meeting	
n/a	Joint Inspection for Adult Services Action Plan(s): implementation			<div><div style="width: 100%;">100%</div></div>	Project complete	31-Mar-2022	31-Mar-2022	Project complete and approved to close. Will be added to completed projects list for next meeting.	

Priority	Project Name	Previous Status	Current status	Progress	Reason for RAG Status	Original Project End Date	Forecast Project End Date	Decision Required
n/a	Audit Action Plan(s): implementation			<div><div>50%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.
n/a	Property Strategy: development and implementation			<div><div>90%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.
n/a	Community Led Locality Services			<div><div>49%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.
n/a	Joint Commissioning Plan for Unscheduled Care			<div><div>65%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.
n/a	Dementia Strategy			<div><div>50%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.
n/a	Primary Care Improvement Plan			<div><div>30%</div></div>	Project at risk	31-Mar-2022	31-Mar-2022	Please refer to Highlight report
n/a	Fair Access to Community Care Policy			<div><div>33%</div></div>	Project at risk	31-Mar-2022	31-Mar-2022	Please refer to Highlight report
n/a	Continued implementation of Care at Home Improvement Agenda			<div><div>50%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.
n/a	Children's emotional wellbeing and mental health- implement framework			<div><div>80%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.
n/a	Corporate Parenting			<div><div>75%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.
n/a	Keeping Children Safe - Barnahaus Project			<div><div>100%</div></div>	Project complete	31-Mar-2022	31-Mar-2022	Project complete and approved to close. Will be added to completed projects list for next meeting.
n/a	Healthy Lifestyles for Children and Young People			<div><div>75%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.
n/a	Unpaid Work Services			<div><div>33%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.

Priority	Project Name	Previous Status	Current status	Progress	Reason for RAG Status	Original Project End Date	Forecast Project End Date	Decision Required
n/a	Extend the range of diversionary activities			<div><div>100%</div></div>	Project complete	31-Mar-2022	31-Mar-2022	Project complete and approved to close. Will be added to completed projects list for next meeting.
n/a	Outcome focused approach to Justice delivery			<div><div>30%</div></div>	Project is progressing as expected	31-Mar-2022	31-Mar-2022	There are no decisions required at this time.
n/a	Adult Social Care Assurance and Support			<div><div>100%</div></div>	Project complete	31-Mar-2022	31-Mar-2022	Project complete and approved to close. Will be added to completed projects list for next meeting.
n/a	Redesign of Public Dental Services: strategy, action plan and implementation			<div><div>70%</div></div>	Project at risk	31-Mar-2022	31-Mar-2022	Please refer to Highlight report
n/a	Strengthen the Primary Care Dental Service Leadership Capacity			<div><div>100%</div></div>	Project complete	31-Mar-2022	31-Mar-2022	Project complete and approved to close. Will be added to completed projects list for next meeting









## HSCP TRANSFORMATION

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-01-TRA Delivery of Children's House Project				<div><div>75%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Improve services to support care leavers					
Project Sponsor			Project Manager		
Claire Carthy			Raymond Walsh		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
National Strategic Leads Meeting took place on 15th Nov. Interim STAF report published, very positive.			Full updated progress report has been prepared to be presented at Transformation Board. Second cohort of Young People have been identified and will begin training.		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
£330K	£330K	3	N/A		
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-02-TRA Learning Disability: service review, action plan and implementation				55%	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Planning for transition to new Allander Service. Day care – development of infrastructure / community development approach. Project aims to develop informal community assets, social enterprise development, supported and substantive employment, opportunities and volunteering services					
Project Sponsor			Project Manager		
David Aitken			Richard Murphy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Project on target for this year – project will extend for a minimum of two years with the new building on the Allander site due to open in October / November 2022. Project Steering Group established. Four workstreams now established with Leads. The Last Steering Group meeting was held on the 16th December 2021. Funding now secured for Local Area Co-ordinator (LAC), LD post to support employability/supported accomm. initiatives .			Project Lead appointed and due to take up post Feb / March 22. Progress approval / recruitment of 2 LAC posts as part of jointly funded employment initiative, development of project plan, continue to request support from Council transformation team. Transitions work stream options paper for potential outlook / outreach model to be developed. Next Steering group due to meet February 2022.		
Key Issues and Risks Requiring Escalation					
Development of new resources / projects will require additional funding or re modelled service delivery model which will be a challenge given time limitations and ongoing Covid 19 pandemic – Funding of £40k now confirmed through 'Skills For Learning, Life & Work' in addition to MH Action 15 funding. Potential risk to Action 15 funding, however funding expected to recur and balance available through reserves.					
Decision Required					
There are no decisions required at this time					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Yr)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	5,6	N/A		
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets

Commented [AB1]: Should this project be amber











PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-03-TRA Digital Health & Care Action Plan: development and implementation				<div><div>50%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Develop and initiate new digital health and care action plan					
Project Sponsor			Project Manager		
Derrick Pearce			Allyson Blue; Elaine Marsh		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Maturity assessment underway, some issues in progressing across the Board			Further engagement with Digital Office to finalise Digital Maturity Assessment Develop Digital Action Plan in line with new strategic plan and outcome of maturity assessment		
Key Issues and Risks Requiring Escalation					
Leadership Forum planned for 13-01-21 cancelled due to operational extremis linked to Covid – delay to completion of digital maturity assessment impacting completion of Digital Action Plan					
Decision Required					
There are no decisions required at this time. Note the need for investment through possible use of reserves to support spend to save / pilot initiatives. Note risk to delay of completion.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
£55k	£55k	5, 6	Digital Foundations		
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

Commented [AB2]: Should this project now be amber?









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-04-TRA Older people's Day Services: service review, action plan and implementation				<div><div>70%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Undertake review of Day Care and daytime activity resources for Older People					
Project Sponsor			Project Manager		
Derrick Pearce			Kelly Gainty; Richard Murphy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<p>The consultation period closed at the end of October 2021. The consultation replies were analysed and the Strategic review is in draft form. There continues to be discussions with Planning and Commissioning and the two day centres (Oakburn and Birdston) regarding temporary commissioning arrangements for April 2022 to March 2024 and the outcome of these discussions is awaited as this will determine way forward in the temporary arrangements. An Options appraisal has been completed and arrangements are awaited regarding including other stakeholders as part of the options appraisal process. The EQIA has been written.</p>			<p>Finalise interim commissioning arrangements and take to Full Council for sign off in February 2021.</p>		
Key Issues and Risks Requiring Escalation					
Risk to interim commissioning arrangements due to provider challenge on proposed contract value and service levels – being mitigated and actions to address are in place.					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
£50,000		6			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets

Commented [AB3]: Should this project now be amber









PROJECT RAG STATUS UPDATE









Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-05-TRA Recovery Services commissioned service review, action plan and implementation				<div><div>50%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Re shape commissioned Services for MH / Alcohol and Drug Services					
Project Sponsor			Project Manager		
David Aitken			Gillian Healey; Stephen McDonald		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
PID Completed and draft project plan established. Initial consultation and engagement sessions with HSCP Staff and Council completed Provider forum held on the 28th September 2021 Consultation and Engagement – Agreement from MH Network and Scottish Drugs Foundation to work on a collaborative basis to seek to consult with now also secured. Support of ihub to the process has been agreed. Consultation/engagement support to be supported by Mental Health Network and Scottish Drugs Forum. Initial engagement with commissioned services leads: Provider Forum held on the 28thSept 21			Joint / integrated engagement plans to be developed with SDF & MH Network due to be reported end January 2022. Strategic Commissioner Post funded from Carers Funding to be progressed to recruitment, development of project group to take forward programme of work, workshops to be arranged with commissioned service providers to develop Alliance contract thinking and collaborative approach as part of stakeholder engagement, MH strategic paper to be completed with outline Commissioning / Delivery plan to set strategic direction for these services, financial framework to be developed.		
Key Issues and Risks Requiring Escalation					
Progression of Strategic Commissioner Post which is becoming more critical as the project proceeds – Action 1.5 funding secured but requires recruitment by 31 <sup>st</sup> March 2022 to secure funding on a recurring basis. Limited support available to project, commissioning resource limited.					
Decision Required					
There are no decisions required at this time					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Yr)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	4, 5	N/A		
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

Commented [AB4]: Should this project now be amber

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-06 Covid-19:Critical Response, transition and recovery				<div><div>70%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Delivering health and social care services in new ways taking account the lessons learned during Covid-19					
Project Sponsor			Project Manager		
Caroline Sinclair			Alan Cairns		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Transition and Recovery Plan has been approved by the HSCP Board. Service-level Business Continuity Plans are now undergoing annual review and update. Overarching BCP and composite response management tools also being updated and improved. New Operational Response Group (ORG) established to manage active response in support of SMT and LRMT. LRMT restarted from 18/11/21 to oversee active period during winter. Investment in workplace Audio Visual equipment has been made to KHCC, costing £10,400. Impact analysis of Covid-19 on population H&SC needs now underway with support from PHS.			Complete update of departmental and overarching Business Continuity Plans in line with annual update schedule. Update HSCP-wide response management schedule and service consolidation arrangements. Continue analysis of pandemic impact on health and social care population needs		
Key Issues and Risks Requiring Escalation					
There are no significant issues or risks at this time					
Decision Required					
There are no decisions required at this time					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	3, 4, 5, 6	N/A		
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-07 Strategic Plan 2022-25 development				<div><div>70%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Strategic Plan 2022 – 2025 approved by IJB following development, consultation and engagement processes by 31/03/22					
Project Sponsor			Project Manager		
Caroline Sinclair			Alison Willacy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<ul style="list-style-type: none"> <li>- Drafted priorities and disinvestment options with SMT</li> <li>- Drafted measures of success in support of the Strategic Priorities</li> <li>- Draft plan started</li> <li>- Approval of SPG and HSCP Board in relation to draft investment and disinvestment proposal and success measures attached to the strategic priorities.</li> </ul>			<ul style="list-style-type: none"> <li>- Finalise locality plans for inclusion</li> <li>- Agree priorities and disinvestment options with SMT</li> <li>- Finalise measures of success in support of the Strategic Priorities</li> <li>- Seek approval of SPG and HSCP Board in relation to finalised investment and disinvestment proposal and success measures attached to the strategic priorities.</li> <li>- Finalise draft plan</li> <li>- Seek approval of draft plan from SPG and HSCP Board and seek approval from HSCP Board for stage 2 statutory engagement and consultation.</li> </ul>		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time					
Decision Required					
There are no decisions required at this time					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	1, 2, 3, 4, 5, 6			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-08 Medium Term Financial Plan 2022-2027				<div><div>100%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Medium term financial outlook which sets the basis for financial, strategic and service planning for the next 5 years bv 24 June 2021					
Project Sponsor			Project Manager		
Jean Campbell			Jean Campbell		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Medium Term Financial Plan completed and approved through IJB in June 2021			No actions to report as project is complete		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time					
Decision Required					
The Project Board agreed the closure of this project at the meeting held on 3 <sup>rd</sup> December 2021 and this report will be removed from future highlight reports and added to the completed /closed list of projects.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformati on	Other Intended Benefits	
N/A	N/A	1, 2, 3, 4, 5, 6			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-09 Joint Inspection for Adult Services Action Plan(s):implementation				<div><div>100%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
All outstanding actions completed in-year and reported to IJB via HSCP PAR committee					
Project Sponsor			Project Manager		
David Aitken			Kirsty Kennedy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
UC Commissioning plan updated and notified through IJB			Commissioning priorities and action plan will link in with future iteration of Strategic Plan		
Workstreams to be delivered in year are on track					
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time					
Decision Required					
The Project Board agreed the closure of this project at the meeting held on 3 <sup>rd</sup> December 2021 and this report will be removed from future highlight reports and added to the completed/closed list of projects.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformati on	Other Intended Benefits	
N/A	N/A	5,6			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					



PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-10 Audit Action Plan(s): implementation				<input type="text" value="50%"/>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
All outstanding actions due to be completed in 21/22, completed in-year					
Project Sponsor			Project Manager		
Jean Campbell			Gillian McConnachie		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
There are 7 outstanding audit actions – progress on a number of these including review of bad debt provision, development of commissioning structure to support HSCP commissioning, progress of contractual elements of care at home review through SXL			Conclude outstanding actions – some delays due to Covid response requiring revised timescales		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	3,5,6			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-11 Property Strategy: development and implementation				<div><div>90%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Property Strategy for the HSCP					
Project Sponsor			Project Manager		
Jean Campbell			Vandrew McLean		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Property strategy developed and consulted through the HSCP Property Strategy Group, business case developed for options for accommodation in the short / medium term within the West Locality. Options under development for East Locality including Bishobriaas / Auchinairn			Finalise strategy and present for approval to IJB, progress options for accommodation to support delivery of strategic objectives across West and East Locality. Work with strategic partners and stakeholders to develop a coherent strategy to support the delivery of health and social care services going forward.		
Key Issues and Risks Requiring Escalation					
Funding identified in short terms which require further consideration in longer term. Options for integrating teams in the West Locality require Council approval and support to progress further planning.					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	5			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-12 Community Led Locality Services				<input type="text" value="49%"/>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2022		31-Mar-2022		03-Dec-2021	
Project Description					
Implement East and West MDT teams case management operationally. Identify temporary West and Bishopbriggs/ Auchinairn staff location					
Project Sponsor			Project Manager		
Derrick Pearce			Kathleen Halpin; Fiona Munro		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Accommodation issues to co-locate teams, recruitment to advanced practice roles in progress with SG funding over next 3 years			Extend MDT discussions within 3rd locality		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time.					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	5,6			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-13 Joint Commissioning Plan for Unscheduled Care				<div><div>65%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Initiate HSCP level programme of unscheduled care joint commissioning plan actions					
Project Sponsor			Project Manager		
Derrick Pearce			Fiona Munro; Alison Willacy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Financial gap initially identified has been addressed via recurring Winter pressures funding. The additional funding has enabled us to progress thinking around a more robust interface model and community based wrap around care. Financial gaps in relation to planned developments now addressed via Winter Social Care and MDT Funding.			Awaiting feedback from all other GCC HSCP IJBs Joint commission plan and financial framework will be updated as appropriate to reflect feedback from all GGC HSCP IJBs. Updated reports will be presented to IJB in March 2022 Ongoing delivery and review of current service models.		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	5, 6			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name	Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-21-14 Dementia Strategy			<div>50%</div>	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Increase the capacity of the post diagnostic support service					
Project Sponsor			Project Manager		
Derrick Pearce			Fiona Munro		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Recruitment of PDS workers in progress			Progress to recruitment Undertake review of service model and adjust as required – immediate action in next period to close off on financial review with Alzheimer's Scotland for their element of delivery		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	6			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-15 Primary Care Improvement Plan				<input type="text" value="30%"/>	Amber – Project at risk
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Review progress against current plan, refresh PCIP for 21/22 and consult of refreshed PCIP					
Project Sponsor			Project Manager		
Derrick Pearce			Derrick Pearce		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Tracker submitted to Scottish Government Bid for winter pressures funding submitted to Scottish Government			Implement outcome of pressures funding bid – £270K in 2021/22 Take tracker and winter pressures bid outcome to IJB		
Key Issues and Risks Requiring Escalation					
Ability to deliver on this year's commitments constrained by insufficient funding to deliver full extent of MOU commitments, accommodation issues and ongoing pandemic response.					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformati on	Other Intended Benefits	
N/A	N/A	5, 6			
Drivers for Change					
Improved efficiencv	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name	Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-21-16 Fair Access to Community Care Policy			33%	Amber – Project at risk	
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Continue to implement, Transport Policy, Review of sleepovers and consistent application of existing charging policies					
Project Sponsor			Project Manager		
David Aitken			Stephen McDonald		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Progress made review team has been adversely affected by Covid 19, reduced staff capacity and structural issues working through congregate services which have not fully resumed following pandemic shut down.			Monthly progress reporting arrangements established. Reviews completed within all supported accommodation LD providers by the 31st December 2021 – 91 reviews completed to date. Charges, alternative service provision and removal of the duplication of service provision (ie 24/7 residential care + five day daycare) targeted.		
Key Issues and Risks Requiring Escalation					
'Schedule of Rates' requires to be prepared to equip the team with the tools they need to best facilitate the move to reviews of community packages from the start of 2022, and in order to generate the most savings.					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
£200,000	£65k achieved to date (further £15k identified)	5, 6		Significant potential savings have been identified which could be achieved with the possible decommission of a Quarriers Service with alternative placements provided from existing / future voids which could achieve significant savings – will require further review and engagement with relevant stakeholders and LD & Planning /Service Development Teams.	
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-17 Continued implementation of Care at Home Improvement Agenda				<div><div>50%</div></div>	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2022		31-Mar-2022		03-Dec-2021	
Project Description					
Conclude benefits realisation stage of strategic review. Delivery of Inspection Action Plan. Develop Commissioning Delivery Plan 22/25. Implement Quality Assurance Framework. Implementation Action Plan					
Project Sponsor			Project Manager		
Derrick Pearce			Donna Gibson; Richard Murphy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Data analysis underway Liaison meeting with Care Inspector held Jan 2022 – improvements and strong direction of travel noted			Progress next stages of care at home commissioning, benefits realisation meeting set up to evaluate project delivery.		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time.					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	6			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets



PROJECT RAG STATUS UPDATE								
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status			
HSCP-21-18 Children's emotional wellbeing and mental health-implement framework				<div><div>80%</div></div>	Green – Project on track			
Original Project End Date	Forecast Project End Date	Date of last project board						
31-Mar-2022	31-Mar-2022	03-Dec-2021						
Project Description								
Framework implemented								
Project Sponsor			Project Manager					
Claire Carthy			Claire Carthy					
HIGHLIGHT REPORT								
Actions completed within the last reporting period			Actions planned in the Next Reporting Period					
<p>Draft Children's Mental Health and Wellbeing Strategy has been developed.</p> <p>A Children's Mental Health Steering Group has been established.</p> <p>Reporting outcomes and financial tracking oversight group has been established.</p> <p>Invested £250,000 of grant award in service enhancement.</p>			<p>Continue implementation of the framework.</p> <p>Upskill and build capacity in the workforce.</p>					
Key Issues and Risks Requiring Escalation								
There are no significant risks or issues at this time.								
Decision Required								
There are no decisions required								
Benefits								
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformati on	Other Intended Benefits				
N/A	N/A	3						
Drivers for Change								
Improved efficiencv	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets			
								

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-19 Corporate Parenting				<div><div>75%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Implement the Corporate parenting Action Plan. Children and Young People Scotland Act 2014. The Promise – outcome of independent care review into Children’s Residential Care. PID refreshed.					
Project Sponsor			Project Manager		
Claire Carthy			Raymond Walsh		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Established a care experienced champions board.			Review and refresh Corporate Parenting Strategy. Appoint a lead professional to oversee the implementation of The Promise.		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time.					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	3			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-20 Keeping Children Safe – Barnahaus Project				<div><div>100%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Participate in North Strathclyde Pilot for joint investigative interview					
Project Sponsor		Project Manager			
Claire Carthy		Suzanne Greig			
HIGHLIGHT REPORT					
Actions completed within the last reporting period		Actions planned in the Next Reporting Period			
Project completed		Engage with SG regarding the national roll out of the Barnahaus and SCIM models.			
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time.					
Decision Required					
The Project Board agreed the closure of this project at the meeting held on 3 <sup>rd</sup> December 2021 and this report will be removed from future highlight reports and added to the completed/closed list of projects.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	3			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name	Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-21-21 Healthy Lifestyles for Children and Young People			<div><div>75%</div></div>	Green – Project on track	
<b>Original Project End Date</b>	<b>Forecast Project End Date</b>	<b>Date of last project board</b>			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
<b>Project Description</b>					
Deliver health improvement objectives of Integrated Children's Services Plan					
<b>Project Sponsor</b>			<b>Project Manager</b>		
Claire Carthy			David Radford		
<b>HIGHLIGHT REPORT</b>					
<b>Actions completed within the last reporting period</b>			<b>Actions planned in the Next Reporting Period</b>		
			Continue to implement the Children and young People's Mental Health Framework. Continue to develop Sexual Health Services for young people.		
<b>Key Issues and Risks Requiring Escalation</b>					
There are no significant risks or issues at this time					
<b>Decision Required</b>					
There are no decisions required					
<b>Benefits</b>					
<b>Target £ (Indicate Year)</b>	<b>Actual Predicted (Indicate Year)</b>	<b>LOIP (Specify Numbers)</b>	<b>Digital Transformation</b>	<b>Other Intended Benefits</b>	
N/A	N/A	3			
<b>Drivers for Change</b>					
<b>Improved efficiency</b>	<b>Corporate priorities</b>	<b>Statutory &amp; Legal</b>	<b>Service Delivery</b>	<b>Sustainability</b>	<b>Maintenance &amp; Enhancement of core assets</b>









**Commented [AB5]:** What are actions complete in last period and actions planned in next? Please update this report, not pentana

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-22 Unpaid Work Services				33%	Green – Project on track
Original Project End Date		Forecast Project End Date		Date of last project board	
31-Mar-2022		31-Mar-2022		03-Dec-2021	
Project Description					
Clear backlog of Court Cases (UPW and Supervision) and bring service back in line with pre-Covid service provision					
Project Sponsor			Project Manager		
Claire Carthy			Alex O'Donnell		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Significant progress has been made catching up with the outstanding unpaid work hours which were stopped due to Coronavirus national guidance.			Closely monitor outstanding hours. Design and develop innovative approaches to enable service users to complete their hours.		
Key Issues and Risks Requiring Escalation					
Risk that the hours will not be completed within the timescale decreed by the Courts.					
Decision Required					
There are no decisions required					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	n/a	4			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets









Commented [AB6]: Should this project now be amber









PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-23 Extend the range of diversionary activities				<div><div>100%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Expand the range of diversionary activities available in East Dumbarton to offer to court: – Diversion, – Structured Deferred Sentence. – Bail Supervision					
Project Sponsor			Project Manager		
Claire Carthy			Alex O'Donnell		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
A range of diversionary activities and SMART outcomes are in place and recommended to Scottish Courts for disposal.			Project complete. SMART Diversionary activities are being used by Scottish Courts for EDC Justice.		
Also extended to structured diversion.			Extended to Structured Diversion.		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time					
Decision Required					
The Project Board agreed the closure of this project at the meeting held on 3 <sup>rd</sup> December 2021 and this report will be removed from future highlight reports and added to the completed/closed list of projects.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformati on	Other Intended Benefits	
n/a	n/a	4			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name	Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-21-24 Outcome focused approach to Justice delivery			<input type="text" value="30%"/>	Green – Project on track	
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Improve performance reporting and develop a methodology to measure the outputs and outcomes of the Community Justice Partnerships					
Project Sponsor			Project Manager		
Claire Carthy; Derrick Pearce; Alison Willacy			Claire Carthy; Alex O'Donnell; Derrick Pearce		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<p>Transferred the Carefirst database from West Dunbartonshire to ourselves to ensure data is held within our own systems.</p> <p>Data transfer was successful.</p>			<p>Establish a reporting and analytical group.</p>		
Key Issues and Risks Requiring Escalation					
Dependency on Community Justice partnership to develop methodology					
Decision Required					
There are no decisions required at this time					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
N/A	N/A	4			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-25 Adult Social Care Assurance and Support				<div><div>100%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Operate multi-disciplinary adult social care assurance and oversight arrangements until March 2022. Implementation of HSCP Care Home Support Service. TOR					
Project Sponsor			Project Manager		
Derrick Pearce			Leanne Connell; Kathleen Halpin; Gillian Healey; Richard Murphy; Derrick Pearce		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Refreshed local processes in line with SG requirements, set up infrastructure, now part of mainline activity.			Project complete. Processes and structure in place to support assurance requirements from SG		
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time					
Decision Required					
The Project Board agreed the closure of this project at the meeting held on 3 <sup>rd</sup> December 2021 and this report will be removed from future highlight reports and added to the completed/closed list of projects.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
n/a	n/a	6			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					



PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-26 Redesign of Public Dental Services: strategy, action plan and implementation				<div><div>70%</div></div>	Amber – Project at risk
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Action plan to support redesign of PDS. Engagement with staff and stakeholders. EQIA for further public engagement undertaken					
Project Sponsor			Project Manager		
Lisa Johnston			Alison Willacy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
<p>4 workstreams / working groups establish to baseline, investigate future opportunities and recommend ways forward in relation to:</p> <ul style="list-style-type: none"><li>– Workforce</li><li>– Estates</li><li>– Clinical Author</li><li>– IT</li></ul> <p>Work is complete and a draft report produced</p>			<p>Project paused awaiting SG update on return of dental services. Receive clarity on expectations and remit from SG in relation to PDS moving forward in light of increased demand for emergency dental care and implement as required.</p> <p>Sign off on draft report and authorisation to consult with stakeholders.</p> <p>Begin working on action plan to support the redesign of PDS.</p>		
Key Issues and Risks Requiring Escalation					
<p>Uncertainty in relation to the expectation and remit on PDS from Scottish Government.</p> <p>Once expectations known, any appropriate amendments would be made to the report and actioned accordingly.</p> <p>Project Board is aware of situation.</p>					
Decision Required					
<p>Project Board to approve pause of project until clarity from SG on return of general dental services.</p>					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
n/a	n/a	3, 5			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-21-27 Strengthen the Primary Care Dental Service Leadership Capacity				<div><div>100%</div></div>	Green – Project on track
Original Project End Date	Forecast Project End Date	Date of last project board			
31-Mar-2022	31-Mar-2022	03-Dec-2021			
Project Description					
Recruitment to key roles in Primary Care Dental Service to strengthen clinical leadership					
Project Sponsor			Project Manager		
Lisa Johnston			Alison Willacy		
HIGHLIGHT REPORT					
Actions completed within the last reporting period			Actions planned in the Next Reporting Period		
Appointed a Clinical Director for PDS, 3 Associate Directors and a Lead Dental Practice Advisor, to ensure a standardised structure across Primary Care Dental Services.			Project Complete. Leadership capacity now in place.		
All staff in post and structure is established and working well.					
Key Issues and Risks Requiring Escalation					
There are no significant risks or issues at this time					
Decision Required					
The Project Board agreed the closure of this project at the meeting held on 3 <sup>rd</sup> December 2021 and this report will be removed from future highlight reports and added to the completed/closed list of projects.					
Benefits					
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other Intended Benefits	
n/a	n/a	3, 5			
Drivers for Change					
Improved efficiency	Corporate priorities	Statutory & Legal	Service Delivery	Sustainability	Maintenance & Enhancement of core assets
					

**East Dunbartonshire HSCP**

**Financial Planning 2021/22 - Savings Programme**

Workstream	Action	Lead	Full Year Impact 21/22	Saving Achieved 21/22	Comments
Policy Service Change	<b>Service Redesign (19/20 Savings C/wd)</b> Fair Access to Community Care Review of Daycare	David Derrick	200	200	On Track
			50	50	On Track
			250	250	
Assets Service Change Service Change	<b>Service Redesign (20/21 savings c/fwd)</b> Children's Services 'House' Project Development LD Supported Accommodation Review (In House Service) LD Supported Accommodation Review (Commissioned Services)	Claire David David	400	400	On Track
			0		
			0		
			400	400	
	<b>TOTAL C/fwd Savings Programme 21/22</b>		<b>650</b>	<b>650</b>	
Efficiency	<b>New Savings 21/22</b> Review of Health Improvement Budgets (health)		26	26	On Track
	<b>Total Approved Savings Programme 21/22</b>		<b>676</b>	<b>676</b>	
<b>Historic Savings</b> <b>- reflected in Budget 21/22</b>	CM2000	Derrick	150	0	Block contracts awarded - will not progress, alternative to be scoped
	Voluntary Sector - 5% Efficiency	Gillian	185	46	Assume half year - capture efficiencies post Covid
	Sleepovers	David A	13	0	Fire safety risk impacting delivery of this proposal
	Fair Access to Community Care	David A	50	50	On Track
	Review of Mgt Structure	Caroline	25	0	Interim structure in place pending review - delay due to Covid
	House Project	Claire	200	200	On Track
	Review of Daycare East	Derrick	25	25	On Track - met through capacity in expenditure budgets
	Total		648	321	
	Un achieved Savings - Covid related			164	Included within LMP Return - assume funded through SG
	<b>Total Savings 21/22</b>		<b>1,324</b>	<b>1,161</b>	
	<b>Shortfall</b>			<b>163</b>	

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

**DATE OF MEETING:** 21 JANUARY 2022

**REPORT REFERENCE:** HSCP/210122/06

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

**SUBJECT TITLE:** CARE AT HOME SERVICE INSPECTION  
JULY 2021

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**1.1 PURPOSE**

- 1.2** The purpose of this report is to appraise members of the outcome of the Care Inspectorate Inspection of the internal Care at Home (Homecare) Service in July 2021.

**2.0 RECOMMENDATIONS**

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

- 2.1** Note the outcome the most recent Care Inspectorate Inspection of the internal Care at Home Service and Action Plan in response;
- 2.2** note the significant improvements observed by the Care Inspectorate at a time of extreme pressure for this frontline service central to the HSCP response to the Covid-19 pandemic; and
- 2.3** note the intention to bring forward an update report after the re-inspection of the service in relation to two new Requirements.

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

### 3.1 **BACKGROUND/MAIN ISSUES**

3.2 The HSCP Internal care at home service was inspected by the Care Inspectorate over 4 days in July 2021. This was an unannounced inspection. The dimensions that were inspected are noted below, along with the corresponding grades and descriptors awarded by the Care Inspectorate.

3.3 Dimensions and Grades:

**How well do we support people's wellbeing? 4 – Good**

**How good is our leadership? 3 – Adequate**

**How good is our staff team? 4 – Good**

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

**How good is our care and support during the Covid-19 pandemic? 4 – Good**  
(Not part of the overall graded inspection)

3.4 The overall grade awarded to the service as a result of the inspection was therefore **3 – Adequate**. The overall grade is always aligned to the lowest grade received.

3.5 The inspection outcome represents an improvement in all dimensions since the last inspection in September 2019 but the overall grade remained the same. While the service had hoped for a more positive overall grade, in recognition of their successful work to sustain quality of care, and respond positively to the frequently changing challenges of the pandemic, the outcome has been accepted and the service continues on its improvement journey.

3.6 When last inspected the service was given three Requirements and two Recommendations (Areas for Improvement).

3.7 Upon Inspection in July 2021 it was determined that the service has met the previous Requirements and Recommendations. Two new Requirements were issued, as follows:

**Requirement 1:** To ensure people receive high quality care, the provider must put in place an effective quality assurance system by 20 January 2022.

The system must include:

- gathering and analysis of key areas of operation;
- identification of areas requiring actions; and
- details of nominated people responsible and clear timescales for completion.

**Requirement 2:** To ensure that people's needs are met safely and in a person centred way, the provider must put in place the following action by 20 January 2022.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

3.8 An Inspection Action Plan is in place and is appended to this report at Appendix 2. The Action Plan describes the two Requirements and the service's response to those. Actions are progressing well and in line with planned timescales, despite continued challenges for the service linked to the pandemic and increasing demand.

- 3.9** It is anticipated that the Service will be re-inspected in early February 2022. In internal mock inspection is planned to take place week commencing 17 Jan 2022. The outcome of this mock inspection will determine final actions needed to facilitate a further improvement for noting by inspectors.

#### **4.1 IMPLICATIONS**

The implications for the Board are as undernoted.

- 4.2** Relevance to HSCP Board Strategic Plan;- Care at Home services contribute to the delivery of all HSCP Strategic Plan objectives.

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

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

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

- 4.5** Legal Implications – None

- 4.6** Financial Implications – None

- 4.7** Procurement – None

- 4.8** Economic Impact – None

- 4.9** Sustainability – None

- 4.10** Equalities Implications – None

- 4.11** Other - None

#### **5.1 MANAGEMENT OF RISK**

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

- 5.2** There are no new risks arising from this report

## **6.1 IMPACT**

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

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

**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.

## **8.1 APPENDICES**

**8.2** Appendix 1. Inspection Report July 2021

**8.3** Appendix 2. Inspection Action Plan October 2021

# Home Care Services - Mainstream Team Housing Support Service

Kirkintilloch Health Care Centre  
10 Saramago Street  
Kirkintilloch  
G66 3BF

Telephone: 01415 782 101

Type of inspection:  
Announced (short notice)

Completed on:  
23 July 2021

Service provided by:  
East Dunbartonshire Council

Service provider number:  
SP2003003380

Service no:  
CS2004082079



## About the service

Home Care Services - Mainstream Team provides care at home services to people living in East Dunbartonshire. The provider is East Dunbartonshire Council.

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

The service's aims and objectives are:

'We believe that people who use our care at home services have the right to the same respect, dignity and privacy we would expect for ourselves. As individuals and as a team we commit to continually develop and improve our care for individuals. We will strive to achieve the best outcomes for all. We will do this through reflective practice, effective communication, good teamwork and warm professionalism. We will lead by example and act as supporters, advocates and carers for the most vulnerable in our society.'

At the time of our inspection, the service supported 440 people.

## What people told us

The ongoing restrictions of the Covid-19 pandemic meant we were not able to visit people in their homes. Our inspection volunteer spoke via telephone to people receiving support and family members.

People were very satisfied with the support they received. They told us that the service was reliable and consistent. They told us staff were reliable and caring.

A family member said they were '...absolutely delighted...' with the care given to their loved one and described the staff as '...absolutely wonderful.' Another commented that there had been a marked improvement in their parent's wellbeing in the short time the service had been providing support.

Family members appreciated the efforts the service made to keep them up to date with any concerns about their relatives.

## From this inspection we evaluated this service as:

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

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

How good is our care and support during the COVID-19 pandemic?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

People told us that they received professional and caring support from staff they knew. They said they were given respect, treated with dignity and staff listened to their wishes.

The service employed senior carers who, as well as providing direct care, also had supervisory responsibilities. These included directing staff, dealing with issues like staff running late or service users requiring additional support. This meant any potential interruptions to support visits were minimised and people were provided with extra support quickly and by staff they knew.

Staff told us they were provided with the information they needed to provide appropriate support to people. They said the service's electronic system kept them up to date with any changes and allowed them to alert managers of any concerns.

The service actively contributed to people's health and wellbeing. There was clear guidance for staff when supporting people with medication. This ensured people got the right medication, in the correct dose at the correct time. We saw examples of close working between health care staff and home carers. This included home carers following directions to manage pressure ulcers and reporting progress or concerns to health colleagues.

Health care professionals we spoke to confirmed the service worked closely with them to ensure good health and wellbeing for people.

## How good is our leadership?

3 - Adequate

Since our last inspection, there had been changes in the management of the service. We acknowledged the commitment of the new leadership to develop the service and improve outcomes for people.

Core training had been reviewed and changed to ensure carers get the most appropriate training to support them in their work and improve outcomes for people.

Staff told us that they felt better supported since the change of management. They said the introduction of senior carers at local level had improved communication and made the service more flexible when required; for instance, when staff might be running late.

Quality assurance systems are important in providing managers evidence of how well things are going as well as identifying areas requiring action and improvement.

The service's approach to quality assurance requires to be developed to be useful. The service gathered some information, for instance 'flash reports', which contained numerical information about some of its

activities, but was not able to demonstrate how it might be used. A training needs analysis of home carers was not relevant to the development of home care staff. We found information on staff training to be incomplete and unreliable.

We previously made a requirement on quality assurance. This will be replaced with a new requirement. (See requirement 1).

## Requirements

1. To ensure people receive high quality care, the provider must put in place an effective quality assurance system by 20 January 2022. The system must include:

- gathering and analysis of key areas of operation;
- identification of areas requiring actions; and
- details of nominated people responsible and clear timescales for completion.

Key areas of operation include the quality and consistency of supports provided and development of staff.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and  
In order to comply with Regulation 4(1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

## How good is our staff team?

4 - Good

Staff told us they were confident in their work and were given appropriate information about service users and their support needs. They said they felt they made a positive difference to people's lives.

Staff saw having senior carers as part of their local team as very positive. It allowed them quick access to colleagues with some responsibility and authority. This meant important issues could be dealt with quickly. For instance, if staff were delayed, the senior carer would ensure alternative arrangements were made to avoid people missing essential assistance.

The service had a comprehensive training programme for staff. This included supporting people with medicines, dementia and protecting vulnerable adults. Some senior carers had been trained to deliver moving and assistance training. This will allow the service to deliver courses when necessary, including refresher training without relying on external providers. Staff told us they benefitted from the training and saw it as relevant to their work. Managers and senior carers were taking part in dementia training at an advanced level.

Carers say they feel very well supported by senior carers but also see management as visible and approachable. The service uses direct observations of practice to ensure staff are carrying out their roles competently; for instance, supporting people with medication. Staff received regular supervision which allowed time to discuss the supports people received and any changes required. Supervision also provided time to discuss developmental or training needs as well as updates to relevant policies or practice.

## How well is our care and support planned?

## 3 - Adequate

Personal plans, sometimes called care plans, provide information about people being supported. They should be person centred, providing background information about the person, their life experiences, interests and preferences. What support is required and how it should be delivered should be agreed with the person supported and their family, if appropriate. This approach helps identify what difference the support will make to the person's life and what the desired outcomes are. They should be reviewed at least every six months, with people and the service looking to see what works and agreeing changes if relevant.

The service had recommenced face-to-face reviews of care in recent months. Prior to this, people or family members were contacted on a regular basis to discuss the supports provided and any concerns or issues. We discussed with the managers how these could contribute to the formal review process. We've reminded the service of the requirement for reviews to take place no less than every six months.

The plans we read provided staff with good information about the tasks they should do. With some exceptions, they did not provide information about the person. Plans did not provide details about intended outcomes. People, therefore, could not be confident in staff supporting them to achieve outcomes and how progress towards these could be measured.

Risk assessments are included in care plans to identify potential risk or harm. People could be confident of provision of guidance on how to avoid or reduce these risks. The service undertook assessments of people's homes and environments, including things like potential hazards in entering and exiting homes and electrical safety. It did not do assessments of the risks involved in supporting people to move and transfer safely, or in supporting people with medications where there might be issues around people's co-operation in taking the prescribed drugs. This means that potential risks are not properly evaluated and risks to people and staff are not managed.

We have made a previous requirement on personal plans. A new requirement is made that includes action required on risk assessments. (See requirement 1).

### Requirements

1. To ensure that people's needs are met safely and, in a person centred way, the provider must put in place the following action by 20 January 2022.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

The support plan must be:

- person centred, reflecting the person's life experiences, attributes and interests; and
- outcome focussed, with details of intended outcomes and how progress is measured.

People and/or their representative must be fully involved and informed about their support plan.

Risk assessments must be in place where there is potential for harm to the person supported and/or staff. These should detail the risk and how this will be reduced or eliminated.

Reviews of care must take place at least every six months with each person using the service. These must evaluate progress on outcomes. Risk assessments must be reviewed at the same time as care reviews.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

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

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

In order to comply with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

## How good is our care and support during the COVID-19 pandemic?

4 - Good

The service had continued to provide support to people throughout the pandemic. A survey of people receiving support took place during the pandemic. People were asked about the reliability of the service during this time. A majority of people said the service had been consistent throughout, with a small number saying the service had improved overall. Where people had expressed concerns and agreed to be contacted, the service took action to resolve these.

A contingency plan was available to deal with any potential future disruption to staffing. This detailed how staff from other care sectors could be brought in to assist.

Staff told us that they were provided with adequate supplies of personal protective equipment (PPE). Relevant training was provided to staff on infection prevention and control, including PPE and understanding of Covid-19. Managers and senior carers ensured consistent good practice by observing staff donning and doffing PPE.

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

### Requirements

#### Requirement 1

To ensure that people's needs are met the provider must put in place the following action by the 1st December 2019.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

The support plan must be person centred and outcome focussed.

People and/or their representative must be fully involved and informed about their support plan.

Reviews must take place at least every six months with each person using the service. (Sample reviews since April 21)

Service has access to clinical portal.

This ensures care and support is consistent with the Health and Social Care Standards which state "my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 18 August 2019.

#### Action taken on previous requirement

New managers have begun to make progress on requirements. This is met. However, a new requirement is made that encompasses outstanding issues.

#### Met - outwith timescales

#### Requirement 2

To ensure that people receive high quality care from a skilled and competent workforce the provider must put in place the following actions by the 1st December 2019:

All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency.

A training needs analysis for all staff.

Evidence of specialist training in place for staff to support people with dementia, such as the Promoting Excellence training, and specialist training in end of life and palliative care.

This requirement was made on 18 July 2019.

#### Action taken on previous requirement

Induction programme is comprehensive and contains appropriate training. There is additional support through shadow shifts and regular supervisory contact. Training needs analysis aspect not met but will be dealt with requirement on quality assurance. This requirement is met.

Met - outwith timescales

### Requirement 3

To ensure people receive high quality care the provider must put in place an effective quality assurance system by 1 December 2019.

This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

It also complies with Regulation 4 (1) (a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 18 July 2019.

#### Action taken on previous requirement

Some progress made. New requirement made regarding outstanding issues.

Met - outwith timescales

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

### Areas for improvement

#### Previous area for improvement 1

The providers should improve the support staff receive by putting in place the following actions:

All staff should have regular supervision to discuss and reflect on their practice in line with best practice.

All staff should have an appraisal to support them in and to develop in their role. All staff should have their competency assessed for the work they undertake on a regular basis which should form part of the supervision and appraisal system.

Direct observation of staff practice should be undertaken to ensure staff are competent in their practice.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This area for improvement was made on 18 July 2019.

#### Action taken since then

Evidence provided of staff receiving regular supervision and annual appraisals. Direct observations in place. Area for improvement fully met.

#### Previous area for improvement 2

The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved. Regular feedback should be used to improve and develop the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership" (HSCS 4.7).

This area for improvement was made on 18 July 2019.

#### Action taken since then

Service is in regular contact with service users and families, face to face where possible, otherwise by telephone to elicit views on support and staff. Service undertook survey of people during the pandemic which confirmed people's overall satisfaction with service.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.1 Vision and values positively inform practice	4 - Good
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

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

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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# EAST DUNBARTONSHIRE COUNCIL HOME CARE MAINSTREAM TEAM

Care Inspectorate Requirements and Recommendations Inspection Date: July 2021. Action Plan Date 22/10/2021.

Requirement/Recommendation	Planned Actions/Outcomes	Update	Resp. person & Timeframe	Supporting Information
<p><b>Theme: Quality of Management and Leadership</b></p> <p><b>Statement 4</b></p> <p><b>Requirement 1</b></p> <p>To ensure people receive high quality care, the provider must put in place an effective quality assurance system by 20 January 2022.</p> <p>The system must include:</p> <ul style="list-style-type: none"> <li>- gathering and analysis of key areas of operation;</li> <li>- identification of areas requiring actions; and</li> <li>- details of nominated people responsible and clear timescales for completion.</li> </ul> <p>This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).</p> <p>It also complies with Regulation 4 (1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.</p>	<p>A completed Quality Assurance system will be in place prior to the expected January completion date</p>	<p>The Quality flash reports which the service had been using at the time of inspection were reviewed after the completion of inspection and a new Quality Assurance format has now been piloted. This is currently being used to collect data and is broken down into patches to allow Team Leaders and supervisors in the service to analyse and address any shortfalls or anomalies for their respective areas. The data collected from the Home Care patches is collated by the monitoring officer and forms the basis for a quarterly Report.</p> <p>The report is also passed to the Registered Services Manager to allow an overview on how the overall service is performing. A separate Training need analysis and record of training has also been reviewed and is now regularly updated. A planned audit of all support plans took place in September/October and the results of this audit are informing areas of improvement. It is anticipated that this work will be fully completed in line with the change to support plan formats by 20<sup>th</sup> January 2022.</p> <p>The services quality assurance policy has also been updated and there is an additional recording process now in place to indicate actions timescales and nominated individuals with regard to any shortfalls identified through the QA reports.</p>	<p>Registered Services Manager, Team Leaders Monitoring Officer</p> <p>Aim for first report to be in place by October 221 and the second report to be available for the end of January 2022</p>	<p>Information continues to be gathered monthly on all Home Care Activity – This includes Assessments, Reviews, Training, Complaints, Compliments, Supervisions, Direct Observations, Accidents/Incidents and Registration renewals</p>
<p><b>Statement 2 Requirement 2</b></p> <p>2. To ensure that people's needs are met safely and, in a person centred way, the provider must put in place the following action by 20 January 2022. This ensures care and support is consistent with the Health and Social Care Standards which state "my personal plan (sometimes</p>	<p>Each customer/service user will have personalised risk assessments where required with the involvement of customers/service users and/or their representatives</p>	<p>The service has reviewed and changed the support plan format and has added a person centred risk assessment; a one page profile of each customer and outcome focused review paperwork. Examples of all of the above have also been prepared to allow supervisors and senior carers to see the expected standard on completion.</p> <p>In person reviews (reduced during the pandemic) have recommenced and there are two agency staff currently supporting the service to address any possible backlog of reviews and</p>	<p>Registered Services Manager, Team Leaders Monitoring Officer</p>	<p>New Support plan paperwork is now replacing all old paperwork across the service. This paperwork includes a one page profile, an outcome focused assessment and individual risk</p>

<p>referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.</p> <p>Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.</p> <p>The support plan must be:</p> <ul style="list-style-type: none"> <li>- person centred, reflecting the person's life experiences, attributes and interests; and</li> <li>- outcome focused, with details of intended outcomes and how progress is measured.</li> <li>- People and/or their representative must be fully involved and informed about their support plan.</li> <li>- Risk assessments must be in place where there is potential for harm to the person supported and/or staff. These should detail the risk and how this will be reduced or eliminated.</li> <li>- Reviews of care must take place at least every six months with each person using the service. These must evaluate progress on outcomes.</li> <li>- Risk assessments must be reviewed at the same time as care reviews.</li> </ul>	<p>Reviews will be carried out 6 monthly.</p>	<p>assessments. This will now adhere to a 6 monthly cycle of formal in person reviews.</p> <p>All of the new formats have been discussed at team meetings and it is anticipated that all updated paperwork will be in place by January 2022. A yearly audit of all support plans (opposite locality checking the standard of plans) will take place each August/September.</p> <p>New person centred Risk Assessment format was completed and emailed to the Care Inspector</p> <p>Reviews are planned to be carried out 6 monthly. The Review monitoring database for in house and private reviews informs the numbers completed and outstanding.</p>	<p>Complete all plans by January 2022</p>	<p>assessments and moving and handling profiles.</p>
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**East Dunbartonshire HSCP Performance, Audit & Risk (PAR) Committee Agenda  
Planner  
Meetings  
September 2021 – September 2022**

**Updated 13/01/22**

<b>Standing items (every meeting)</b>
Minutes of last meeting (JC)
Committee Agenda Planner (JC)
HSCP Delivery Plan Update (JC)
<b>HSCP Committee Agenda Items – October 2021 (re scheduled from Sept 21)</b>
Internal Audit Update (GMcC)
HSCP Corporate Risk Register Update (JC)
Final Audited Annual Accounts 2020/21 (JC)
Audit Scotland Annual Audit Report (PL)
Children's House Project Update (CC)
<b>HSCP Committee Agenda Items – January 22</b>
Internal Audit Update (GMcC)
Interim Internal Audit Follow Up Report (GMcC)
Care Inspectorate Report – Care at Home Service (DP)
<b>HSCP Committee Agenda Items – March 2022</b>
Internal Audit Update (GMcC)
Internal Audit Plan 2022/23 (GMcC)
Annual Audit Plan – Audit Scotland (PL)
HSCP Corporate Risk Register Update (JC)

ADRS Patient Survey Feedback (DA)
<b>HSCP Board Agenda Items – June 2022</b>
Internal Audit Update (GMcC)
Annual Internal Audit Report (GMcC)
Final Internal Audit Follow Up Report (GMcC)
Draft Annual Accounts 21/22 (JC)
<b>HSCP Board Agenda Items – September 2022</b>
Internal Audit Update (GMcC)
HSCP Corporate Risk Register Update (JC)
Final Audited Annual Accounts 2020/21 (JC)
Audit Scotland Annual Audit Report (PL)