

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 18th January 2024 at 9.30am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

Chair: Councillor Calum Smith

East Dunbartonshire Health and Social Care Partnership
Integration Joint Board

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

A G E N D A

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 16th November 2023

Item	Report by	Description	Update	For Noting/ Approval
STANDING ITEMS				
1.	Chair	Declaration of interests	Verbal	Noting
2.	Martin Cunningham	Minute of HSCP Board held on 16 th November 2023	Paper	Approval
3.	Caroline Sinclair	Chief Officer's Report	Verbal	Noting
STRATEGIC ITEMS				
4.	Derrick Pearce	Supporting access to primary healthcare in Twechar	Paper	Approval
5.	Derrick Pearce	Primary Care Tracker 6.5	Paper	Noting
6.	Jean Campbell	HSCP Digital Strategy 2023 - 2025	Paper	Approval

Item	Report by	Description	Update	For Noting/ Approval
7.	Derrick Pearce	Unscheduled Care Winter 2023 - 2024 update	Paper	Noting
8.	David Aitken	Alcohol and Drugs Partnership Strategy 2023 – 2025	Paper	Approval
9.	Jean Campbell	Financial Planning 2024 - 25 Update	Paper	Approval
GOVERNANCE ITEMS				
10.	Jean Campbell	Corporate Risk Register	Paper	Noting
11.	Jean Campbell	Directions Report	Paper	Noting
12.	Jean Campbell	Financial Performance on Budget 2023/24 – Month 8	Paper	Approval
13.	Derrick Pearce	Hospital Discharge Delays: Performance and Assurance	Paper	Noting
14.	Claire Carthy	Community Payback Orders	Paper	Noting
15.	Michael O'Donnell	Public Service User and Carer Group held on 7 th December 2023	Paper	Noting
16.	Jean Campbell	Performance, Audit and Risk Committee Draft Minutes held on 3 rd November 2023	Paper	Noting
17.	Jude Marshall	Clinical and Care Governance Group Minutes held on 15 th November 2023	Paper	Noting
18.	Derrick Pearce	HSCP Strategic Planning Group draft Minutes held on 2 nd November 2023	Paper	Noting
19.	Tom Quinn	Staff Forum Minutes held on 27 th September 2023	Paper	Noting
20.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner January 2023 – March 2024	Paper	Noting
21.	Chair	Any other competent business – previously agreed with Chair	Verbal	

Item	Report by	Description	Update	For Noting/ Approval
22.	Claire Carthy	<p>Unaccompanied Asylum Seeking Children – Service Development</p> <p>This Agenda Item will be taken in private after the conclusion of the public part of the meeting because it contains exempt information as defined in Paragraph 5 of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, as amended.</p>	Paper	Approval

FUTURE HSCP BOARD DATES

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

Thursday 21st March 2024

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

Minute of virtual meeting of the Health & Social Care Partnership Board held on
Thursday, 16 November 2023.

Voting Members Present: EDC Councillors **McDIARMID & SMITH**

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

Non-Voting Members present:

C. Sinclair	Chief Officer and Chief Social Work Officer
J. Campbell	Chief Finance and Resource Officer
L. Connell	Chief Nurse
J. Marshall	Clinical Director
F. McManus	Carers Representative
C. Bell	Trades Union Representative

Cllr Calum Smith (Chair) presiding

Also Present: D. Aitken	Head of Adult Services
C. Carthy	Head of Children's Services & Criminal Justice
L. Dorrian	General Manager – Oral Health
K. Gilliespie	
K. Lamb	General Manager Specialist Children's Services
G. McConnachie	Internal Audit
V. McLean	Corporate Business Manager
D. Pearce	Head of Community Health and Care Services
L. Walsh	Senior Organisational Development Advisor
A. Willacy	Planning Performance & Quality Manager

APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Councillors Moir and Murray, Ann Innes, Michael O'Donnell and Allan Robertson.

SEMINAR – Winter Planning

The Head of Community Health & Care and the Chief Nurse gave a presentation on Winter Planning preparations for 2023.

Following questions from members the Chair thanked officers for an informative presentation.

1. DECLARATION OF INTEREST

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

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
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2. MINUTE OF MEETING – 14 SEPTEMBER 2023

There was submitted and approved, minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 14 September 2023.

3. CHIEF OFFICER'S REPORT

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

- Covid update - Community transmission doesn't seem to be a current issue, and the impact on staff and services has been minimal. Hospital services have however seen an upturn of occurrences within in-patient services adding to the challenges on the system at present.
- Covid and flu vaccinations - The programme commenced on 5 September with a goal of completing the Care Home vaccinations by 10 October and the Housebound programme by the 11 December.
 - **Care Homes** - All 792 eligible care home residents in East Dunbartonshire have been offered a flu and covid vaccination with 788 (99.5%) accepting flu and 790 (99.7%) accepting a covid vaccination. Staff in care homes were also offered a flu and covid vaccination by the HSCP vaccinators but uptake has been very low (24% for flu and 16% for covid) despite two visits to each care home. It is similar situation across all HSCPs in the Health Board with care home staff uptake being very low.
 - **Housebound** - Total of 1118 patients on the housebound list with 362 who have been vaccinated. There has been some challenges with staff sickness but we have been able to use the existing bank shifts to have staff vaccinating on two Sundays in November which will ensure we will have offered all eligible patients a flu and covid vaccination by Friday 1st December, well in advance of the Scottish Government target completion date of the 11th December.
- Update on the primary care provision in Twechar - Primary Care Transformation Manager and Health Improvement and Inequalities Manager have now met with the Chair of Twechar Healthy Living and Enterprise Centre and the Chair of the Tenants and Residents Association to discuss draft needs analysis report. Content and recommendations from the report agreed to help formulate an action plan and next steps. The report and the outcomes of the discussion have now been shared with the representatives within the Twechar Community and both our Primary Care Transformation Manager and Health Improvement & Inequalities Manager have supported the Chairs of both groups when sharing the report and discussion points with members of the Twechar community. Confident that these final steps will help ensure we can agree on a final action plan and next steps with the support of the community to enable the full report to be shared at the January IJB meeting.
- Older People's Day Care Strategy - progressing the work already agreed by the Board and have continued to have meetings with people who attend the Milan

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centre and the families and carers. People remain dissatisfied with the proposals to re-provision the service and wished to express their desire to see the current service continue unchanged, this reflects views expressed during the consultation process and previously reported to the Board and they wished the Board to be aware of this ongoing objections. Officers continue to meet with individuals to help review their preferences for the future.

- Integration Scheme – the Health Board and the Council are joint signatories to an Integration Scheme that describes the model of the integrated arrangements that apply in East Dunbartonshire, the range of functions and services to be included. The original Integration Scheme for East Dunbartonshire was approved in 2015. The law requires that at least every five years, Integration Schemes must be reviewed to make sure that they are still accurate, up to date and relevant. The review process was delayed due to the Covid-19 pandemic, with approval of the Scottish Government, but is now well advanced. Even though the nature of the proposed changes to the Integration Scheme on this occasion is very limited, the law requires that we consult on any proposed updates to an Integration Scheme. A process for public consultation is almost ready to commence, following statutory guidance. While the IJB is not a signatory to the Scheme and does not have a formal role in the development of the Scheme, IJB members will be included in the consultative process to offer their own views in addition to other partners and stakeholders.

Following consideration, the Board noted the information.

4. THE REFRESH OF THE STRATEGY FOR MENTAL HEALTH SERVICES IN GREATER GLASGOW & CLYDE 2023 - 2028

A Report HSCP/161123/04 by the Head of Adult Services, copies of which had previously been circulated, updated the Board on the Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028.

Following consideration and having heard officers in response to Members' questions, the Board noted the Report and the progress made against the Mental Health Strategy 2018 – 2023.

5. HSCP IJB WINTER PLAN 2023 - 2024

A Report HSCP/161123/05 by the Head of Community Health and Care Services, copies of which had previously been circulated, presented the HSCP Draft Winter Plan for 2023/24 and associated financial framework.

Following further consideration, the Board noted the Report and approved the actions described in the Draft Winter Plan 2023/24 and the use of funds as described in the financial framework.

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6. HSCP PROPERTY AND ACCOMMODATION UPDATE

A Report HSCP/161123/06 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on progress with the delivery of accommodation requirements for East Dunbartonshire HSCP.

Following further consideration, the Board noted the content of the Report and the challenges in terms of premises available across East Dunbartonshire to deliver services.

7. REVIEW OF STRATEGIC PLAN 2022 – 2025

There was submitted Report HSCP/161123/07 by the Planning, Performance & Quality Manager, copies of which had previously been circulated, advising of the impending, statutory three year review of the effectiveness of the current Strategic Plan (2022-25).

Following further consideration, the Board noted the Report.

8. RECOMMENDED SCOTTISH ALLOWANCE (FOSTERING & KINSHIP CARE) 2023/24

There was submitted Report HSCP/161123/08 by the Head of Children and Families and Justice Services, copies of which had previously been circulated, advising members of the new allowance rates for Foster Carers and Kinship Carers to be implemented and backdated to 1 April 2023.

Following further consideration, the Board noted the Report and approved the application of the new rate, backdated to 1 April 2023.

9. RECORDS MANAGEMENT PLAN INTERIM UPDATE – PROGRESS UPDATE REVIEW (PUR) OUTCOME

There was submitted Report HSCP/161123/09 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating members on the findings of a Progress Update Review (PUR) on our EDHSCP Records Management Plan (RMP) in accordance with the requirements of the Public Records (Scotland) Act 2011.

Following consideration, the Board noted the Report.

10. INSPECTION FOR ADULT SUPPORT & PROTECTION IN EAST DUNBARTONSHIRE

Consideration was given to Report HSCP/161123/10 by the Chief Officer, copies of which had previously been circulated, advising members of the commencement of a joint inspection of Adult Support and Protection arrangements in the East Dunbartonshire partnership area.

Following consideration, the Board noted the Report.

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11. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022 – 2023

Report HSCP/161123/11 by the Chief Officer, copies of which had previously been circulated, presented the Chief Social Work Officer's (CSWO) Annual Report for the period 2022 – 2023.

Following consideration, the Board noted the Report.

12. QUARTER 2 PERFORMANCE REPORT 2023

There was submitted Report HSCP/161123/12 by the Planning Performance & Quality Manager, copies of which had previously been circulated, advising of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities and national health and wellbeing outcomes, for the period July to September 2023 (Quarter 2).

Following further consideration, the Board noted the Report.

13. DELAYED DISCHARGE EXCEPTION REPORT

There was submitted Report HSCP/161123/13 by the Head of Community Health & Care Services, copies of which had previously been circulated, provided the requested routine update to members of the position of East Dunbartonshire in relation to delayed hospital discharge performance, assurance and scrutiny.

Following further consideration and having heard officers in response to questions, the Board noted the content, performance and assurances outlined in the report

14. ORAL HEALTH UPDATE – GGC PERFORMANCE / ED HSCP

Consideration was given to Report HSCP/161123/14 by the General Manager Oral Health, copies of which had previously been circulated, which provided an overview of the activities carried out by the Oral Health Directorate within NHS GGC.

Following consideration, the Board noted the Report

15. FINANCIAL PERFORMANCE ON BUDGET 2023/24 – MONTH 6

There was submitted Report HSCP/230914/12 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the financial performance of the partnership's budget as at month 6 – 2023/24. Full details were contained within the Report and attached Appendices.

- a) Note the projected outturn position is reporting a deficit on budget of £2.839m as at month 6 of the financial year 2023/24. After adjusting for the planned use of reserves in year, this provides a deficit on budget of ££0.506m.

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- b) to note that the Chief Officer and her management team were working on actions to mitigate cost pressures in the current year;
- c) to note and approve the budget adjustments outlined within Paragraph 3.2 (Appendix 1);
- d) to note the HSCP financial performance as detailed in (Appendix 2);
- e) to note the progress on the achievement of the approved savings plan for 2023/24 as detailed in (Appendix 3);
- f) to note the anticipated reserves position at this stage in the financial year set out in (Appendix 4); and
- g) to note the summary of directions set out within (Appendix 5).

16. PUBLIC, SERVICE USER & CARER (PSUC) UPDATE

There was submitted Report HSCP/161123/16 by the Health Improvement & Inequalities Manager, copies of which had previously been circulated, describing the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC). Full details were contained within the Report and attached Appendices.

Having heard from the Carers Representative, the Board then watched an informative video presentation on Carers Link

Thereafter, the Board noted the progress of the Public, Service User & Carer Representatives Support Group.

17. PERFORMANCE, AUDIT AND RISK COMMITTEE - MINUTES OF MEETING 28 SEPTEMBER 2023

There was submitted Report HSCP/161123/17 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the HSCP Performance, Audit and Risk Committee meeting held on 28 September 2023.

Following consideration, the Board noted the minutes of the HSCP Performance, Audit and Risk Committee meeting held 28 September 2023.

18. HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF MEETING – 24 AUGUST 2023

Consideration was given to Report HSCP/161123/18 by Head of Community Health & Care Services, copies of which had previously been circulated, sharing the draft minutes of the HSCP Strategic Planning Group held on the 24 August 2023.

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Following consideration, the Board noted the HSCP Strategic Planning Group draft minutes of 24 August 2023.

19. STAFF FORUM MINUTES OF MEETING – 16 AUGUST 2023

Consideration was given to Report HSCP/161123/19 by Head of Human Resources, copies of which had previously been circulated, sharing the minutes of the Staff Partnership Forum meeting held on 16 August 2023.

Following consideration, the Board noted the minutes of the Staff Partnership Forum meeting held on 16 August 2023.

20. HSCP BOARD AGENDA PLANNER JANUARY 2023 - MARCH 2024

Following consideration, the Chief Officer advised that she would be happy to receive suggested agenda topics and thereafter the Board noted the content of the Agenda Planner.

21. DATE OF NEXT MEETING

Date of next meeting – 9.30am to 1pm if a seminar is scheduled, the start time will be 9am for the seminar and Board business commencing at 9.30am.

Thursday 18 January 2024

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

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18th JANUARY 2024

REPORT REFERENCE: HSCP/180124/04

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

SUBJECT TITLE: SUPPORTING ACCESS TO PRIMARY HEALTHCARE IN TWECHAR

1.0 PURPOSE

The purpose of this report is to:

- 1.1** Update members on the actions taken since the HSCP Board meeting in June 2021 with regards to the proposed closure of the Satellite Clinic at the Twechar Healthy Living Centre.

2.0 RECOMMENDATIONS

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

- 2.1** Consider the report and accompanying appendix;
- 2.2** Note that Woodhead Practice will not resume service delivery in the satellite clinic in Twechar; and
- 2.3** Approve direction to NHSGGC Primary Care Support to undertake any relevant associated business linked to the cessation of the service.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 SUMMARY

- 3.1.1** A formal application was received by the HSCP on the 11 June 2020 from Dr's Davda, Ness, Fraser & McGroarty of Woodhead Medical Practice, Kirkintilloch advising of their request to close their satellite clinic at Twechar Healthy Living & Enterprise Centre (THLEC).
- 3.1.2** A summary of the consultation process carried out by both the practice and the HSCP was shared and discussed at the meeting of the HSCP Board in June 2021 along with an updated report from Woodhead Medical Practice. It was also noted in responses to requests by Board members that there were concerns with safety of GPs when using the room, and regarding the financial investment required to bring the room up to an appropriate infection control standard.
- 3.1.3** On review it was noted that of the 1466 residents in Twechar registered with a GP (at April 2023), 33% were still registered with Kilsyth Medical Practice, 20% were registered with Regent Gardens Medical Centre, and 45% were registered with Woodhead Medical Practice.
- 3.1.4** Further to the request from the IJB, and the importance of "Prevention and Early Intervention" as a strategic priority within the current Strategic Plan, it was agreed that the HSCP Public Health Improvement Team and the HSCP Primary Care Transformation Team would work together to review the needs of the Twechar population to support the future approach in this area.
- 3.1.5** Concurrently, clarification was provided by NHSGG Primary Care Support that Woodhead Practice were under no contractual obligation to continue to provide a satellite service in Twechar and so are within their rights to cease provision. Enquiries undertaken with other local practices resulted in no expressed interest in occupying the satellite clinic in place of Woodhead Practice.

3.2 COMMUNITY ENGAGEMENT

- 3.2.1** Throughout 2023 HSCP officers actively involved the community through representatives from THLEC and Twechar Tenants and Residents Association (TARA), to plan and carry out a needs analysis within the community. This active involvement from the community allowed the teams to gather valuable insights, perspectives, and feedback from those who directly use Primary Care services.
- 3.2.2** During preparation for this engagement, it was noted that of the 1438 residents in Twechar registered with a GP (at April 2023), 33% were still registered with Kilsyth Medical Practice, 20% were registered with Regent Gardens Medical Centre, and 45% were registered with Woodhead Medical Practice. It was therefore key to assess the needs of the whole community and not just the 45% registered with Woodhead Practice who previously benefited from the GP Satellite Clinic. It was important that the needs analysis supported plans for the whole community.

3.2.3 A member of the Health Improvement team carried out this engagement across various venues and on different days/times throughout May and June of 2023.

3.3 HOLISTIC NEEDS ASSESSMENT REPORT

3.3.1 The final report can be seen in Appendix 1. The engagement was based around a short survey of 5 questions and a total of 111 responses were received. Engagement took place within THLEC, at the local shop and post office, within Twechar Miners Club and at the Twechar Beach Day. The survey asked the following questions:

- Q1 When did you last use or need to use one of the health services?
- Q2 Can you name any?
- Q3 How do you access or get to these services?
- Q4 What services would you like to see in Twechar?
- Q5 If question 4 was not possible, what would be the next best thing?

3.3.2 The engagement process provided an opportunity for residents to voice their opinions, concerns and expectations regarding Primary Care services and included use of resources such as “We’ll Keep You Right” leaflets to serve as a guide for residents, providing them with information about the availability of the full range of Primary Care services and resources available as part of the wider transformation of Primary Care.

3.3.3 In addition to the formal consultation East Dunbartonshire Council submitted a response to the proposal; which is in addition to those responses received from individual Elected Council Members. The members expressed that they *“Oppose the proposed closure of the satellite clinic for the following reasons: Public transport is limited between Twechar and the Kirkintilloch Health and Care Centre (KHCC), with the nearest bus stop half a mile away from the Centre; Not all of the patients are digitally connected, which limits the opportunity for patients to engage in a virtual consultation; and The additional expense for those who have to travel to the KHCC for an appointment.”*

3.3.4 During the 7 weeks of engagement there was a notable shift in the residents’ perspectives and understanding of the services available to the residents of Twechar. As previously reported, initially there was a strong insistence on continuing the direct access and availability of the GP clinic within THLEC. However as the engagement process progressed and discussions took place, residents began to understand and appreciate the wider transformational changes occurring in Primary Care services. Residents also began to appreciate that the previous GP satellite clinic which operated for one morning per week, was only available to less than half of the residents (those registered with Woodhead Medical Practice) and supported the need for access to services for the whole community.

3.3.5 The engagement process also focussed on the services available from the local Pharmacy within THLEC through Pharmacy First and Pharmacy First Plus which many residents were unaware of. This has led to the residents having a wider awareness and appreciation of the breadth of services available out with their GP Surgery. This also suggested that the residents in Twechar are open to exploring alternative models of care and support and are receptive to

understanding the potential benefits and improvements that the wider transformation of Primary Care could bring.

3.3.6 The key theme noted from the engagement was the understanding and appreciation of the services directly offered to the community via the Pharmacy First Plus service. A key part of Primary Care transformation in recent years has been the enhancement to the Pharmacy Minor Ailments Service, now known as Pharmacy First and available to all, regardless of employment status etc. A key highlight though was the need to further promote this within the Twechar community alongside other services which should be considered for non-urgent care before contacting the GP.

3.4 OUTCOMES AND ACTION PLAN

3.4.1 Further to the engagement, various meetings have taken place with immediate past and present chairs of THLEC and the Twechar TARA to discuss the Holistic Needs Analysis report and to help formulate a collaborative action plan and next steps.

3.4.2 The agreed outcomes from the report are:

- Signposting – Resources both electronic and physical resources
- Capacity Building & Awareness – Empowering & enabling
- Patient Education & Self Care - Right Service, Right Time
- Wider Service Access & Local Infrastructure
- Ongoing Engagement & Sustainability

3.4.3 It was discussed that it was clear that residents' understanding of how services can be made available more widely than through their GP was much greater than before the engagement and there was a greater level of openness to different ways of accessing services. It was agreed that the engagement had been a real success and helped improve the understanding that there are now alternatives to seeing a GP. It was highlighted though that further engagement and support was needed to share further the knowledge around which services were available and how to access them, especially around the use of Pharmacy First.

3.4.4 Further to these discussions, an ongoing engagement plan was produced further engagement within the Twechar community was carried out throughout December 2023. This second phase of engagement was supported by representatives from the wider Primary Care services (Pharmacotherapy, Community Treatment & Care, Advanced Nurse Service, Mental Health and Wellbeing Services and a rep from the Improving the Cancer Journey (ICJ) team. This allowed residents to hear from and engage directly with the members of the new Primary Care Multi-Disciplinary teams who support local GPs in delivering Primary Care services.

3.4.5 The HSCP can only provide information on services provided to the 65% of residents registered with an East Dunbartonshire GP Surgery, Kilsyth Medical Practice were also asked to support the engagement by providing information relating to the services offered to their patients from a Lanarkshire perspective.

Given the links to the 2018 GMS Contract, we were satisfied that the same services were available through Kilsyth Medical Practice.

3.4.6 In addition to this face to face engagement, various other resources have been made available to support the sharing of information including posters, leaflets and also a household leaflet drop to promote the services available through the local Pharmacy situated within THLEC.

3.4.7 Feedback from these two phases of engagement, from the representatives from THLEC and TARA, and directly from local residents, indicates that there is an understanding that the GP satellite clinic cannot be re-opened by Woodhead or any other local GP Practice, and that there is a wider benefit to the whole population of Twechar in supporting the recommendations from the Holistic Needs Analysis report.

3.5 NEXT STEPS

3.5.1 To support the community of Twechar, it has been agreed that a central information resource point will be protected within THLEC to support the promotion of the wider Primary Care services and all HSCP services and how to access each. The promotion of “Know Who To Turn To” and Pharmacy First will continue within the community and through local Social Media channels and is supported by the lead Pharmacist within the THLEC Pharmacy.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – There is increased communication and publicity with local residents about community health and primary care services to support appropriate access and self-management.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – This report considers the impact of access to community health and primary care services on the people of Twechar, which is a recognised area of multiple deprivation, with communities made up of people who have protected characteristics (age, disability etc.)

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 There will be no satellite clinic within Twechar, but risk will be mitigated in the proposals put forward by Woodhead Medical Practice who will continue to provide general medical services from the main surgery in Kirkintilloch for all registered patients, including those residents in Twechar, with no change to the practice boundary, and home visiting where that is assessed as being required.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – The implication for NHS Greater Glasgow and Clyde Practitioner Services function is to support the permanent closure of Woodhead Medical Practice’s satellite clinic in Twechar.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – Direction Required to NHS GG&C Health Board.

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 **Appendix 1** – Holistic Assessment of Primary Care and Health needs of residents and community members in Twechar.

8.2 **Appendix 2** - Direction



A holistic assessment of Primary Care and Health needs of residents and community members in Twechar

Claire Leckie
Public Health Improvement Practitioner
17th October 2023

1. Demographic of Twechar

In 2021, the population of Twechar was estimated at 1,466 which is 1.3% of East Dunbartonshire's population. 21.8% of the population are aged 0-15, this is 3.9% higher than East Dunbartonshire's average. 15.4% of the population in Twechar are aged over 65, this is 7.6% lower than East Dunbartonshire's average.

Percentage of population living with long term conditions (LTC's) in Twechar vs. East Dunbartonshire 2020/21

Year	Twechar	East Dunbartonshire
2020/21	22.7	21.9

Rate per 1,000 population of asthma, CHD, COPD and heart failure in Twechar vs. East Dunbartonshire 2020/22 – 2021/22

Year	2020/21				2021/22			
	Twechar		East Dunbartonshire		Twechar		East Dunbartonshire	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Asthma	70	48.38	3,836	35.3	73	49.80	3,934	36.1
CHD	69	47.68	5,262	48.4	74	50.48	5,347	49.1
COPD	45	31.10	1,590	14.6	46	31.38	1,643	15.1
Heart Failure	22	15.20	1,392	12.8	24	16.37	1,512	13.9

2. Situation

Prior to the Covid-19 pandemic, there was a satellite clinic available one morning per week in the Twechar Healthy Living and Enterprise Centre (THLEC). This service was specifically for patients registered with the Woodhead Surgery in Kirkintilloch Health and Care Centre. However, it is important to note that this arrangement served only 45% of the residents of Twechar.

In March 2020, for the safety of the patients, GPs and Practice staff, the HSCP approved the temporary closure of the surgery via the NHSGG&C Covid Escalation

Framework. In June 2020, Woodhead Medical Practice made a formal request to close the satellite clinic permanently. The Practice cited a wide range of reasons as to why the clinic should be closed. The reasons noted ranged from the allocated room not meeting required infection control standards, current pressures / demands to security within the building.

In line with the NHSGG&C Branch Surgery closure framework, both the HSCP and Woodhead Medical Practice undertook a consultation. Following the consultation period a report was produced and presented to the East Dunbartonshire Health & Social Care Partnership Integration Joint Board (IJB) members for approval on the 12th November 2020. Following review of the report, Board members asked that a decision be deferred to a future meeting and asked HSCP members for further information to be included.

On 24th June 2021, an updated report was provided, however, Board members noted that they did not support the closure of the satellite clinic and tasked officers to take a wider strategic view of the options available to ensure that the primary care needs of the Twechar community are adequately addressed while adhering to necessary safety protocols.

Further to the request from the IJB, and the importance of “Prevention and Early Intervention” as a strategic priority within the current Strategic Plan, it was agreed that the HSCP Public Health Improvement Team and the HSCP Primary Care Transformation Team would work together to review the needs of the Twechar population to support the future approach in this area.

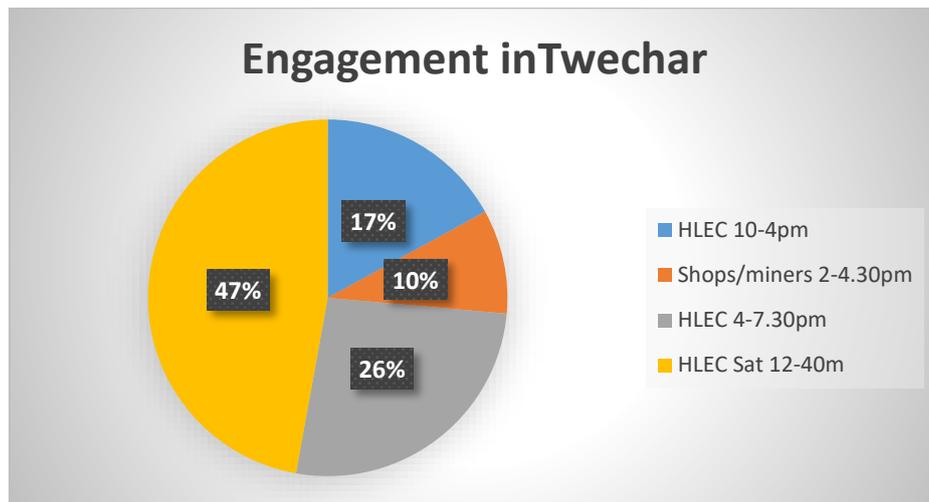
The HSCP carried out an engagement process with the community of Twechar. Engaging with the community is essential in order to develop healthcare services that are tailored to the unique needs of the Twechar residents. By actively involving the community in this process, we gather valuable insights, perspectives, and feedback from those who will directly benefit from primary care services and wider supports.

This engagement process is providing an opportunity for residents to voice their opinions, concerns, and expectations regarding primary care support, and aligns with the HSCP's wider engagement ambitions. The review was undertaken in line with the principles of Community Development, whereby active Community Engagement is progressed to fully understand the views and impressions of a given area. This process sets out to listen to the views of the local community whilst empowering community members to appreciate and understand the opportunities that lie within the community and also those accessible from support services that will support communities to address health related issues. This approach aims to identify any existing gaps or challenges in the current Primary Care system whilst seeking opportunities to address these in the future.

Such an approach is crucial towards ensuring that residents are well-informed and can actively participate in their healthcare and wellbeing decision-making. The team are doing this by communicating plans and developments related to the transformation of primary care services as part of the launch of the 2018 GMS Contract.

By conducting this survey and community engagement, the Public Health Improvement and Primary Care Transformation Teams are demonstrating a commitment to patient-centred care and community involvement. This process will contribute to the development of a more responsive and effective primary care support system, better meeting the needs of Twechar residents and ultimately improving health outcomes in the community.

During the 7-week engagement process, 44 surveys were completed (Appendix A) and over 100 people were engaged with (Appendix B). Extensive efforts were made to reach and involve the residents of Twechar. The discussions and interactions took place at various locations and times to ensure maximum participation and inclusivity.



The primary venue for engagement was the Twechar Healthy Living & Enterprise Centre (THLEC), which provided the opportunity for a combination of ad hoc engagements and organised meetings at various points during the day, evenings, and weekends. This allowed residents with different schedules and commitments to participate by sharing their perspectives and hear about the variety of primary care based services. Additionally, the monthly meetings of the Tenants and Residents Association provided a further platform to engage with a wider audience and gather valuable insight and to share pertinent information.

To further expand the reach, engagement activities were also conducted at various community locations, including; The Miners Club, local shops, and the local post office. These locations provided the ideal settings for informal conversations and interactions with residents who may not have been able to attend formal meetings. This approach aimed to ensure that a diverse range of voices and opinions were heard.

As part of the engagement process, resources such as the "We'll Keep You Right" and "Know Where to Turn" leaflets were utilised. These resources served as guides for residents, providing them with information about availability of a full range of Primary Care services and resources. Additionally, a concise 5-question survey was devised to gather specific feedback and opinions from the local community (Appendix D).

Through employing a multifaceted approach to engagement, the goal to engage with as many residents as possible and create an inclusive and participatory environment

was achieved. The use of various venues, timings, and resources aimed to encourage active involvement ensuring that the diverse range of perspectives and needs of Twechar residents were heard and taken into account during this transformational change process.

2. Assessment & Findings

During the 7 weeks of engagement, there was a noticeable shift in the residents' perspectives and understanding of the primary care services available to the residents in Twechar. Initially, there was a strong insistence, by local residents, on continuing with the direct access and availability to their GP, located within THLEC. However, as the engagement process progressed and discussions took place, residents began to understand and appreciate the concept of transformational changes occurring in primary care services. An example of this took place in discussions at the Miners club in the last few week of the engagement, where it was stated “we know we will not get a doctor so what else can we get?” (Appendix C) this led on to further discussion about the Pharmacy First Plus service that is already provided within THLEC.

Throughout the engagement process, residents had the opportunity to be provided with up to date information regarding the ongoing transformations across primary care and how they can best cater to the specific needs of Twechar's residents.

Venue	Date	Engagement number
THLEC	09/05/2023	2
THLEC	16/05/2023	6
THLEC	23/05/2023	10
THLEC	24/05/2023	12
THLEC Beach Day	3/06/2023	55
THLEC	12/06/2023	16
Local shop/post office	23/06/2023	4
Miners Club	23/06/2023	6
TOTAL		111

This has led to the local community having a wider awareness and appreciation of the breadth of services. Further, this suggests that the community members are open to exploring alternative models of care and support and are receptive to understanding the potential benefits and improvements that these changes could bring.

The engagement process, which followed the approach of both a Community Led Support and Community Development model, empowered residents to understand the transformational changes and provided them with information on how these changes align with their health and wellbeing needs. By actively involving the residents and facilitating discussions, their understanding of the broader context and vision for primary care services expanded. *“Didn’t realise that the receptionist got specific training to answer the phone”*

This also demonstrates the Twechar residents’ willingness to accept and embrace new approaches that could enhance the delivery of a range of Primary Care services through different approaches which will ultimately result in improved satisfaction with service providers and better health outcomes and wellbeing outcomes for the community.

3. Emerging themes

During the engagement process, a significant concern raised by the residents of Twechar was transport and noted the lack of a reliable bus service to Kirkintilloch. Many residents commented that if the transportation issues were addressed and an improved bus service was provided, it would greatly enhance their access to the GP clinic in Kirkintilloch. *“Sometimes I manage to get a lift to GP clinic if I have a face to face appointment otherwise I have to rely on public transport which can often be unreliable”*. This highlights the importance of transportation infrastructure in ensuring equitable healthcare access for all residents.

Another notable point that emerged from the discussions was the consideration of virtual appointments as an alternative to in-person visits. While residents recognised the potential benefits of virtual appointments, such as convenience and reduced travel, the lack of internet connectivity in Twechar posed a challenge. *“The phone system is*

really bad and don't bother with video calls as cannot get connected". Presently there is a significantly limited access to reliable internet and connectivity issues would hinder the feasibility of virtual appointments for many residents. It is important to acknowledge the levels of poverty and the challenges faced by some residents in accessing electronic devices in Twechar. The fact that both data zones in Twechar are in the 50% most deprived areas in Scotland indicates the socio-economic difficulties experienced by the community. This highlights the importance of addressing connectivity issues to ensure that virtual healthcare options can be effectively utilised in the community.

A key outcome from the engagement approach was the understanding and appreciation to the services delivered directly to the community via the existing Pharmacy First Plus service. However, it was noted that further engagements would be required to raise the profile and the reach of the services offered by the Pharmacy. By effectively promoting the available services, residents can make better use of the Pharmacy, which is housed within THLEC, and potentially alleviate some of the burden on GPs and the wider Primary Care services.

These insights from the residents regarding transportation, connectivity, and pharmacy services provide valuable feedback for improving the healthcare landscape in Twechar. By addressing the transportation challenges, improving connectivity infrastructure, and enhancing awareness of available and alternative (on-line) services, residents in Twechar would have enhanced options for accessibility and utilisation of health and wellbeing resources and access to key services directly within the local community.

Recommendations

- Signposting – Resources both electronic and physical resources
- Capacity Building & Awareness – Empowering & enabling
- Patient Education & Self Care - Right Service, Right Time
- Wider Service Access & Local Infrastructure
- Ongoing Engagement & Sustainability

Based on the above recommendations, a detailed ongoing engagement plan will be co-produced with colleagues who deliver core primary care and wellbeing services, and with our local residents.

Appendix A

ID	Start time	Completion time	When did you last use or need to use one of the health services?	Can you name any?	How do you access or get to these services?	What services would you like to see in Twechar?	If Question 4 was not possible what would be the next best thing?
1	5/23/23 14:52:55	5/23/23 14:54:32	5 weeks	doctors	phone	doctors, blood pressure test	clinics
2	5/23/23 14:54:35	5/23/23 14:56:00	2 weeks ago	Doctor, Nurse	phone for appointment then travel by bus	Doctor, Nurse	easier access for appointments
3	5/23/23 14:56:02	5/23/23 14:56:52	good few years back	doctor	phone	Nurse, chiroprapist	
4	5/23/23 14:57:03	5/23/23 14:57:56	Apr-23	Doctor	phone	Nurse and doctor	Health Visitor
5	5/23/23 14:57:58	5/23/23 15:02:32	every 2 weeks, local surgery and hospital	Surgery Glasgow Royal Stobhill	telephone, various hospital referrals.	local surgery 1 day per week	
6	5/23/23 15:02:34	5/23/23 15:04:36	last year	Doctor, Dentist	with great difficulty- 50 phonecalls in a day to get through to a doctor and having to eventually go in all before going to work	doctor	better access to a doctor
7	5/23/23 15:04:45	5/23/23 15:06:49	5 years ago	GP	via GP	GP service	clinics i.e. diabetic, blood pressure, counselling

ID	Start time	Completion time	When did you last use or need to use one of the health services?	Can you name any?	How do you access or get to these services?	What services would you like to see in Twechar?	If Question 4 was not possible what would be the next best thing?
8	5/23/23 15:07:0	5/23/23 15:07:48	Mar-23	weight check	phone	Dentist	Doctor Surgery
9	5/23/23 15:08:2	5/23/23 15:09:26	2 weeks ago	doctor	phone	more services for over 70's in pharmacy	
10	5/23/23 15:09:4	5/23/23 15:10:15	months ago	blood check	horrible	doctor	
11	5/25/23 9:57:58	5/25/23 9:59:57	within the last few weeks	GP, Physio	sometimes I manage to get a lift to GP surgery if I have a face to face appointment otherwise I have to rely on public transport which can often be unreliable.	GP service back in community centre	Improvement to transport network. Ways to get an appointment.
12	5/25/23 10:58:4	5/25/23 10:59:50	Beginning of April 2023	cardiology. Pharmacy	By letter	chiroprody	doesn't matter if you want to palm us off with Bu****it.
13	6/5/23 14:20:0	6/5/23 14:21:32	Nov-22	GP services, NHS 111, NHS hospital	driving	clinic, doctor, dental practice	temporary doctor one day per week

ID	Start time	Completion time	When did you last use or need to use one of the health services?	Can you name any?	How do you access or get to these services?	What services would you like to see in Twechar?	If Question 4 was not possible what would be the next best thing?
14	6/5/23 14:21:48	6/5/23 14:25:21	Twechar pharmacy for prescriptions	GP practice	telephone, car	bring back the Wednesday morning surgery at either the school or healthy living centre	Don't see why it could not happen, money is a poor excuse and health should be priority.
15	6/5/23 14:19:45	6/5/23 14:28:08	Doctor-Aug 22, Nurse-Nov 22, Royal Hosp-April 23	Doctor, nurse, cardiologist.	phone	Nurse	
16	6/5/23 14:28:16	6/5/23 14:31:36	2 weeks ago approx.	Doctor surgery.	by phone first then by car.	A full time doctor surgery and so that through time a rapore can be built up between doctor and patient.	An in Twechar one day week doctor surgery room.
17	6/5/23 14:31:49	6/5/23 14:32:42	2 weeks ago.	Doc.	phone.	Doc. Nurse.	
18	6/5/23 14:32:52	6/5/23 14:34:54	today.	East Dunbartonshire.	By phone.	GP service.	transport to the Doc.

ID	Start time	Completion time	When did you last use or need to use one of the health services?	Can you name any?	How do you access or get to these services?	What services would you like to see in Twechar?	If Question 4 was not possible what would be the next best thing?
19	6/5/23 14:34:56	6/5/23 14:36:25	June-23.	Doctor surgery.	by car.	doctors surgery.	
20	6/5/23 14:37:01	6/5/23 14:38:20	23-May	GP services	Driving.	Doctor/GP services. Clinic. Dentist.	At home visits.
21	6/5/23 14:38:22	6/5/23 14:40:15	Many years ago.	Doctors.	telephone.	Doctors surgery. foot clinic. Nurse.	For not so able bodied maybe transport to and from Doctors.
22	6/5/23 14:40:17	6/5/23 14:41:31	April.	GP. Optician.	drive.	unsure.	just more info.
23	6/5/23 14:44:04	6/5/23 14:45:32	a few weeks ago.	Doctors. Pharmacy.	phone then travel to Kirkintilloch.	Doctors. Nurse.	
24	6/5/23 14:45:59	6/5/23 14:46:57	2 weeks ago.	doctor. nurse. pharmacy. hospital.	bus.	doctor surgery.	
25	6/5/23 14:47:04	6/5/23 14:48:16	9 months ago.	pharmacy. GP. Physio.	Kirkintilloch.	GP practice. Physiotherapy.	remote access.
26	6/12/23 17:29:03	6/12/23 17:30:08	all of the time	doctors. Pharmacy.	use pharmacy in Twechar.	Doctors.	

ID	Start time	Completion time	When did you last use or need to use one of the health services?	Can you name any?	How do you access or get to these services?	What services would you like to see in Twechar?	If Question 4 was not possible what would be the next best thing?
27	6/12/23 17:30:19	6/12/23 17:31:25	two months ago.	no.	telephone.	doctors surgery.	dermatology department.
28	6/23/23 12:42:42	6/23/23 13:22:27	Today 23/06/23 - Practice Nurse	GP, Optician, Pharmacist, Phlebotomist, ANP, Dentist	Mostly by car as I thankfully drive. However, when I've not had access to a car getting to appointments etc has been difficult due to the poor bus service in Twechar.	Ideally a GP satellite service however, I appreciate that is difficult due to constraints.	An ANP service, phlebotomist clinic etc. I think that a weekly ANP clinic would be ideal as they can prescribe for certain conditions. However, I also think a rotating set of clinics would be beneficial. For example ANP fortnightly, Phleb clinic once a month, a social prescriber/community nurse once a month. As we're an area that still has deprivation this would have a more holistic approach.
29	6/23/23 14:26:38	6/23/23 14:28:44	Chemist last week	Chemist	Walk to centre or drive down	More collection of prescriptions Twechar pharmacy only go in on a Friday. But If I need something sooner I will go into Kirkintilloch	Happy with chemist in Twechar and Gp in Kirkintilloch.

ID	Start time	Completion time	When did you last use or need to use one of the health services?	Can you name any?	How do you access or get to these services?	What services would you like to see in Twechar?	If Question 4 was not possible what would be the next best thing?
30	6/23/23 14:25:53	6/23/23 14:40:18	Last week	Pharmacy	Walk	Nit nurse, Doctors, warfarin clinic, chiropractor, Dentist	
31	6/23/23 15:30:13	6/23/23 15:37:20	3 days a week every week	East Dunbartonshire Community Treatment & Care Services	By Bus	Would be handy to have the doctors surgery back	Community Treatment And Care Service
32	6/23/23 15:44:21	6/23/23 15:46:38	6 months ago	GP Practice	Walk, taxi	Doctors surgery, pharmacy	Pop up surgery service
33	6/23/23 17:22:24	6/23/23 17:25:49	Last week	GP Practice Adult mental health clinic.	By car	Doctors surgery	Kilsyth health centre accepting new people from Twechar
34	6/23/23 18:15:13	6/23/23 18:17:09	19/6:23	Stobhill	Telephone	GP surgery	Not having to wait 5 days to see a GP
35	6/25/23 21:52:38	6/25/23 21:58:50	06/06/2023	Local Medical Centre, Physiotherapy, Day Surgery	Phone, Email	Doctor, Nurse, Specialists like Physiotherapists on a monthly rota	Triage service

ID	Start time	Completion time	When did you last use or need to use one of the health services?	Can you name any?	How do you access or get to these services?	What services would you like to see in Twechar?	If Question 4 was not possible what would be the next best thing?
36	6/26/23 9:07:55	6/26/23 9:10:08				GP mobile service for anyone not necessarily registered with anyone.	a permanent office and permanent PT staff
37	6/26/23 9:10:19	6/26/23 9:12:18	April		By car	ant doctor/nurse. phlebotomist service would be ideal.	a nurse service to direct patients on to which service they require instead of having to spend hours on the phone.
38	6/26/23 9:08:05	6/26/23 9:15:48	2 months	doctor/nurse		doctor, dentist, nurse	doctors surgery
39	6/26/23 9:15:50	6/26/23 9:22:34	this week.	Hospital. Pharmacy. GP. dentist. optition.	drive to Kirkintilloch Kilsyth Glasgow	GP surgery	outreach surgery
40	6/26/23 9:22:54	6/26/23 9:24:36	A month ago	GP practice, Twechar community centre pharmacy.	by telephone or in person.	GP services.	better access to GP's, dentist, nurse and physiotherapist.
41	6/26/23 9:25:00	6/26/23 9:26:14	Twice in July	Twechar pharmacy.	2/3 times per week.	Dentist, doctors, nurse	
42	6/27/23 9:04:41	6/27/23 9:05:45	6 years ago		telephone-horrific. car		mobile clinic bus. advertising for pharmacy services.
43	6/27/23 9:05:55	6/27/23 9:06:45	few months ago.		bus	GP	better bus. better internet.
44	6/27/23 9:08:00	6/27/23 9:15:06	hospitals next month.	Doctor	bus.	Doctor	Better buses

Engagement Questionnaire Responses

1. When did you last use or need to use one of the health services?

5 weeks

2 weeks ago

Good few years back

Since January- at least every 2 weeks, local surgery and hospital

2. Can you name any?

Doctor, Nurse

Doctor, Dentist

GP, Physio

Cardiology. Pharmacy

Doctor. Nurse. Pharmacy. Hospital.

3. How do you access or get to these services?

Use pharmacy in Twechar.

Telephone.

By phone first then by car.

Sometimes I manage to get a lift to GP surgery if I have a face to face appointment otherwise I have to rely on public transport which can often be unreliable.

With great difficulty- 50 phone calls in a day to get through to a doctor and having to eventually go in all before going to work

Phone for appointment then travel by bus

4. What services would you like to see in Twechar?

Doctors, blood pressure test

Nurse, chiropodist

Dentist

More services for over 70's in pharmacy

Clinic, doctor, dental practice

Doctor's surgery. Foot clinic. Nurse.

GP practice. Physiotherapy.

5. If Question 4 was not possible what would be the next best thing?

Clinics i.e. diabetic, blood pressure, counselling

Improvement to transport network. Ways to get an appointment.

Transport to the Doc.

At home visits.

For not so able bodied maybe transport to and from Doctors.

Just more info.

Remote access.

Better buses

Better bus. Better internet.

Mobile clinic bus. Advertising for pharmacy services.

Appendix C

Engagement numbers in Twechar

Date	Number spoke to and quotes.	Comments
09/05/2023 HLEC 10- 4pm	2 "phone system really bad and don't bother with video calls as cannot get connected"	Engaging with community, reminding them that I am health improvement and not working as staff nurse. Conversation with pharmacist about streamlining the referral process into Kirkintilloch, it is currently via telephone but online referral form would be better.
16/05/2023 HLEC 10-4pm	6 "the HLEC is the most visible thing in Twechar and people see it as a place to come for help"	A more streamline signposting for mental health issues. HLEC is the most visible thing in Twechar, anyone with any issues seems to appear there looking for help. Are there specific helplines for different illnesses? Surveys handed out, collection box left in the centre.
23/05/23 HLEC 10-4pm	10 "Didn't realise that the receptionist got specific training to answer the phone"	Most of the ladies from the lunch club were from Kilsyth so survey not relevant to them but did explain the role of the care navigator and the primary care family. Good discussions around Pharmacy plus. Emerging themes are lack of transport to get to Kirkintilloch and also the amount of time waiting to get through on the telephone.
24/05/23 HLEC 4-7.30pm	12 "didn't know the pharmacy could do that"	Spoke to parents that were picking up children from after school club. Most took survey away to fill in due to time restrictions. Had good conversations with people waiting to go to the craft class and also the cycling group. Again emerging themes were transport to Kirkintilloch and trying to get through on the phone. Managed to have better discussions about the care navigator role. Spoke to HLEC about posting the link for the survey on social media, getting contact details for the shop owners to do some outreach and also having a stall at the "beach day" on Sat 3 rd June. Need risk assessment for outreach and Will also contact Twechar Primary school about outreach there also. Need to arrange next date of engagement.
03/06/23 HLEC Beach day Sat 12-4pm	50+ "Are you the person we've to talk to about not getting a doctor?" "Do you have a list of what the chemist can do?"	Twechar Beach day. Chat with ladies at tea table they would like to see a nurse led clinic who could do blood pressure and take bloods with online forms that go straight to the GP surgery. Also commented on how far it is from the bus stop to get to physio at Townhead,

		<p>easier to walk to Regent Gardens due to the location of the bus stop.</p> <p>Chat with ladies at outdoor garden bench- they would like to see vaccination clinics, issues with the buses stopping early as not enough drivers, not going to hospitals and train station not handy- this is affecting mental health.</p>
<p>12/06/23 HLEC 4-7.30pm</p>	16	<p>Tenants & residents meeting and craft club. Introduction at meeting and followed on from minutes of previous meeting identifying myself as the representative from the HSCP, explained that I had met some of the committee members during my evening and weekend engagements. Explained that I would be canvassing the shops and hopefully some interaction from the school. Link for survey to be shared more frequently on Twechar social media pages until the end of this engagement project.</p>
<p>23/06/2023 Shops/miners club 2-4.30pm</p>	<p>10 "I need to walk nearer to the park to get a phone reception" "We know we won't get a doctor so what else can we get?" "This is your chance to speak up"</p>	<p>Spoke to shopkeeper who highlighted the amount of people who come in and complain about the terrible bus service.</p> <p>Really good discussions around what the pharmacy can offer and how things have changed over the years.</p> <p>The bar manager was aware of the engagement in Twechar and had been encouraging her customers to fill in the survey.</p>

Twechar

1. When did you last use or need to use one of the health services?

2. Can you name any?

3. How do you access or get to these services?

4. What services would you like to see in Twechar?

5. If Question 4 was not possible what would be the next best thing?

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	180124-04
2	Report Title	Supporting access to primary healthcare in Twechar
3	Date direction issued by Integration Joint Board	18 January 2024
4	Date from which direction takes effect	18 January 2024
5	Direction to:	NHS Greater Glasgow and Clyde Health Board only
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Primary Care Family Medical Services, Primary Care Improvement Plan services, Health Improvement, Community Pharmacy
8	Full text of direction	The IJB directs the NHS Greater Glasgow and Clyde Primary Care Support team to progress with any necessary business associated with the permanent closure of the Twechar Healthy Living and Enterprise Centre satellite GP clinic with immediate effect.
9	Budget allocated by Integration Joint Board to carry out direction	Nil
10	Details of prior engagement where appropriate	This direction arises from the completion of a detailed period of community and stakeholder engagement from 2021 to date.
11	Outcomes	This direction will result in the permanent closure of the aforementioned satellite GP clinic.
12	Performance monitoring arrangements	GP clinic closure template and project closure report.
13	Date direction will be reviewed	NA – single action direction

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18th JANUARY 2024

REPORT REFERENCE: HSCP/180124/05

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

SUBJECT TITLE: PRIMARY CARE IMPROVEMENT PLAN (PCIP) UPDATE

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to the Health and Social Care Partnership Board on the latest PCIP Financial Tracker, PCIP 6.5.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the report and **Appendix 1**; PCIP 6.5 submission.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** On 31st October 2023 Scottish Government requested that each HSCP submit a mid-year tracker. This request was for financial information relating to the Primary Care Improvement Plan only. On this return there was no request to submit data on workforce, access or activity.
- 3.2** The purpose of this tracker was to inform the second tranche allocation of the Primary Care Improvement Fund (PCIF) allocation for 2023-24.
- 3.3** The data requested provides an audit trail of spend to date from April 2023 and a summary of the HSCP's financial planning for the remainder of the year until March 2024. Officers have submitted data reporting our plan to spend our full PCIF allocation for the 2023-24 financial year.
- 3.4** On 22nd November 2023, Scottish Government released a summary of the PCIP 6 tracker which was returned in May 2023. This paper provides a summary of the data which has been analysed by Scottish Government Health and Social Care Analysts and Primary Care Officials. Key relevant highlights from the report that relate to delivery in East Dunbartonshire are as follows:
- 3.4.1** In the summary of capacity by service area, we have reported that we are providing less appointments per 10,000 registered patients for both Community Treatment and Care (CTAC), and Urgent Care.
 - 3.4.2** CTAC has been challenged by accommodation and not being able to launch service in the Bearsden and Milngavie cluster (although this service has now launched in October 2023).
 - 3.4.3** The Urgent Care service has been challenged by the recruitment and retention of trained Advanced Nurse Practitioners.
 - 3.4.4** In the summary of service access by area, we have reported a higher than average percentage of the population not having access to Pharmacotherapy and CTAC. Pharmacotherapy has also been challenged by accommodation but we do now have plans to launch a Pharmacotherapy Hub model early in 2024 which will improve access for all practices.
 - 3.4.5** We reported a lower than average number for the Urgent Care service as 87% of our practices have access to an ANP, against approx. 55% across Scotland.
 - 3.4.6** We reported access for MSK Physiotherapy and our Wellbeing Advisors in line with the national figure.
 - 3.4.7** We remain committed to the launch of CTAC service in Bearsden and Milngavie and with the launch of our planned Pharmacotherapy hub, these service areas will be more in line with (if not better) than the national figures.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2022-2025 Priorities;-
1. Empowering People
 2. Empowering Communities
 3. Prevention and Early Intervention
 5. Supporting Carers and Families
 6. Maximising Operational Integration

- 4.2 Frontline Service to Customers – None.
- 4.3 Workforce (including any significant resource implications) –
- Availability of appropriately trained staff
 - Risk of destabilisation of community services
- 4.4 Legal Implications – None.
- 4.5 Financial Implications – None.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 Due to financial and staffing implications the HSCP will be unable to fully implement the contract. Measures in place to mitigate this risk are regularly communicated to NHSGG&C Board and Scottish Government.

6.0 **IMPACT**

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

7.0 **POLICY CHECKLIST**

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

8.0 APPENDICES

8.1 Appendix 1 – PCIP 6.5 submission

Key:	IAS need to input to all orange shaded cells
	Grey cells are calculated cells - no input required
Integration Authority:	East Dunbartonshire
NHS Board Area:	NHS Greater Glasgow and Clyde
Total PCIF 2023-24 (£000):	£3,517

1. Expenditure Forecast 2023-24

All values are in £000s

PCIF programme:	Category	Actual YTD Spend £000s	Forecast Spend to the year-end £000s	Total Spend 2023-24 £000s	Legal Commitments 2023-24 (3)	Legal Commitments future years (4)	Brief Description of Funded Activities (5):
		at 31 October 2023	1 November 2023 to 31 March 2024				
		Total YTD costs (1)	Total Forecast Costs (2)	Total Costs 2023-24			
Vaccination Transfer Programme	Staff costs	173	253	425			
	Non-staff costs	52	18	70			
Pharmacotherapy services	Staff costs	683	492	1,175			
	Non-staff costs	5	8	13			Includes one-off costs for set up of pharmacotherapy hub
Community Treatment and Care Services	Staff costs	508	414	922			
	Non-staff costs	21	15	35			
Urgent care services	Staff costs	227	175	402			
	Non-staff costs	2	7	9			
Additional Professional Roles (including MSK physiotherapists and mental health)	Staff costs	120	85	205			
	Non-staff costs	0	0	0			
Community Link Workers	Staff costs	50	37	87			
	Non-staff costs	0	0	0			
Other - please provide detail in Description box	Staff costs	35	25	61	82	134	Project support across all MoUs. Agreed legal commitment for Primary Care Transformation Lead for 3 years
	Non-staff costs	58	55	112			Accommodation, communication & engagement
Total Expenditure		1,934	1,584	3,517	82	134	

2. Legal commitments and reserve position	Value in £000s
PCIF reserve position 1 April 2023 (6)	£316
Forecast PCIF reserve position at 31 March 2024 (7)	£0
Actual spend on legal commitments agreed with SG in 2023/24	82
Forecast spend on legal commitments agreed with SG for future years	134

Please provide any additional comments on your forecast 2023-24 spend below (8);

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18th JANUARY 2024

REPORT REFERENCE: HSCP/180124/06

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

SUBJECT TITLE: EAST DUNBARTONSHIRE HSCP DIGITAL
STRATEGY 2023-2025

1.0 PURPOSE

1.1 The purpose of this report is to seek approval from the Board on the HSCP Digital Strategy 2023-2025 for East Dunbartonshire HSCP.

2.0 RECOMMENDATIONS

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

- 2.1** Note the content of this report and approve the HSCP Digital Strategy 2023-2025 (**Appendix 1**); and
- 2.2** Note the draft equalities impact assessment attached as **Appendix 2**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1 The HSCP Digital Strategy 2023-2025 has been developed for the HSCP in support of delivery of the HSCP Strategic Plan 2022-2025 and is attached as **Appendix 1**.
- 3.2 The HSCP recognises the ever-increasing reliance on digital services in our communities and the immense potential that digital technologies offer to enhance the quality of care and outcomes for patients and service users; streamline our processes; and foster collaboration across partners and stakeholders.
- 3.3 This is the first Digital Strategy for the HSCP, building on the significant progress and investment made in our ongoing digital transformation work. It sets out how the HSCP will provide integrated, accessible, and secure digital health and social care solutions for everyone.
- 3.4 The HSCP Digital Strategy outlines the strategic direction, key drivers, local context and priorities for the HSCP to deliver on the digital agenda to better support patients and service users in accessing health and social care services, support a digitally enabled workforce, and promote accessibility and openness in how these services are delivered.
- 3.5 The HSCP Digital Strategy has been developed in conjunction with members of the HSCP Digital Health and Care Strategy Board, which includes representation from East Dunbartonshire Council, NHSGG&C along with EDC and NHS staff within the HSCP.
- 3.6 Responsibility for delivery of the HSCP Digital Strategy is with the Digital Health and Care Strategy Board, which is Chaired by the Chief Finance and Resources Officer. Regular reporting on progress will be feedback via HSCP IJB, HSCP SMT, Performance, Audit and Risk Committee, and Staff Partnership forums.
- 3.7 An Equalities Impact Assessment (EQIA) has been prepared in draft which will require further review and assessment by the NHSGG&C Equalities Team (**Appendix 2**).

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities – The HSCP Digital Strategy is aligned with all strategic priorities.
- 4.2 Frontline Service to Customers – It is a priority in the HSCP Digital Strategy to improve service delivery through innovation and investment in digital change.
- 4.3 Workforce (including any significant resource implications) – It is a priority in the HSCP Digital Strategy to improve organisational collaboration and integration between social care and health; and to develop and embed a digital culture across the organisation, equipping our workforce with the digital skills they require.
- 4.4 Legal Implications – None
- 4.5 Financial Implications – None

- 4.6 Procurement – There will be a requirement to procure digital solutions to deliver actions planned over the period of the Strategy.
- 4.7 ICT – There will be a requirement for both EDC ICT and NHS eHealth teams to support delivery of actions planned over the period of the Strategy.
- 4.8 Corporate Assets – None
- 4.9 Equalities Implications – An Equalities Impact Assessment has been prepared and attached as **Appendix 2**. The Digital Strategy is closely aligned with the Strategic Plan 2022-25, and the equality implications of the Strategic Plan were considered in the published Equality Impact Assessment.
- 4.10 Sustainability – None
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – working in partnership with the Council to support delivery of actions planned over the period of the Strategy.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – working in partnership with the health board to support delivery of actions planned over the period of the Strategy.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No direction required.

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1** – Draft HSCP Digital Strategy 2023-2025
- 8.2 **Appendix 2** – Draft HSCP Digital Strategy 2023-2025 EqIA
- 8.3 **Appendix 3** – Direction Digital Strategy 2023-25

East Dunbartonshire HSCP Digital Strategy 2023-25 (DRAFT)

Introduction

This is the first Digital Strategy for the East Dunbartonshire Health and Social Care Partnership (HSCP), building on the significant progress and investment made in our ongoing digital transformation work since the organisation was established in 2015. It outlines the strategic direction, key drivers, local context and priorities for the HSCP to deliver on the digital agenda to better support patients and service users in accessing health and social care services, support a digitally enabled workforce, and promote accessibility and openness in how these services are delivered.

We recognise the ever-increasing reliance on digital services in our communities and the immense potential that digital technologies offer to enhance the quality of care and outcomes for patients and service users; streamline our processes; and foster collaboration across partners and stakeholders. This strategy sets out how we will provide integrated, accessible, and secure digital health and social care solutions for everyone, based around the following four strategic themes:

1. Improving service delivery through innovation and digital change
2. Improving access to joined-up data and information
3. Improving organisational collaboration and integration between social care and health
4. Developing and embedding a digital culture and skills across the HSCP

A Digital Health and Care Strategy Board has been established in the HSCP and this meets regularly to prioritise and monitor ongoing actions on our digital roadmap.

HSCP Strategic Context

East Dunbartonshire HSCP Strategic Plan 2022-25

Every HSCP Board is required to produce a Strategic Plan that sets out how they intend to achieve or contribute to the National Health and Wellbeing Outcomes. Our current Strategic Plan identifies eight strategic priorities and four strategic enablers to support service delivery, emphasising the need to plan and deliver services that contribute to health, wellbeing and safety throughout people's lives. Our Digital Strategy aligns with our priorities and enablers, playing a key role in supporting service delivery and improvement through maximising the potential of digital solutions. We will review our Digital Strategy in parallel to the development of our next Strategic Plan.

Vision: Caring together to make a difference

Strategic Priorities

- Empowering people
- Empowering communities
- Prevention and early intervention

Strategic Enablers

- Workforce and organisational development

- Public protection
- Supporting carers and families
- Improving mental health and recovery
- Post-pandemic renewal
- Maximising operational integration
- Medium term financial and strategic planning
- Collaborative commissioning and whole system working
- Infrastructure and technology

The Strategic Plan also sets out the following core areas of action in the digital agenda for the lifetime of the plan:

- Transforming our Telecare suite from analogue to digital channels by 2024
- Maximising opportunities for and uptake of Virtual Patient Management and digital service user interaction
- Increasing the scope for people living with long term conditions and disabilities to manage their lives digitally via smart apps technology
- Increasing support of at a distance opportunities for people living independently in their own homes but who require assistance to feel safe and included through a range of digital options
- Use of web-based solutions to support people to self-assess for equipment or resources to enable them to live independently
- Maximising the roll out of agile working technology to all health and care staff affording the opportunity to work flexibility and efficiently

Annual Delivery Plan

While the Strategic Plan sets out the direction of travel at a relatively high level, its priorities are owned at every level of the partnership, ensuring everyone can recognise their contribution at individual, team and leadership levels. Our Annual Delivery Plans draw down actions each year in support of the Strategic Plan's goals, linking each action and outcome with a Strategic Plan priority or enabler, strategic commitment and strategic objective. Progress and performance against our planned commitments are reported and reviewed regularly.

HSCP Medium Term Financial Strategy

A Medium-Term Financial Strategy has been developed to pull together all the known factors affecting the financial sustainability of the partnership over the medium term. The strategy establishes the estimated level of resources required by the partnership to operate its services during 2022-27, given the demand pressures and funding constraints that we are likely to experience.

The strategy provides a framework to support the HSCP to remain financially sustainable and forms an integral part of our Strategic Plan, highlighting how the medium-term financial planning principles will support the delivery of our strategic priorities. The medium-term financial outlook provides a number of cost pressures with levels of funding not matching the full extent of these pressures requiring a landscape of identifying cost savings through a programme of transformation and service redesign.

As with other public sector organisations, we are under extreme financial pressures due to increasing demands and budget constraints. These challenges include uplifts in pay for health and social care staff; increases in contractual payments for care services purchased from independent care providers; the increasing cost of medicines; and the increasing demand for services due to the number and complexity of needs as people grow older or need support with their mental health, addiction or require to be kept safe from harm. As a result, with a backdrop of flat cash or limited additional funding to meet these cost pressures, the HSCP is expected to have a financial gap of between £4.1m to £4.5m each year for the next five years (a cumulative total of £17.2m).

As part of the financial planning considerations for 2023/24, the HSCP was able to create an earmarked reserve for Digital Redesign of £500k to provide some non-recurring investment in digital solutions in progress of the HSCP digital strategy.

HSCP Workforce Strategy

The HSCP Workforce Strategy was approved in March 2022 and highlights and acknowledges the opportunities and challenges that digital solutions bring to the way in which we support service users and staff to work in more effective ways and as a key driver for change and transformation across the HSCP.

East Dunbartonshire Demographics

Despite relatively low average levels of deprivation, East Dunbartonshire faces challenges in terms of demand for health and social care services. These demands are in a significant part due to an ageing population and high life expectancy, with East Dunbartonshire currently experiencing the largest growing 85+ population in Scotland, which is the age-group most in receipt of services.

The growth in the 85+ population is projected to continue to rise by around 5% per year. The significantly longer life expectancy in East Dunbartonshire (compared to the Scottish average), means that proportionately more older people here are likely to be affected by long-term conditions such as cancer and arthritis that can lead to further health complications. Older people are one of the groups that are likely to need more support in digital skills, so it is important that we consider the digital capability and resilience of those accessing our services when planning our digital roadmap.

In public health terms, it is also crucial to recognise the impact of relative poverty on health and wellbeing. Despite relative prosperity overall in East Dunbartonshire, the known impact of deprivation in affected communities is an issue that the HSCP must prioritise in order to ensure that access to and impact of services is equitably targeted to people and communities who are at risk of poorer health.

Drivers for Change

When considering our strategic direction and service delivery plans, we need to consider the drivers for change in both our local and national contexts. In this strategy, these drivers for change collectively indicate what and where our focus needs to be. The HSCP is heavily dependent on the digital service provision and strategic direction of its partner bodies, who each have their own digital strategies and priorities for digital development.

NHS Greater Glasgow & Clyde – Digital on Demand 2023-28

NHS Greater Glasgow & Clyde recently published its five-year strategy, setting out its vision to connect citizens and staff to deliver the best care possible. Guided by six core principles and in the context of seven strategic themes, the strategy details the planned delivery of the following priority programmes:

- Digital health and care records
- Innovation and systems development
- Safer diagnostics
- eMedicines programme
- Decision support
- Technology estate

The strategy includes a commitment to work closely with Health and Social Care Partnerships and wider community partners, using collaborative methods to further advance innovative practice. Better joined-up data at both the individual level and across systems will enable services to pro-actively identify and address inequalities in access and outcomes.

East Dunbartonshire Council – Digital Strategy 2019-24

Based on seven areas of digital culture, East Dunbartonshire Council's five-year Digital Strategy sets out its priorities and commitments to the transformation of public services using digital technology. Framed by seven areas of digital culture, the strategy identifies the following themes for setting out its commitments and actions:

- Digital foundations
- Digital leadership and skills
- Digital services

The strategy includes a commitment to work in partnership with the HSCP to deliver transformational change in service provision, leading to positive health and wellbeing outcomes. The priorities that underpin this goal include enabling early intervention, prevention and harm reduction, providing greater self-determination and choice, and enabling independent living for longer.

National Health and Social Care Digital Maturity Self-Assessment

In 2023, the HSCP participated in a national digital maturity self-assessment review coordinated by the Scottish Government. Based on a standardised questionnaire available

for all NHS Boards, local authorities, and HSCPs, the results help to identify the main challenges and priority areas for improvement as set out in this document. A follow-up self-assessment will be carried out in advance of the development of our next Strategic Plan and Digital Strategy.

Additional Local Drivers

In addition to the key drivers above, the following local drivers are also relevant to the development of this strategy:

- NHSGGC Meeting the Requirements of Equality Legislation 2020-24
- NHSGGC Moving Forward Together programme
- NHSGGC Blended Working Guide
- NHSGGC Annual Delivery Plan
- NHSGGC Primary Care Strategy

National Digital Health and Care Strategy

Enabling, Connecting and Empowering: Care in the Digital Age, the Scottish Government's national Digital Health and Care Strategy was published in 2021 and outlines how the care and wellbeing of people in Scotland can be improved by making best use of digital technologies in the design and delivery of services. It sets out how this will be delivered through three key aims:

- Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.
- Health and care services are built on people-centred, safe, secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology, in order to improve the delivery of care.
- Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of our health and care systems, and develop new and improved ways of working.

To achieve these aims, there is a focus on six priority areas:

- Digital access: People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.
- Digital services: Digital options are increasingly available as a choice for people accessing services and staff delivering them.
- Digital foundations: The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.
- Digital skills and leadership: Digital skills are seen as core skills for the workforce across the health and care sector.
- Digital futures: Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

- Data-driven services and insight: Data is harnessed to the benefit of citizens, services and innovation.

National Data Strategy for Health and Social Care

Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age, the Scottish Government's national Data Strategy for Health and Social Care was published in 2023 and outlines how the care and wellbeing of people in Scotland can be improved by making best use of data in the design and delivery of services. It sets out how this will be delivered through three ambitions:

- Empower People by giving greater access to and control over their health and social care data, where it is safe and appropriate to do so.
- Empower Professionals to have the confidence and ability to gather, safely use, and share data.
- Support Research and Innovation by ensuring data is readily accessible through secure and safe means for research and innovation.

To achieve these aims, there is a focus on six priority action areas:

- Data access
- Talent and culture
- Protecting and sharing data
- Technology and infrastructure
- Information standards and interoperability
- Creating insights from data
- Support research and innovation

Additional National Drivers

In addition to the key drivers above, the following national drivers are also relevant to the development of this strategy:

- Digital Strategy for Scotland (2021)
- National Health and Wellbeing Outcomes Framework
- National Workforce Strategy for Health and Social Care (2022)
- Fairer Scotland Duty

Digital Roadmap Progress

We have already delivered successful digital change within our services, accelerated in recent years as we adapted to the challenges of the Covid-19 pandemic. This strategy seeks to build further on these successes which include:

- Introduction of agile working for HSCP staff during the Covid-19 pandemic and beyond
- Implementation of the first phase of a project to rollout *Microsoft 365*, including the introduction of *Microsoft Teams* to provide an online platform for virtual meetings
- Increase in the availability of digital options for patient self-management, including remote diabetic monitoring and blood pressure monitoring
- Introduction and expansion of the use of virtual patient appointments
- Introduction of the *Ask Sara* web service to provide guidance and an ordering system for assistive technology
- Progress towards the transition from analogue to digital telecare
- Development of a digital QR code to support the Income Maximisation service, receiving service user referrals directly from the new digital pathway
- Local digital maturity assessment completed in partnership with the Scottish Government

1. Improving service delivery through innovation and investment in digital change

The delivery of health and social care services across the country is changing as digital technologies increasingly provide opportunities to innovate and improve the options available to patients and service users. The seamless integration of digital technologies into the delivery of our services is paramount to enhance a person-centred approach to service delivery with digital and non-digital options offered in parallel.

Opportunities to transform the way that care and support is delivered, the way practitioners work, the way our services operate and how people self-manage their needs increasingly centre around the use of digital technology. We will work with our partners to find innovative solutions to problems and continue to enhance and develop our existing digital solutions to ensure the maximisation of their capabilities.

Health and care support increasingly takes place in community settings. To support the more effective delivery of care in community settings, we will continue to develop and promote the use of technology enabled care. Investment in digital technology that is accessible and simple to use, such as home health monitoring solutions, will promote self-service management, empowering people and improving personalisation of care and services.

The need to develop and accelerate the use of remote working and online consultations was required as a result of the COVID-19 pandemic, and we will continue to build on the progress made during this time and expand our online offerings. While not suitable for all individuals or situations, providing online options for accessing our services provides increasing flexibility for service users. The availability of blended working options where suitable for our staff will also provide potential benefits for the organisation, such as a reduction in costs (mileage and accommodation) and the spread of infection. In addition, we will maximise the availability of agile working technology and connectivity to all health and care staff affording the opportunity to work flexibly and more efficiently across all services.

SPOTLIGHT: Digital Telecare

The transition to digital telephony is fast approaching, with the analogue network being switched off entirely by December 2025. Telecare is the most common form of care and support across Scotland and a project is underway to ensure that these critical services are not adversely affected by the transition.

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

There are currently over 2500 alarms throughout East Dunbartonshire, with around 1600 of those being analogue. Alarms and devices are monitored 24 hours a day by an Alarm Receiving Centre (ARC). If a sensor or a personal trigger activated, then a trained call handler provides support and assistance, taking the most appropriate action such as calling the emergency services or contacting a family member or carer. The ARC in East Dunbartonshire, which also handles calls for West Dunbartonshire, currently operates using analogue telephony and needs to be upgraded to digital. The ARC typically handles around 17,000 calls per month, with increased calls throughout the colder months.

A national project is underway to procure a cloud-based digital solution for all ARCs to ensure a smooth transition for all. This cost-effective approach has simplified and accelerated the procurement process, reducing the technical burden for service providers, and providing a scalable and resilient solution. As one of the early adopters in the project, East Dunbartonshire Council has played a key role in ensuring the platform will deliver the required functionality and benefits. The procurement exercise was completed in 2023 and the project is moving forward in its implementation phase.

2023-25 Action Plan

The actions planned for delivery over the period of this strategy to improve service delivery through innovation and investment in digital change will primarily contribute to achieving the following national priority areas:

- Digital services: Digital options are increasingly available as a choice for people accessing services and staff delivering them.
- Digital foundations: The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.
- Digital futures: Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

Action	Timescale
Transform our telecare suite by implementing the transition from analogue to digital channels	2024
Work with partners to further develop and promote the increased uptake of technology enabled care solutions, such as <i>Sol Connect</i>	2024
Further embed the use and increase uptake of digital home blood pressure monitoring devices through our partnership with GP practices	2023
Implement a digital solution (<i>Technicare</i>) to monitor and help predict and detect early deterioration of patients	2024
Further develop and promote the use of virtual patient management solutions (<i>Attend Anywhere / Near Me</i>) as an alternative to in-person appointments	2025
Further develop and promote the use of remote consultation in care homes	2025
Increase support of at a distance opportunities for people living independently but who require assistance to feel safe and included through a range of digital options	2025

Action	Timescale
Pilot the use of a digital medication management solution (<i>eMar</i>) to improve medication management in care homes	2024
Maximise the use of digital options as part of a review of community Occupational Therapy and Reablement services	2025
Promote the use of our self-help website, <i>Ask Sara</i> , increasing access to assistive technology for service users	2025
Promote the use of the <i>Mind of My Own</i> app which enables children and young people to communicate with a trusted adult in a safe digital space	2025
Invest in and embed the use of remote working technology and hardware	2025
Embed and rollout access to a digital dictation and transcription solution (<i>Winscribe</i>) for staff across the organisation	2024
Rollout of payment cards to be used by service users to make direct payments and manage their budget online and provide more efficient auditing of accounts	2025
Transition dental services to the Digital Health and Care Record, including lab tracking capabilities and dental charting	2025
Redevelop our website, improving the customer experience and accessibility to information	2024
Identify and prioritise opportunities to introduce digital options for accessing health and social care services	2024

2. Improving access to secure joined-up data and information

The Scottish Government recently released its national Data Strategy for Health and Social Care, and the following priority action areas are the focus of the collaborative work planned to improve access to secure joined-up data and information:

- Empower individuals and professionals to make better informed decisions by providing access to the right data at the right time.
- A trusted, secure health and care ecosystem where data is shared, managed and stored securely, consistently, efficiently and transparently.
- Make sure that we have the technology and infrastructure in place to equip us to better collect, store and use data.
- Improve the quality of our health and social care data, and increase interoperability through adoption and use of common standards, making it easier to re-use and link data.
- Work in partnership with health and social care to adopt a whole-system approach to creating insight from data that allow us to improve services.

The vision is for citizens to access and contribute to their own health record online, empowering people to interact with their personal data and utilise technology to better manage their health and wellbeing. We will work with our partners to support the development of joined-up data and information and improve the more effective use of data, providing insights to inform service delivery and improvement.

SPOTLIGHT: Social Care Digital System

Providing a modern digital platform for our social care workforce is essential as we work towards the priority areas of our Digital Strategy. Our existing software solution for social care, *OLM CareFirst*, has been used by our staff for all major social care processes, supporting our day-to-day service delivery for over 20 years. However, this system is built on dated technology and a replacement solution is now required.

A new digital platform will help to support mobile and agile working across our teams, improving the customer experience and outcomes for those who use our services. A modern and intuitive system will help to streamline processes, improve data recording, and further integrate and interface with other systems used by the partnership.

2023-25 Action Plan

The actions planned for delivery over the period of this strategy to improve access to secure joined-up data and information will primarily contribute to achieving the following national priority areas:

- Digital services: Digital options are increasingly available as a choice for people accessing services and staff delivering them.
- Digital access: People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.
- Data-driven services and insight: Data is harnessed to the benefit of citizens, services and innovation.

Action	Timescale
Work towards implementation of a new social care digital system to replace our existing <i>CareFirst</i> solution	2025
Work with partners to improve the availability of joined-up data and information for citizens, staff and services	2025
Work with NHSGGC to promote and expand the effective use of the digital health and care record data accessible through the Clinical Portal	2025
Rationalise our information assets and implement SCARRS guidance on the retention schedules for data	2024

3. Improving organisational collaboration and integration between social care and health

The HSCP is one of six in the Greater Glasgow and Clyde area. Our work is governed by the Integration Joint Board (IJB), comprising members from both East Dunbartonshire Council (EDC) and NHS Greater Glasgow and Clyde Board (NHSGGC), as well as those representing the interests of the third sector, staff, independent contractors, service users and carers and provider organisations.

The IJB is responsible for the integrated planning of a wide range of community health and social care services for adults and children. Delivery or arrangement of those services is then carried out by EDC and NHSGGC on behalf of the IJB. Under these arrangements, the HSCP's ICT and digital services are provided by both EDC and NHSGGC. These dependencies on our parent organisations require careful alignment of our strategic digital priorities to ensure the successful delivery of the actions identified in this strategy.

Overcoming the challenges of working with two ICT infrastructures across the partnership is a significant barrier to effective collaboration and integration, and a priority of our digital agenda to date. Progress has been made as we continue to improve access to information and resources, but we recognise the need to reduce the inefficiencies and currently unavoidable duplication that exists.

SPOTLIGHT: Microsoft 365 Collaboration

Microsoft 365 is a productivity and collaboration platform used by all HSCP staff. The platform provides access to common office applications and functionality includes the management of emails and calendars using *Outlook*, and chat and video calling using *Teams*. Rollout of enhanced functionality using this platform continues for all staff. However, working across two ICT infrastructures currently limits the potential for effective collaboration and communication.

The Microsoft 365 Cross-Organisation Collaboration project is a national programme jointly owned by the Scottish Government and COSLA to improve collaboration and integration across local authorities and health boards. Four phases of work have been identified:

1. Continuation of wider rollout of *Teams* chat/calls and *Outlook* calendar sharing
2. Document sharing, building user confidence and starting to explore savings opportunities
3. Further exploration of opportunities around savings/efficiencies
4. Exploration of opportunities for service improvement and expansion to other organisations

The first phase of the project was piloted with six local authorities and three health boards, and rollout across Scotland is now underway. Preparations for the first phase of the project in East Dunbartonshire are underway and planned for implementation in 2023/24. This will be an important step towards improving collaboration and integration for HSCP staff working across the two ICT infrastructures used within the partnership, with staff across both networks being able to communicate and collaborate more easily and effectively.

2023-25 Action Plan

The actions planned for delivery over the period of this strategy to improve organisational collaboration and integration between social care and health will primarily contribute to achieving the following national priority areas:

- Digital services: Digital options are increasingly available as a choice for people accessing services and staff delivering them.
- Digital foundations: The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.
- Digital futures: Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.
- Data-driven services and insight: Data is harnessed to the benefit of citizens, services and innovation.

Action	Timescale
Continue to rollout the productivity and collaboration tools in <i>Microsoft 365</i> , maximising their use across the partnership, including shared visibility and functionality in <i>Teams</i> and information management and sharing in <i>SharePoint</i>	2025
Support the delivery of access to shared systems across the parent organisations, including a joint desktop with access to key information management systems to support frontline service delivery (<i>CareFirst</i> and <i>EMIS</i>); and resource management systems (e.g. desk booking)	2024
Identify and prioritise opportunities to integrate systems across all partners to improve and deliver seamless services wherever possible	2025
Implementation of ISE technology which enables access to health and social care systems from and Council or NHS premise across East Dunbartonshire	2024

4. *Developing and embedding a digital culture across the organisation and equipping our workforce with the digital skills they require*

We recognise that our staff are our greatest asset, and the successful delivery of our digital ambitions is dependent on embedding a digital culture across all employees and equipping them with the digital skills they require. While there are already resources in place to support and develop our staff, the outputs from our recent digital maturity assessment highlighted the need to do more to ensure that we are training and equipping our staff in essential digital skills, and promoting a cultural shift toward thinking and planning as a digital organisation.

We want to attract, develop, support, and retain a workforce that is confident and competent in the use of digital technologies and data. We will therefore prioritise and build on our existing training and development opportunities, ensuring that we identify and meet the needs of our staff.

SPOTLIGHT: Digital Leadership Programme

Health and care professionals require enhanced leadership skills and technological competence to provide digital solutions to enhance safe and effective person-centred care and influence the digital agenda. One of the opportunities available for our staff to develop these skills is through the Digital Health and Care Leadership Programme (DLP).

The DLP is a programme funded by the Scottish Government and led by NHS Education for Scotland (NES), helping to support and develop experienced health and care professionals with an interest in digital health and care. Through a blend of learning sessions and self-study, participants spend around 60 hours developing the strategic leadership skills required to influence the use of digital solutions in health and social care delivery, with the aim of maximising the potential of digital solutions in the HSCP to benefit service users and staff.

The eight-month programme is structured around three themes: strategic leadership and innovation; application of technology to support service delivery and benefit patients/people; and enhancing your profession's contribution to technology-enabled practice. Participants attend webinars, take part in discussion groups, peer learning and practical activities, including undertaking a digital improvement project. Participants devise, lead and implement their project, before showcasing it at a consolidation event.

We promote participation in the programme to HSCP staff and local projects have included increasing physical activity in patients using smartwatch technology, and working with GP practices on a blood pressure monitoring project. As we continue to see the development and equipping of our workforce with digital skills, we will work with Digital Champions across the organisation to promote and enhance an understanding of digital across all services.

2023-25 Action Plan

The actions planned for delivery over the period of this strategy to develop and embed a digital culture across the organisation, equipping our workforce with the digital skills they require, will primarily contribute to achieving the following national priority area:

- Digital skills and leadership: Digital skills are seen as core skills for the workforce across the health and care sector.

Action Plan	Timescale
Support managers to identify and monitor the digital skills gaps in their teams and ensure there is capacity to attend learning opportunities through personal development reviews	2024
Further develop and enhance the <i>Microsoft 365</i> training programme to ensure the workforce can maximise the use of the tools available	2024
Increase the visibility of Digital Champions across the organisation, providing opportunities to promote and enhance an understanding of digital across all services	2025
Continue to develop our Digital Leadership Programme with a focus on innovation and cultural shift, promoting availability to all employees	2025
Continue to develop and promote our online training resources for all employees, ensuring that these are accessible, up-to-date, and comprehensive	2025
Provide regular updates to staff on digital projects and support them to embrace new technologies and what they can offer in the workplace through effective communication channels	2025
Further embed the value and visibility of digital skills and competencies in our recruitment processes	2024
Identify the transformational skills and capabilities that are required within the partnership due to the current dependencies on partner organisations	2024

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

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

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

HSCP Digital Strategy 2023-2025

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

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

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

The HSCP recognises the ever-increasing reliance on digital services in our communities and the immense potential that digital technologies offer to enhance the quality of care and outcomes for patients and service users; streamline our processes; and foster collaboration across partners and stakeholders. This is the first Digital Strategy for the HSCP, building on the significant progress and investment made in our ongoing digital transformation work. It sets out how the HSCP will provide integrated, accessible, and secure digital health and social care solutions for everyone. The HSCP Digital Strategy outlines the strategic direction, key drivers, local context and priorities for the HSCP to deliver on the digital agenda to better support patients and service users in accessing health and social care services, support a digitally enabled workforce, and promote accessibility and openness in how these services are delivered.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

East Dunbartonshire HSCP undertakes an EQIA on significant changes to policy or services, and decisions that could have disproportionate impacts on individuals or groups protected under the Equalities Act 2010. We believe that it is good practice when developing a policy, strategy or a new initiative to anticipate the likely effects it may have, and to take steps to prevent or minimise, any likely harmful effects, especially on persons who share any of the characteristics that are protected under the Equalities Act. This ensures that disadvantaged groups are not further disadvantaged by the policies and strategies we adopt. It also ensures that the IJB are properly advised of the potential effects of proposals before they take decisions that affect people's lives.

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

Name: Andy Craig	Date of Lead Reviewer Training: 09 November 2023
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Please list the staff involved in carrying out this EQIA

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

<p>Andy Craig (Planning, Performance and Quality Officer) Alison Willacy (Planning, Performance and Quality Manager) Jean Campbell (Chief Finance and Resources Officer) Digital Health & Care Strategy Board</p>
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	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>1. What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>The HSCP Digital Strategy is closely aligned to the HSCP Strategic Plan 2022-25. The Joint Strategic Needs Assessment (JSNA) was a key resource document in the process of preparing the East Dunbartonshire Strategic Plan and the Digital Strategy.</p> <p>The JSNA was produced with the support of Public Health Scotland's LIST Analysts and informs the planning and nature of future services. It provides an overview of the current and projected population demographic, information relating to life circumstances, health behaviours, and health and social care status across East Dunbartonshire. It includes information on age, gender, ethnic origin, population projections, disabilities (including physical, learning, sensory), mental health and wellbeing.</p>	<p>We know from demographic analysis that some communities experience disproportionate levels of digital exclusion, primarily linked to the protected characteristics of age, disability and socio-economic status and social class in addition to poverty.</p> <p>Individual programmes of work associated with the Digital Strategy may be subject to equality impact assessment. Where disproportionate impact levels of digital exclusion are identified, appropriate adjustments will be put in place.</p>

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The HSCP Digital Strategy is closely aligned to the HSCP Strategic Plan 2022-25. The data captured informed the development of the Strategic Plan and the Digital Strategy.</p>	<p>Individual programmes of work associated with the Digital Strategy may be subject to equality impact assessment, informed by the data captured. Where disproportionate impact levels of digital exclusion are identified, appropriate adjustments will be put in place.</p>
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately</i></p>	<p>Learning from research evidence has informed the development of the Digital Strategy. The Joint Strategic Needs Assessment includes details of the population of East Dunbartonshire, including age; gender; ethnic origin; population projections; disabilities; and mental health and wellbeing. The consultation and engagement sessions held during the development of the Strategic Plan have also influenced the development of the Digital Strategy.</p>	<p>Individual programmes of work associated with the Digital Strategy may be subject to equality impact assessment. Where disproportionate impact for other marginalised groups is found, proportionate adjustments will be put in place.</p>

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>		
<p>4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p>	<p>Two periods of public consultation were carried out in the development of the Strategic Plan, which underpins the Digital Strategy. In addition to online public consultation, there was substantial discussion across the range of HSCP governance and representative groups including:</p> <ul style="list-style-type: none"> • HSCP Board • Strategic Planning Group • Joint Staff Partnership Forum • Public Service User and Carer Forum • HSCP Leadership Forum • Local third sector network • Carers Partnership Group 	<p>Individual programmes of work associated with the Digital Strategy may be subject to equality impact assessment and where disproportionate impact for other marginalised groups is found, proportionate adjustments will be put in place.</p>

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<p>General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>		
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.</i></p>	<p>The Digital Strategy will be accessible via the HSCP website.</p>	<p>N/A</p>

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>(Due regard to remove discrimination, harassment and victimisation).</i></p>		
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and</i></p>	<p>The development of the Strategic Plan and Digital Strategy was influenced by, and reflects, patient, service user, carer and staff experience in addition to other stakeholders. The HSCP follows guidance and governance from both East Dunbartonshire Council and NHSGG&C in relation to providing clear communication and in meeting our legal requirements in relation to communications.</p>	<p>Guidance and governance to be followed in relation to the communication of the Digital Strategy to service users and staff.</p>

	Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>victimisation and promote equality of opportunity).</i></p>		

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
7a	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Although age is not in itself a barrier to using digital services, many of the factors that can make this difficult are more common for older people.</p> <p>In common with the rest of Scotland, East Dunbartonshire's population profile is changing in all age categories. A combination of factors, including healthier lifestyles, advances in medicine and lower birth rates, means that there are more older people (aged 65 and over) in our society and proportionally fewer children and people of working age.</p> <p>The Joint Strategic Needs Assessment projects a 7.6% increase in the overall population of East Dunbartonshire from 2018-2043 due to a significant estimated rise in the population aged over 65 years. The largest increase is in individuals aged over 85 years, which is projected to rise by over 100% from 3,203 to 7,017 people by 2043.</p>	<p>Individual programmes of work associated with the Digital Strategy may be subject to equality impact assessment and where disproportionate impact for other marginalised groups is found, proportionate adjustments will be put in place.</p>
7b	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p>	<p>The Joint Strategic Needs Assessment reports that 5.6% of the adult population in East Dunbartonshire reported a disability (Scotland 6.7%) in the 2011 Census. Just under half of reported disabilities (48%) were sensory impairment, 32% related to a physical disability, 18% reported a mental health condition and 2% reported a learning disability.</p> <p>While there will be positive impacts resulting from the ongoing commitment to deliver digital solutions to service challenges, we</p>	<p>Individual programmes of work associated with the Digital Strategy may be subject to equality impact assessment and where disproportionate impact for other marginalised groups is found, proportionate adjustments will be put in place.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>appreciate that digital still presents barriers to access for some disabled people.</p>	
7c	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>No anticipated impact.</p>	<p>N/A</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
7d	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	No anticipated impact.	N/A
7e	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	No anticipated impact.	N/A

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
7f	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	No anticipated impact.	N/A
7g	Religion and Belief	No anticipated impact.	N/A

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
7h	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	No anticipated impact.	N/A

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	4) Not applicable <input checked="" type="checkbox"/>		
7i	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	No anticipated impact.	N/A
7j	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can</p>	Poverty is often cited as the single biggest determinant of digital exclusion, compounding barriers for other protected characteristic groups. The Carnegie Trust (2016) found a strong relationship between SIMD and internet uptake with uptake amongst the 10% most deprived areas in Scotland sitting at 53% compared to 81% for the 10% least deprived areas. The Digital Poverty Alliance state that 53% of people who are offline can't afford to pay an average monthly broadband bill.	Individual programmes of work associated with the Digital Strategy may be subject to equality impact assessment and where disproportionate impact for other marginalised groups is found, proportionate adjustments will be put in place.

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	<p>reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>The Scottish Index of Multiple Deprivation (SIMD) ranks data zones (small areas with an average population of 800 people), from the most deprived to the least deprived. Using deciles, with 1 being the most deprived and 10 being least deprived. Although the majority of the population of East Dunbartonshire live in the least deprived deciles', there are four data zones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three are in the Hillhead area of Kirkintilloch and one is in Lennoxton. All of these are in the East Locality of East Dunbartonshire and represent 3,562 people or 3.28% of East Dunbartonshire's population.</p>	
7k	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>There may be some groups who experience higher levels of digital exclusion and therefore may not benefit (or may be further removed) from digital-based service improvements.</p>	<p>Individual programmes of work associated with the Digital Strategy may be subject to equality impact assessment and where disproportionate impact for other marginalised groups is found, proportionate adjustments will be put in place.</p>
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	<p>Individual projects and programmes may deliver cost savings through reducing admin burden and other means. It is not anticipated that any of these would disproportionately impact on protected characteristic groups.</p> <p>All major programmes will follow a business case approach and this will include an EQIA to determine any disproportionate impact on people with protected characteristics.</p>	N/A

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	3) Foster good relations between protected characteristics. <input type="checkbox"/> 4) Not applicable <input checked="" type="checkbox"/>		
9.	What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	East Dunbartonshire HSCP is committed to regularly training and empowering staff on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups.	N/A

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

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

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

There are no reported risks in relation to human rights.

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

No specific or definable approach was applied in the development of the Digital Strategy, but the PANEL principles underpin the general approach to all plans developed by the HSCP, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of communities.

*

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

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

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

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

N/A

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)

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

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Lead Reviewer: Andy Craig
EQIA Sign Off: Planning Performance and Quality Officer
Andy Craig
09/01/2024

Quality Assurance Sign Off: Name
Job Title
Signature
Date

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	180124-06 Agenda Item Number 6
2	Report Title	East Dunbartonshire HSCP Digital Strategy 2023 - 25
3	Date direction issued by Integration Joint Board	18 th January 2024
4	Date from which direction takes effect	18 th January 2024
5	Direction to:	East Dunbartonshire Council and NHSGGC
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	HSCP Digital Infrastructure
8	Full text of direction	Support from partner agencies in the delivery of the HSCP Digital Strategy as set out in Appendix 1 to the report.
9	Budget allocated by Integration Joint Board to carry out direction	The HSCP currently holds a small non-recurring reserve to support the delivery of HSCP priorities and beyond access to partner capital funding and wider digital funding as available.
10	Details of prior engagement where appropriate	Wider stakeholder engagement and targeted engagement with the HSCP Digital Board as the strategy has been developed.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Digital Strategy and clear links to the Strategic Plan.
12	Performance monitoring arrangements	The monitoring of the delivery of the strategy will be through the HSCP Digital Board with updates to the PAR Committee / IJB as required through the Annual Delivery Plan updates.
13	Date direction will be reviewed	Annually update on delivery of overall strategy – January 2025, regular updates to PAR Committee through ADP updates.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18th JANUARY 2024

REPORT REFERENCE: HSCP/180124/07

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

SUBJECT TITLE: UNSCHEDULED CARE WINTER 2023-2024 UPDATE

1.0 PURPOSE

- 1.1 The purpose of this report is to update Board members on developments in the delivery of the HSCP's Unscheduled Care agenda ahead of Winter 23/24.
- 1.2 This report provides an update to the IJB on how East Dunbartonshire HSCP and other GGC HSCPs are working with health board colleagues to deliver whole-system change against our urgent and unscheduled priorities to minimise the impact of unscheduled care during Winter 2023 - 2024.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 **BACKGROUND/MAIN ISSUES**

3.1 Unscheduled care work across GGC is directed by the Unscheduled Care Design and Delivery Plan 2022 - 2023 to 2024 - 2025. Ratified by all 6 IJBs, this detailed how HSCPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of an aging population with increasing complex care needs. This plan will be refreshed and brought back to IJBs in 2024.

3.2 As noted in the most recent update to IJBs on unscheduled care in January 23, national improvement work and reporting on unscheduled care has been organised into High Impact Change Areas (HIC) whilst improvement work remains true to the action plan detailed in the Design and Delivery Plan. GGC partnerships are participating actively in three HICs.

- HIC 3 – Virtual Capacity
- HIC 5 – Rapid Assessment & Discharge
- HIC 8 – Community Focussed Integrated Care

Trends in Unscheduled Care

3.3 **Presentations.** Figure 1 below shows the rate of presentation across all facilities in GGC. Thus far seasonal patterns of attendance are being observed for 2023, however attendance numbers are down 7% on 2019 figures. This could be attributed to the significant efforts within community and Primary Care on early intervention, prevention and signposting of service users to planned care. East Dunbartonshire closely follows the wider GGC trend. Despite the decrease in numbers, anecdotally from front-line staff there is an increase in the complexity of the patients who are attending, which may explain the increased average length of stay (as detailed in 3.5). A breakdown of attendances per HSCP by 100,000 of population is included at Figure 2.

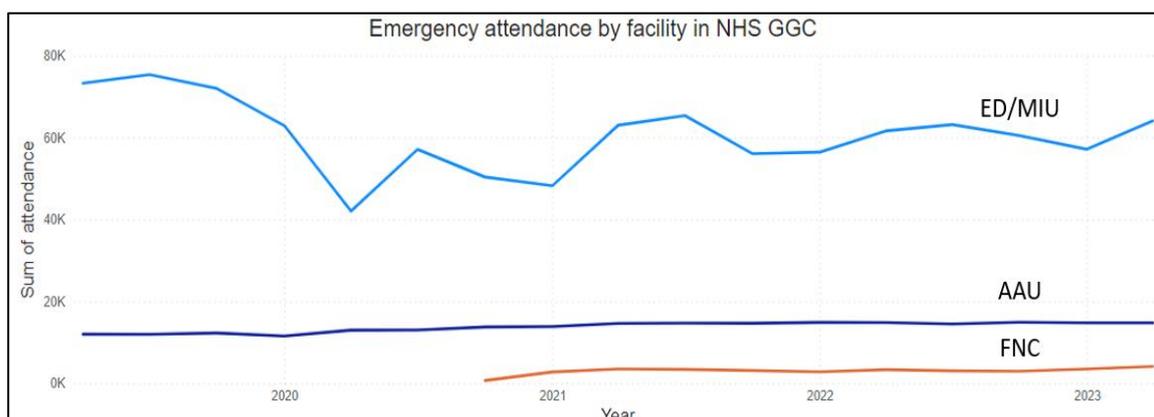


Figure 1. Quarterly counts of attendances to Emergency department (ED)/ Minor Injury Unit (MIU), Acute Assessment Units (AAU) and Flow Navigation Centre from 2019 to 2023. Source: NHS GGC Emergency Department dataset.

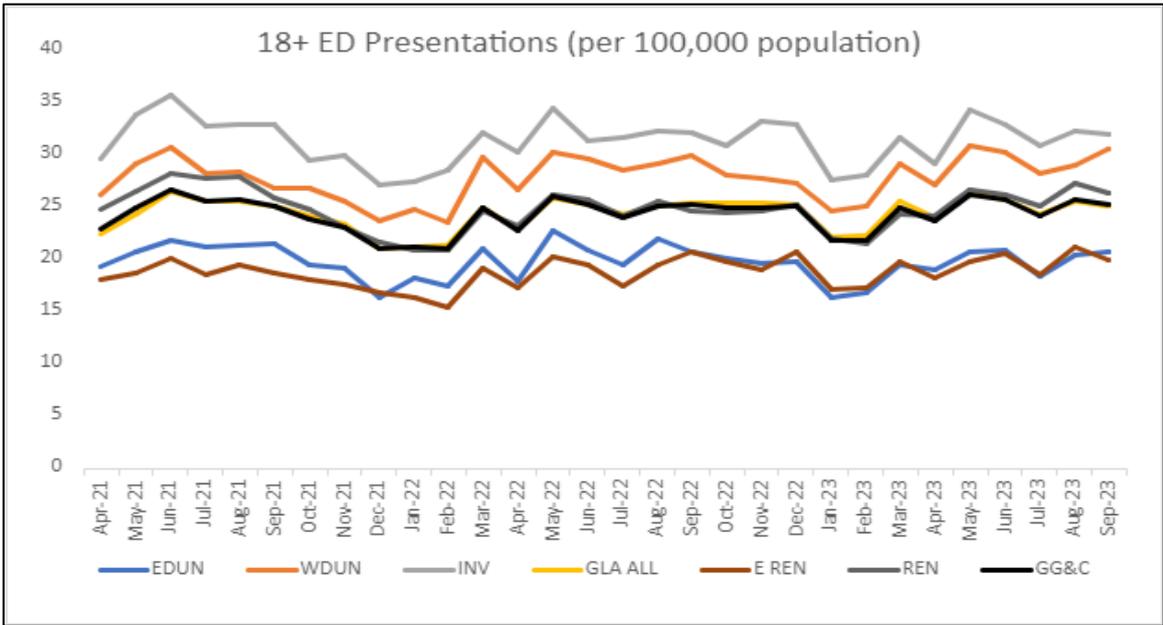


Figure 2. ED/MIU attendances per 100,000 population. Source: NHS GGC Microstrategy

3.4 Admissions. Emergency admission rates appear to have stabilised post-pandemic with GGC admission rates closely following Scottish rates overall. Admission rate per 100,000 population by HSCP is shown at Figure 3.

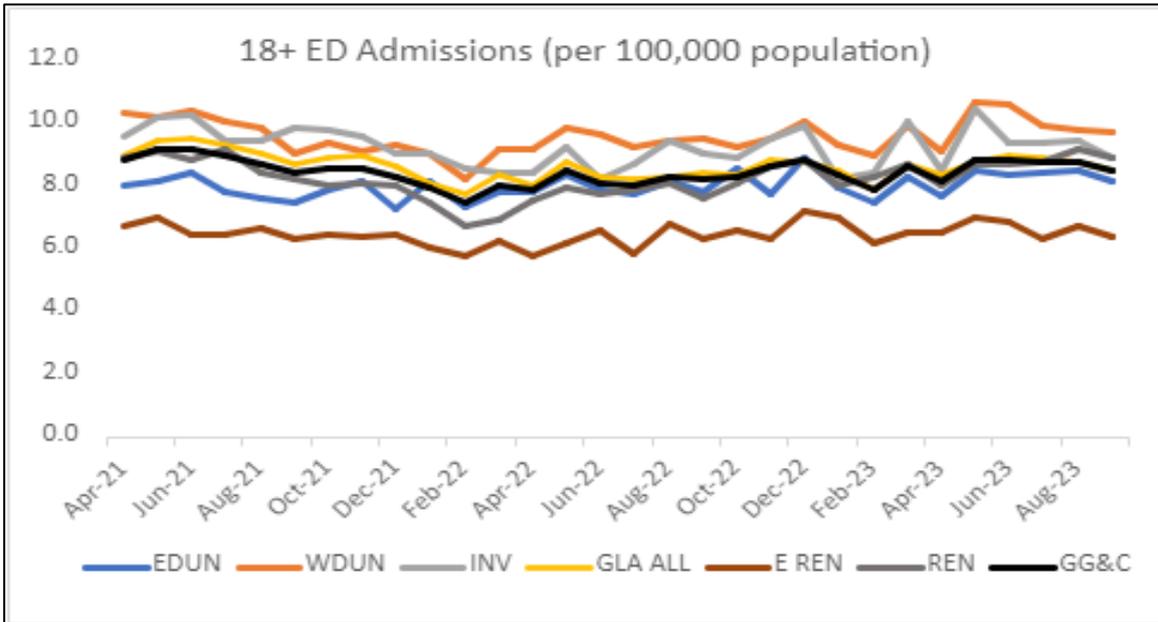


Figure 3. ED/MIU admissions per 100,000 population. Source: NHS GGC Microstrategy

3.5 Average Length of Stay. Overall, mean length of stay in NHS GGC has increased from 8.3 days in 2019 to 10.2 days in 2023 (January to June only). This has remained above the Scottish average (9.0 days) throughout the time-period. The distribution of lengths of stay is not uniform. As can be seen in Figure 4, over half (53.5%) of admissions from January to June 2023 lasted four days or less. There is however a notably large proportion (17.3%) of stays lasting fifteen days or more.

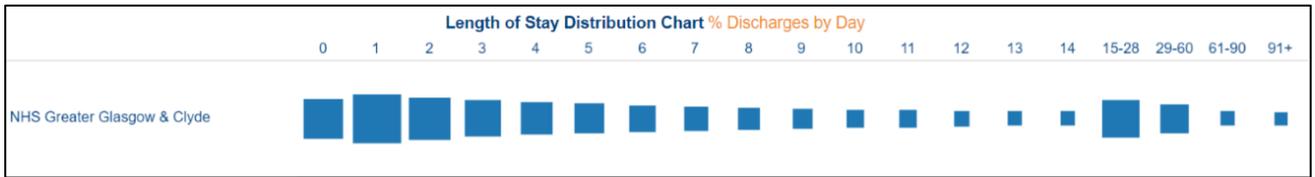


Figure 4. Breakdown of length of stay by day for inpatient stays. Source: PHS

3.6 Predictive modelling. HSCPs enlisted the support of Public Health Scotland to predict A&E attendances and emergency admissions through Winter 23/24. Using logistic regression modelling predicted values have been determined with a range of 95% certainty. This information has informed HSCP and acute demand and capacity planning and workforce measures in advance of Winter.

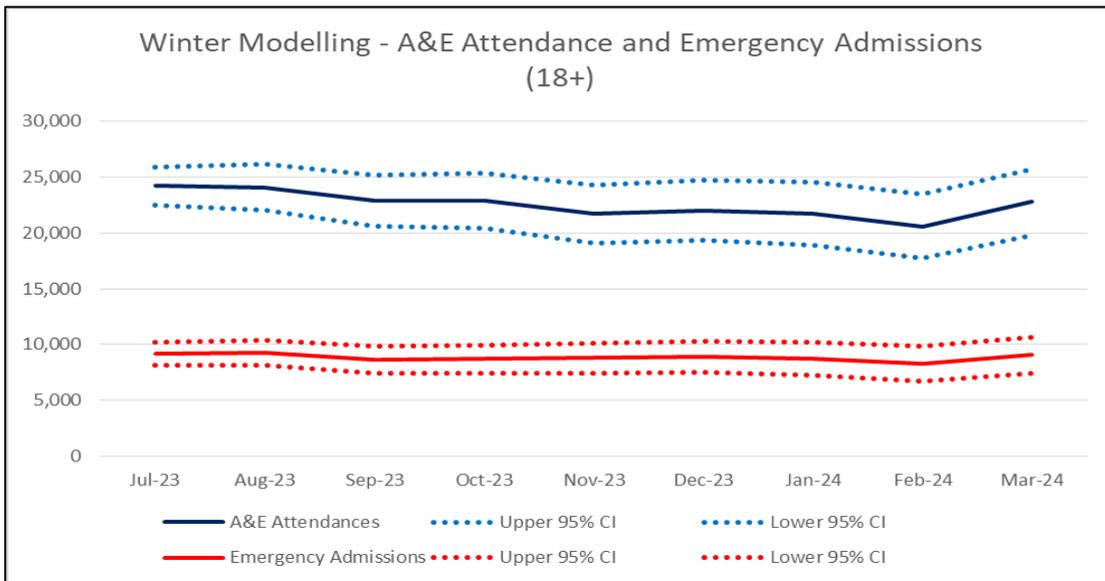


Figure 5. Predicted GGC A&E Attendance and Emergency Admissions with 95% confidence intervals. Source: PHS Scotland – MSG Data

Unscheduled Care Intervention Progress

- 3.7** The following key interventions led by HSCPs are not live across GGC. A summary of interventions across acute and community services can be found at Appendix 1.
- 3.8 Hospital at Home.** The Hospital at Home (H@H) service continues to provide acute level care to individuals in their own home who would otherwise be admitted to hospital. This is currently provided in the South and Northwest localities of Glasgow City HSCP.
- 3.9 Home First Response Service.** This service has been established for a year within the Queen Elizabeth University Hospital and Royal Alexandra Hospital. Delivering an augmented multi-disciplinary team approach composed of community staff (Frailty Practitioners, Allied Health Professionals, Pharmacy and Frailty Support Workers) embedded and working alongside the acute team to identify, assess and turn around patients at the earliest opportunity, up to 72 hours post-admission. East Dunbartonshire is fully engaged with the work as part of the Frailty Practitioner pathway however referral numbers remain low.

3.10 Falls Pathways. Work is ongoing to reduce the number of conveyances to ED following a fall.

- **Community Integrated Falls Pathway.** In collaboration with the Scottish Ambulance Service (SAS) has a focus on referral to community teams for multifactorial assessment for those patients who are not conveyed, with a same day or next day follow up from HSCP team. Referrals from SAS are increasing incrementally with a recent review demonstrating the HSCP prevention and early intervention activity following referral to minimise the risk of further falls. Within East Dunbartonshire the numbers remain fairly static, work continues to embed the pathway and now have a direct contact within SAS to share good practice and individual patient outcomes.
- **Care Home Falls Pathway.** Linking SAS crews with senior clinical decision makers through calls into the Flow Navigation Centre to minimise conveyances with a resulting reduction on pressures in ED. Results so far have shown that 62% of calls to FNC resulted in a non-conveyance.
- **Care Home Falls Test-of-Change.** Following a successful test-of-change in Glasgow City, training has been rolled out to all East Dunbartonshire's 17 Care Homes, connecting Care Home staff with clinical decision makers. Using 'Near Me' video technology, a livestream consultation takes place between the FNC and the care home resident resulting in the formation of an action and treatment plan, which helps avoid an unscheduled and potentially lengthy attendance to the Emergency Department. For residents that still may require attendance to hospital as an emergency, the FNC will facilitate referral and ambulance transfer. An audit of Care Home Wi-Fi connectivity across GGC has been implemented with a view to expanding this intervention into all HSCPs.

3.11 Call before Convey for Care Homes. On average 420 care home residents attend ED each month across GGC. Whilst the GGC Care Home Falls Pathway gives homes access to Flow Navigation Centre clinicians it only covers falls and no other reasons for attendance, which are predominantly respiratory and urinary issues. Building on the experiences of Ayrshire & Arran and East Dunbartonshire and the recommendations within the My Health, My Care, My Home framework published in 2022 a test-of-change for Winter 2023 - 2024 is proposed subject to IJB approval. Funded through delegated NHS GGC funding to support care homes through Winter, the test will give care homes access to a senior clinical decision maker who can provide remote clinical assessment. This will provide timely contact with the potential to avoid delays experienced at NHS24 and the FNC thus reducing the likelihood of a call to 999. Access to senior clinical decision makers varies across HSCP, this has resulted in variation in the models being proposed across GGC. East Dunbartonshire HSCP have introduced a test of change at weekends to support Care Home residents who are deteriorating and approaching end of life by extending their Care Home Liaison Nurse resource to 7 days a week with a District Nurse Advanced Nurse Practitioner resource as senior clinical decision maker to enable a timely response to assessment and symptom management. The Care Home Liaison Nurse service are also supporting Care Homes with uploading Anticipatory Care Plan's to clinical portal for their most vulnerable residents to ensure key information is available for all senior clinical decision makers. This approach aims to reduce avoidable admissions to hospital and enable residents to achieve their preferred place of death. Since implementation in October 2023, early indicators demonstrate a positive impact on resident outcomes with admission avoidance and improved

symptom management.

3.12 Anticipatory Care Plans (ACP). GGC's ACP programme was aligned with the Unscheduled Care Programme in 2022 and the diligent work of implementation sub-groups across all HSCPs and in Care Homes, Hospice and Secondary Care continue to demonstrate success through the exponential rise in ACPs available on Clinical Portal, with over 5000 available as of Oct 23 (Figure 6). East Dunbartonshire has exceeded its ACP targets for 2023 with 579 completed to date. In addition to raw numbers, work is on-going to improve the quality of ACPs available to support decision making. Lessons learned from the first cycle of improvement activity has been shared with all HSCPs and cycle two is underway. Additionally, the Scottish Government have announced a national re-brand of ACP activity as Future Care Planning. This new terminology will be adopted across GGC with the ACP materials and website being amended to reflect this change.

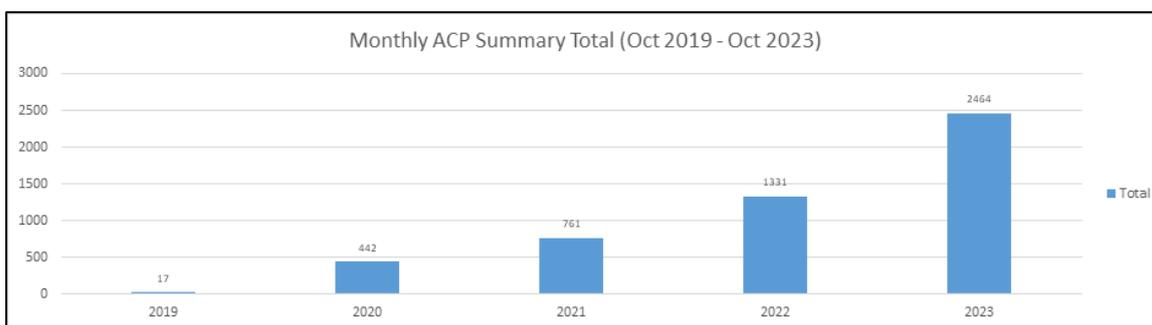


Figure 6. Monthly ACPs completed across GGC. Source: Clinical Portal

4.0 **IMPLICATIONS**

The implications for the Board are as undernoted.

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

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Supporting Carers and Families
5. Maximising Operational Integration

4.2 Frontline Service to Customers – Carers and service users are positively impacted through the designing of services around the needs of individuals, carers and communities

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

4.4 Legal Implications – The integration scheme for the IJB includes specific responsibilities for the strategic planning of certain acute hospital services.

4.5 Financial Implications – The legislation requires the IJB and Health Board to put in place arrangements to support set aside arrangements for unscheduled care, and is subject to external assessment. The Unscheduled Care Commissioning Plan delivers a joint strategic commissioning approach to unscheduled care which will deliver on the intentions of the legislation.

The IJB's budget for 2023/24 includes a "set aside" amount for the commissioning of acute hospital services within scope (e.g. accident & emergency services). This is currently estimated to £38.382 million.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – The approach outlined will have implications for NHSGGC in relation to the planning and delivery of acute hospital services for all six GGC HSCPs.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 None

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

DATE OF MEETING: 18th JANUARY 2024

REPORT REFERENCE: HSCP/180124/08

CONTACT OFFICER: DAVID AITKEN, HEAD OF ADULT SERVICES

SUBJECT TITLE: ALCOHOL & DRUGS PARTNERSHIP STRATEGY 2023 – 2025

1.0 PURPOSE

- 1.1 The purpose of this Report is to update the Health & Social Care Partnership Board on the development of the Alcohol and Drug Partnership Strategy 2023 to 2025 and to present the draft strategy for approval.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the report; and
- 2.2 Approve the updated Alcohol and Drug Partnership Strategy for 2023 to 2025 (Appendix 1).

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The national strategies for Alcohol and Drug Partnerships (ADPs) in Scotland are 'Rights, Respect and Recovery' and the 'Alcohol Framework' which have been established since 2018. In 2020, each Alcohol and Drug Partnership was asked to write a 3-year locality strategy, to reflect the priorities within the national strategies.
- 3.2** In 2021, additional priorities in response to the challenges arising from drug deaths in Scotland were added to the responsibilities of ADPs with dedicated funding streams provided to support. The additional five priorities were:
- Medication Assisted Treatment Standards (MAT)
 - National Mission priorities
 - Residential Rehabilitation
 - Whole Family Approach
 - Lived and Living Experience
- 3.3** In addition to the above priorities, the East Dunbartonshire ADP Strategy additionally covers and reports on the following:
- National suicide prevention activities from Creating Hope Together
 - Rights-based approaches to implementing drug and alcohol policy
 - Crosscutting priorities from The Promise
- 3.4** Alcohol and Drug Partnerships were advised in May 2023 that the current national strategies were still relevant, and that ADPs could amend/revise their current strategies to reflect the new priorities at a local level.
- 3.5** Across Greater Glasgow and Clyde a consistent approach was agreed where all six ADPs within NHS Greater Glasgow and Clyde would refresh and update their existing locality strategies to reflect both their respective local context and the additional five new national priorities.
- 3.6** East Dunbartonshire Alcohol and Drug Partnership Strategy was reviewed with partners from May 2023 and an updated draft strategy and consultation plan presented to the HSCP Board in September 2023.
- 3.7** The consultation process has now been completed and responses collated through online survey, email and hard copies. We received responses from members of the public, carers, local partnership arrangements and stakeholders from across East Dunbartonshire.
- 3.8** The themes identified within the consultation responses have focussed upon the development of work for young adults, out of hours responses, ease of access to services, and strengthening third sector partnerships and these have been incorporated within the final strategy attached as **Appendix 1** to this report.
- 3.9** The strategy's Delivery Plan is being developed in parallel and will be finalised after the updated ADP Strategy has been approved. There will be actions within the Delivery Plan against each of the new priority areas which will be implemented on a multidisciplinary and partnership basis.

4.0 IMPLICATIONS

The implications for the HSCP Board are as undernoted.

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

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

The work of the ADP and Alcohol and Drug Recovery Service supports the reduction in drug and alcohol related deaths/harm and supports delivery against the priorities above.

4.2 Frontline Service to Customers – Service improvement is at the centre of ADP priorities, and this is reflected within the updated strategy to support the reduction in premature deaths and harm in terms of drugs, alcohol, and probable suicides and to establish enhanced treatment and care options and ease of entry to services.

4.3 Workforce (including any significant resource implications) –The ADP continues to take forward workforce development within our Alcohol and Drug Recovery Service to ensure that national priorities are met.

4.4 Legal Implications – None.

4.5 Financial Implications – The Alcohol and Drug Partnership has received increased national ringfenced funding to support the new priorities.

4.6 Procurement – There may be a requirement for commissioning and procurement of services to undertake experiential reporting, on which our Strategic Commissioning team is sighted.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – Individuals affected by alcohol and drugs require access to robust and effective treatment options reflecting the requirement to tackle stigma, marginalisation and discrimination through a rights-based approach. An EQIA has been prepared to accompany the updated strategy.

4.10 Sustainability – East Dunbartonshire Alcohol and Drug Partnership receive core national recurring funding with additional funding to support MAT Standards and other priorities committed year-on-year from 2021. This position remains under review with two of the primary new funding streams earmarked as recurring, one of which will be baselined in 2024-25, the other is still to be determined.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

- 5.1 Failure to deliver the ADP priorities outlined in the strategy could lead to an increase in premature deaths related to alcohol, drugs, and suicide.
- 5.2 Control measures include the MAT Standards Locality Implementation Group, ADP subgroups, and the oversight of the wider ADP. There are also control measures in terms of MAT through Greater Glasgow and Clyde MAT subgroups.
- 5.3 The importance of the implementation of these priorities is set against the risks associated with drug and alcohol related death and harm and the impact upon families and our communities which is significant. The updated strategy establishes a framework and focus for continued improvement, development and investment in harm reduction, treatment, and recovery.

6.0 IMPACT

- 6.1 **STATUTORY DUTY** – National duty to report to Scottish Government and Public Health Scotland by the Alcohol and Drug Partnership on an annual basis. Reporting on the new priorities will follow similar processes where instructed. The updated ADP Strategy and deliverables will be reported to the Scottish Government through the annual report, self-assessment and other reporting mechanisms.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – Impact to East Dunbartonshire Council is noted above at Section 4.0; Implications.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – Impact to NHS Greater Glasgow and Clyde is noted above 4.0; Implications. Implementation of the new priorities sits across all six HSCP areas within NHS Greater Glasgow and Clyde. There are a number of common work streams already in place to support implementation across partnerships.
- 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 a change to an existing policy document.

8.0 APPENDICES

- 8.1 **Appendix 1** – Alcohol and Drug Partnership Strategy 2023 -2025

EAST DUNBARTONSHIRE ALCOHOL AND DRUG PARTNERSHIP STRATEGY 2023 – 2025



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FOREWORD

The Alcohol and Drug Partnership (ADP) continues to develop treatment and recovery service provision to help improve the lives of people who use alcohol and drugs problematically in East Dunbartonshire, their families, carers and communities.

East Dunbartonshire Alcohol and Drug Partnership Strategy (2023-2025) supports 'Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths' ensuring individuals, families and communities:

- have the right to health and life – free from the harms of alcohol and drugs;
- are treated with dignity and respect;
- are fully supported within communities to find their own type of recovery.

The ADP will continue to work together as a partnership to reduce inequalities, improve community relationships and involve service users and carers at the centre of service development through a whole family approach.

Taking a whole population approach to treatment and recovery, East Dunbartonshire Alcohol and Drug Partnership's focus is on supporting multi-morbidity, including embedding trauma and suicide prevention within practice. East Dunbartonshire ADP is the only ADP in Scotland that has a remit for suicide prevention. To enable this approach, the ADP commissioned an independent needs assessment, including gap analysis across commissioned Mental Health and Problematic Substance Use services to ensure future investment, service development and support is more crosscutting, joined up and more reflective of a whole system approach to recovery.

Building on the work of our Recovery Orientated System of Care, the ADP Strategy and Delivery Plan will support the implementation of, and embed the priorities and outcomes of Rights, Respect and Recovery and the Alcohol Framework and include the six evidence-based strategies established by the Drug Deaths Taskforce.

Investment and resources will focus on prevention, early intervention, treatment, and recovery ensuring that services encourage and compliment an individual's person-centred pathway with the maximum choice available. Services will be trauma informed, provide equality, diversity and respect and challenge stigma, embracing innovation and utilising lived experience.

Caroline Sinclair
Chief Officer & Chief Social Work Officer

David Aitken
ADP Chair & Interim Head of Adult Services

INTRODUCTION

The East Dunbartonshire ADP is a multi-agency partnership tasked by the Scottish Government to coordinate alcohol and drug services through partnership working. ADP Membership includes East Dunbartonshire Health & Social Care Partnership, East Dunbartonshire Council, NHS Greater Glasgow and Clyde (NHSGGC), Police Scotland, HMP Low Moss, the Scottish Fire and Rescue Service and representatives from the Recovery community.

VISION

National Vision

Scotland is a country where “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities:

- have the right to health and life – free from the harms of alcohol and drugs;
- are treated with dignity and respect; and
- are fully supported within communities to find their own type of recovery.

East Dunbartonshire Vision

“The ADP will work in partnership to improve the lives of people who use alcohol and drugs problematically in East Dunbartonshire, working to strengthen resilience and capacity to reduce harms of problem Alcohol and Drug use within communities, families and individuals in East Dunbartonshire.”

DEMOGRAPHICS

The East Dunbartonshire Area Profile 2022 document¹ provided by Corporate Performance and Research provides an overview of the population of East Dunbartonshire including a number of key findings, populated from sources such as the 2011 and 2022 Census.

Census Dates	Census 2022	Census 2011	Difference between 2022 - 2011
All	109,000	105,000	3,900
Female	56,500	54,400	2,100
Male	52,400	50,600	1,800

¹ <https://www.eastdunbarton.gov.uk/statistics-facts-and-figures-0>

From the table above we can see that East Dunbartonshire had a rise in population from 2011 to 2022, with an additional 3,900. The increase was predominantly within females at a rise of 2,100.

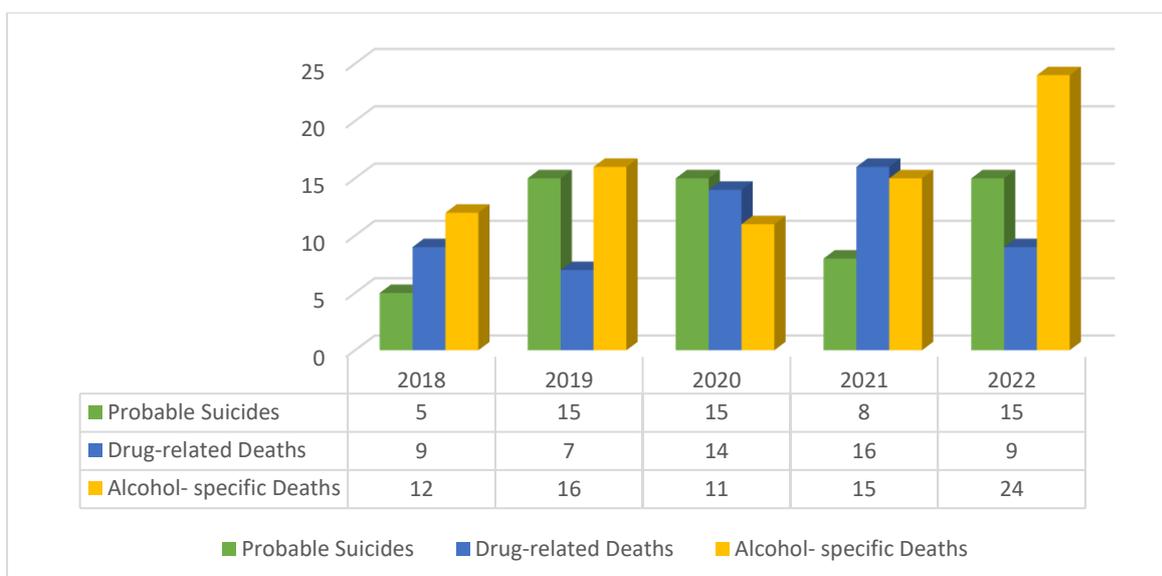
Percentage	% of total population aged 0-14	% of total population aged 15-64	% of population aged 65+
East Dunbartonshire 2022 Census	16.5%	59.3%	24.1%
East Dunbartonshire 2011 Census	16.4%	64.2%	19.4%
Scotland 2022 Census	15.3%	64.6%	20.1%
Scotland 2011 Census	16.1%	67.1%	16.8%

The table above shows that in East Dunbartonshire, 16.5% of the total population are aged 0-14, 59.3% of the total population are aged 15-64 and 24.1% are aged 65 and over.

East Dunbartonshire has a higher proportion of the population aged 0-14 compared with Scotland as a whole (1.2%), a lower proportion of those aged 15-64 (5.3%) and a higher proportion of those aged 65 and over (4.0%).

Compared to Census 2011, East Dunbartonshire has seen a decrease in the percentage of the total population aged 15-64 (4.9%) and an increase of 4.7% in those aged 65 and over. The proportion of those aged 0-14 has remained relatively unchanged over this time period.

Data reporting for alcohol-specific deaths, drug misuse deaths and probable suicides differs, with more information available at a local level for deaths by drug misuse. The ADP are making a commitment to improve local reporting by linking in at a national and board wide level to develop information sharing processes. The chart below provides a snapshot of premature deaths in East Dunbartonshire between 2018 and 2022. It is the ADPs intention to provide localised data within the Delivery Plan.



POLICY CONTEXT

National

In 2018, ten years after the publication of the previous alcohol and drugs strategies, Scottish Government published two strategic documents to address alcohol and drug harm:

1. Rights, Respect and Recovery² - Scotland's strategy to improve health preventing and reducing alcohol and drug use, harm and related deaths
2. Alcohol Framework 2018³ - next steps on changing our relationship with alcohol
3. Public Health Strategy: Turning the Tide through prevention, 2018-2028⁴

In 2019, COSLA Leaders and Scottish Ministers approved the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs⁵; this framework sets out the shared ambition between Local Government and Scottish Government to support the development and implementation of local ADP Strategies and Delivery Plans.

Scotland's Public Health Priorities⁶ represents an agreement between the Scottish Government and Local Government to focus on improving the health of the population. Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs, provides a public health approach looking at the root causes of harm and focuses on what we can do to make a difference.

'Every Life Matters' was the Scottish Suicide Prevention Action Plan launched in 2018 to continue the work from the 2013-2016 suicide prevention strategy. Suicide Prevention is included within the ADP's remit as a whole population approach under the new strategy 'Creating Hope Together' which is highlighted within the additional priorities section.

Local

As well as the links to national strategies, the work of the East Dunbartonshire Alcohol and Drug Partnership is guided by several local strategies and plans:

- East Dunbartonshire Local Outcome Improvement Plan (LOIP) 2017 -2027
- East Dunbartonshire Public Health Strategy 2023-2026 DRAFT
- East Dunbartonshire Public Health Service Plan 2023-24

**Priorities from the above local strategies will be added to the ADP Delivery Plan.

² <https://www.gov.scot/publications/rights-respect-recovery/>

³ <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/pages/3/>

⁴ <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=44913&p=0>

⁵ <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

⁶ <https://www.gov.scot/publications/scotlands-public-health-priorities/pages/>

GOVERNANCE

East Dunbartonshire Alcohol and Drug Partnership (ADP) is responsible, with local partners, for commissioning and developing local strategies to tackle problem alcohol and drug use and promote recovery, based on an assessment of local needs. The ADP in East Dunbartonshire is a multi-agency partnership whose membership is comprised of NHSGGC, East Dunbartonshire Alcohol & Drug Recovery Service, Police Scotland, Housing services, Scottish Fire and Rescue Service, Licensing, Third Sector providers, Community Safety Partnership, Community Justice Partnership, Mental Health Services, Children’s Services, and Education and Leisure services.

Reporting is via the ADP Coordinator through contributions from ADP members, national data, and local statistical information, and then signed off by the ADP Chair before going to the Integrated Joint Board for approval then submission to the appropriate bodies.

The ADP is aligned to public protection partnerships, with representation from the ADP within the Community Justice and Community Safety Partnerships. The ADP meets on a quarterly basis with ADP representatives also attending any national and GGC Board wide meetings where required.

The following groups also feed into the ADP:

- Treatment and Recovery Subgroup (T&R)
- Substance Use Prevention Subgroup (SUPG)
- Drug and Alcohol Death Review Subgroup (DADR)
- Suicide Prevention Subgroup (SP)
- Medication Assisted Treatment Implementation Group (MATIG)



PRIORITIES

East Dunbartonshire ADP will work in partnership to deliver the priorities below, focusing investment and resources on reducing the use of and harm from alcohol and drugs.



In addition to the above the ADP will prioritise the following as detailed in the Additional ADP Priorities 2023 – 2025 section:



OUTCOMES

East Dunbartonshire ADP will focus on the following outcomes, in line with Rights, Respect and Recovery, and the Alcohol Framework, as further highlighted within the delivery plan.



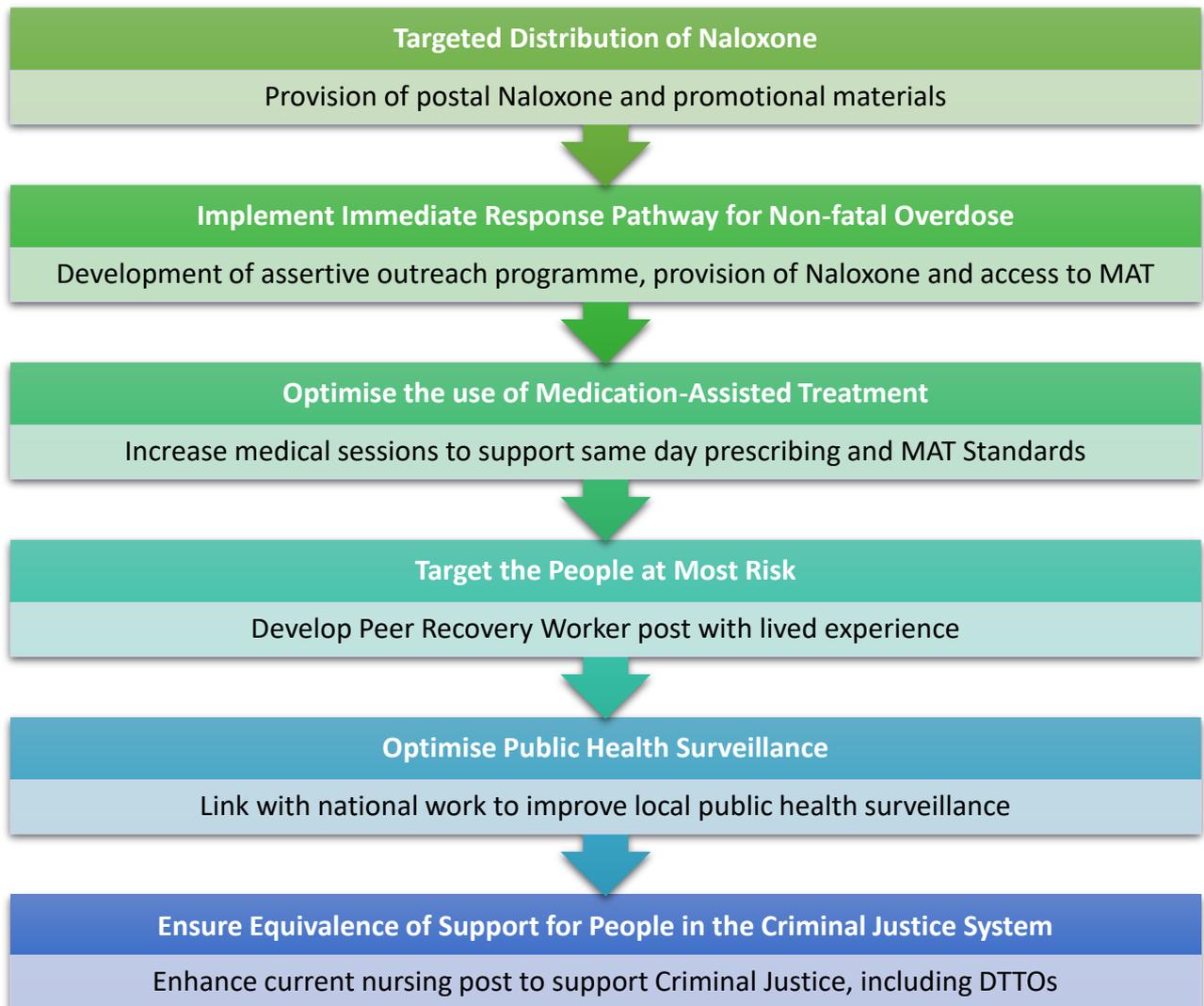
In addition to the above outcomes the ADP will include outcomes from the Additional ADP Priorities 2023 – 2025 section in the new Delivery Plan:

DRUG RELATED DEATHS

The Drug Deaths Taskforce established six evidence-based Strategies to reduce drug deaths and drug harms:

1. Targeted Distribution of Naloxone
2. Implement Immediate Response Pathway for Non-fatal Overdose
3. Optimise the use of Medication-Assisted Treatment
4. Target the People at Most Risk
5. Optimise Public Health Surveillance
6. Ensure Equivalence of Support for People in the Criminal Justice System

East Dunbartonshire ADP were successful in gaining funding from Scottish Government to support the actions below. It is the aim of the ADP to ensure work against these actions becomes sustainable and embedded in practice where possible.



RESHAPING SERVICES

In 2019, the East Dunbartonshire Health and Social Care Partnership commissioned an independent mental health and substance use needs assessment across contracted services. The aim of the needs assessment was to provide a baseline of current service provision, analyse service duplication and gaps, and provide a set of recommendations for reshaping services over the next five years. The ADP acknowledges that the landscape has changed since the needs assessment was completed. These changes will be considered when reshaping future services across the commissioned landscape. During this process we will ensure services are more joined-up and aligned to national and local policy. Services will support multi-morbidity and embed good practice around trauma informed care, addressing crosscutting service requirements, including support for individuals who are harder to reach.

The ADP will work in partnership with ADP members, service users, carers, third sector partners and other relevant stakeholders to reshape mental health and substance use

commissioned services over the next five years. A separate action plan will ensure that the priorities and outcomes of the ADP Strategy are deeply rooted in this process.

INVESTMENT

There has been investment across both treatment and recovery services since the ADP's inception in 2009. In 2011, the ADP commissioned its first needs assessment; based on the recommendations, investment focused towards recovery, which also supported the development of the local ROSC. There was significant investment into services to support children, young people and other family members affected by substance use as well as a Community Rehabilitation Service.

Based on the outcomes from the 2019 mental health and substance use needs assessment, drug related taskforce funding and the priorities and outcomes from the national strategies; the ADP will continue to invest in prevention, early intervention, treatment and recovery. Reconfiguring investment to ensure current service needs remain supported and that the priorities and outcomes noted in this document and the ADP Delivery Plan are realised.



CONSOLIDATING LEARNING FROM COVID-19

The COVID-19 Pandemic changed the way we delivered services, with working practices being adapted quickly, to ensure service users stay supported whilst keeping both service users and staff safe. In April 2020, ADRS's and ADPs provided a response to Scottish Government around the continuation of drug and alcohol services to ensure services continue to be safe and accessible.

Many of the changes implemented have continued beyond the pandemic, with services continuing to provide mixed models of support with a greater use of digital technology and increased partnership working.

ADDITIONAL ADP PRIORITIES 2023 - 2025

The national strategies for Alcohol and Drug Partnerships (ADPs) in Scotland are "Rights, Respect and Recovery" and the "Alcohol Framework." However, there have been significant changes since 2021, leading to the addition of several additional priorities for ADPs, along with additional funding streams. These new priorities are being incorporated into the East Dunbartonshire Alcohol and Drug Partnership Strategy through this addendum. A revised delivery plan will also be created to outline the actions being taken to address these areas.

The additional priorities are as follows:

Medication Assisted Treatment Standards

This priority focuses on setting and implementing the ten standards for medication-assisted treatment⁷ (MAT) for problematic substance use. MAT involves the use of medications, such as methadone or buprenorphine, in combination with counselling and psychological therapies to provide a comprehensive approach to treatment. The ten MAT standards are shown below:

Standard 1 - Same Day Access



Standard 2 - Choice



Standard 3 - Assertive Outreach and Anticipatory Care



Standard 4 - Harm Reduction



Standard 5 - Retention



Standard 6 - Psychological Support



Standard 7 - Primary Care



Standard 8 - Independent Advocacy and Social Support



Standard 9 - Mental Health

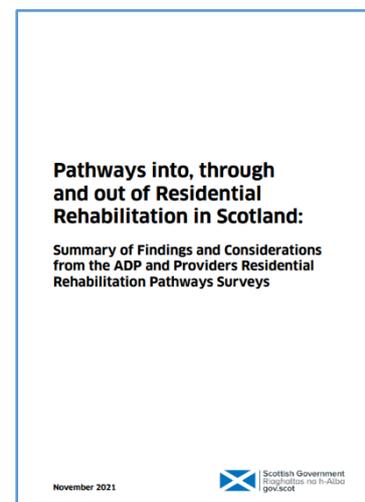
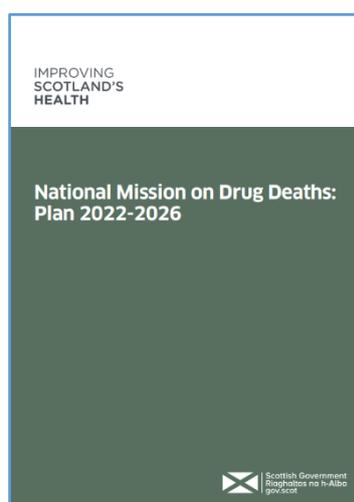
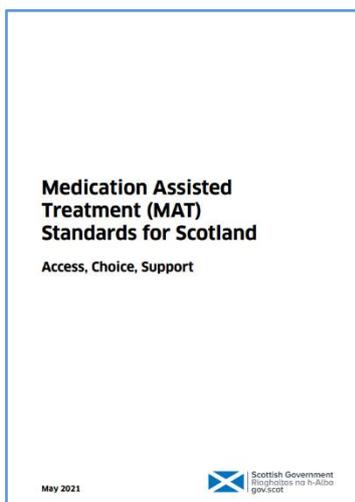


Standard 10 - Trauma Informed Care

⁷ <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/pages/15/>

National Mission

The National Mission⁸ is a broad initiative aimed at addressing drug-related harms and promoting health and well-being. It encompasses various strategies and actions to prevent drug-related deaths, reduce drug use, and provide support and treatment to those affected by substance use:



⁸ <https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/pages/5/>

Residential Rehabilitation

Residential rehabilitation⁹ refers to the provision of treatment and support in residential settings for individuals with problematic substance use. This priority focuses on enhancing and expanding residential rehabilitation services to meet the needs of individuals seeking intensive treatment.

Access: There should be access to residential treatment on an equitable basis across Scotland

Capacity Planning: There is a clear understanding of need, demand, and capacity

Best value: Funding models for residential treatment need to ensure value for money

Standardisation: A standardised approach to support good practice should be developed

Pathways: Referral pathways should be clear, consistent, and easy to navigate

Research: The approach to providing residential treatment should be underpinned by the evidence

Models of delivery: The diversity of residential treatment interventions across Scotland needs to be understood

Support to the Drugs Deaths Task Force: The work to improve access to residential treatment should support the work of the Drug Deaths Task Force

⁹ <https://www.gov.scot/publications/residential-rehabilitation-working-group-preliminary-recommendations-drug-alcohol-residential-treatment-services/>

Whole Family Approach



The whole family approach¹⁰ recognises that substance use affects not only the individual but also their family members and loved ones. This priority aims to address the needs of families affected by substance use and provide support, education, and interventions for the entire family unit.

- Auditing existing provision in terms of quantity, quality, and reach
- Working collaboratively to strengthen and expand service provision in their area
- Ensure that the expertise, views and needs of families are included from the outset

By incorporating these additional priorities into the existing strategy, we aim to enhance our efforts in addressing substance use issues and improving the overall health and well-being of individuals and communities. The revised delivery plan will outline specific actions and initiatives undertaken to achieve the goals of each priority area and ensure a comprehensive and coordinated approach to tackling substance use challenges.

Lived and Living Experience

This priority emphasises the importance of including the perspectives and experiences of individuals with lived or living experience of substance use in the design, planning, and implementation of services and policies. It recognises the value of these insights in developing effective and person-centered interventions:

Bringing the voices of people with lived and living experience to decision-making and service provision

¹⁰ <https://www.gov.scot/publications/improving-holistic-family-support-towards-whole-family-approach-family-inclusive-practice-drug-alcohol-services/pages/9/>

A rights-based approach for drug and alcohol policy in Scotland

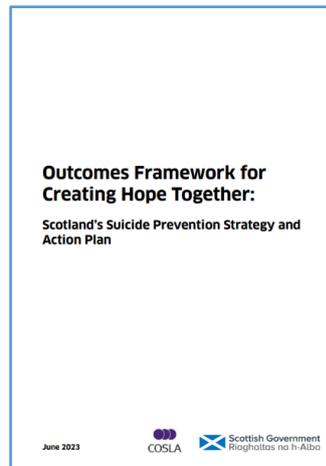
In January 2022, the First Minister invited Professor Alan Miller to become independent Chair of and build the National Collaborative¹¹ for drug and alcohol policy in Scotland. The National Collaborative’s vision is to integrate human rights into drug and alcohol policy leading to better outcomes for people affected by substance use. The National Collaborative action plan includes.

- A Charter of Rights, co-designed between people affected by problem substance use, service providers and government
- An Implementation Framework, to ensure these rights are made real in everyday life
- A Monitoring and Evaluation Framework to measure the on the ground impact of the Charter of Rights



¹¹ <https://www.alliance-scotland.org.uk/lived-experience/engagement/national-collaborative/>

Suicide Prevention – Revised National Priorities



'Every Life Matters' has been replaced by Scottish Government and COSLA's new **Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032**¹². 'Creating Hope Together' includes a number of new approaches to prevent suicide. The following areas will be localised where possible and incorporated into the East Dunbartonshire Suicide Prevention Action Plan:

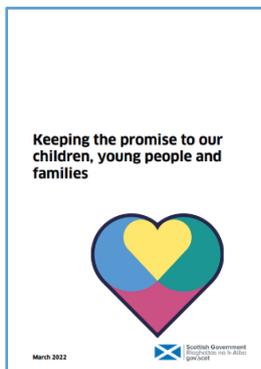
- Widening Support: This strategy aims to provide support not only to individuals at risk of suicide but also to their families, friends, and carers. Suicide affects a wider network of people and extending support to these individuals is essential for prevention and recovery.
- Investing in Peer Support: Peer support is recognised as a valuable approach to help individuals in their wellbeing and recovery journey. By connecting people with lived experiences, it creates a supportive environment where individuals can relate to one another and share coping strategies.
- Safety Planning: Safety planning is an essential part of suicide prevention. It involves working with individuals at risk of suicide to develop personalised plans to keep themselves safe during difficult times. This may include identifying triggers, coping mechanisms, and support networks.
- Improving Services: Enhancing the way services identify, assess, and care for individuals at risk of suicide is crucial. By improving services in primary care, mental health, and unscheduled care settings, it ensures timely and appropriate support is provided to those in need.
- Prioritising High-Risk Individuals and Settings: Focusing on reaching individuals with a heightened risk of suicide is a targeted approach to prevention. This includes working in key settings and communities where vulnerability may be higher and collaborating with trusted partners and the workforce to provide specialised support.
- Addressing Poverty and Marginalised Groups: Recognising the impact of poverty and marginalisation on mental health and suicide risk, the strategy incorporates insights from these areas into its work. By addressing broader societal challenges, it aims to provide more holistic support.

¹² [Creating Hope Together: suicide prevention strategy 2022 to 2032 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2022/09/Creating-Hope-Together-suicide-prevention-strategy-2022-to-2032.pdf)

- Focusing on the Needs of Children and Young People: This strategy emphasises the importance of addressing the specific needs of children and young people. Suicide prevention efforts tailored to this age group and involving them directly in designing interventions can be highly impactful.
- Responsible Media Reporting: Collaborating with the media to support responsible reporting on suicide is crucial. Media reporting can influence public perceptions and attitudes, and responsible reporting can help reduce the risk of suicide contagion and stigma.

Overall, the comprehensive approach outlined in the suicide prevention strategy aims to provide support and hope to those affected by suicide, reduce the number of suicides, and address underlying factors contributing to suicidal thoughts and behaviours. By targeting various aspects within our local suicide prevention action plan and working collaboratively, the strategy strives to make a positive impact on suicide prevention in East Dunbartonshire.

The Promise – Crosscutting Priorities



While "The Promise"¹³ primarily focuses on improving the lives and outcomes of children and young people who have experienced care, it also has implications for the alcohol and drugs sector in Scotland. The Promise aims to create a more compassionate and supportive care system, which includes addressing the needs and challenges of young people who may have been affected by alcohol and drug use. Here are some ways in which "The Promise" can intersect with the alcohol and drugs sector:

- Substance Misuse Support for Care-Experienced Young People: The initiative recognises that some care-experienced young people may have been impacted by substance misuse, either directly or indirectly. "The Promise" emphasises the need for tailored and appropriate support services to address substance misuse issues among care-experienced youth. This may include access to addiction treatment, counselling, and harm reduction services.
- Whole Family Approach: "The Promise" highlights the importance of taking a whole-family approach to support care-experienced young people. This approach acknowledges that substance misuse within a family can have significant impacts on children and young people. Addressing substance misuse issues within the family context can be essential for promoting the well-being of care-experienced youth.
- Mental Health and Well-being: Substance misuse can often be linked to mental health challenges. "The Promise" prioritises mental health and well-being as essential components of care and support for young people. It advocates for early intervention and

¹³ <https://thepromise.scot/>

appropriate mental health services to be available for care-experienced youth who may be struggling with substance use and its associated mental health issues.

- Partnership Working: "The Promise" encourages collaboration and partnership working among various stakeholders involved in supporting care-experienced young people. This includes working closely with the alcohol and drugs sector to ensure that young people's substance misuse issues are addressed effectively, and that they receive appropriate and timely interventions.
- Listening to Young People: Central to "The Promise" is the principle of listening to the voices and experiences of young people. This includes hearing the perspectives of care-experienced youth who may have been impacted by alcohol and drugs. Their insights can help inform policy and service development in the alcohol and drugs sector, ensuring that the support provided is relevant and responsive to their needs.

"The Promise" serves as a guiding framework to improve the care system and enhance the support available to care-experienced young people, including those affected by alcohol and drug use. By taking a holistic and compassionate approach, the initiative aims to create a more inclusive and supportive environment for young people to thrive and overcome the challenges they may face.

Next Steps

The introduction of these new priorities has been accompanied by additional funding allocations, aimed at facilitating investment by each Alcohol and Drug Partnership (ADP) into treatment and recovery services. The overarching goal of this is to reduce drug and alcohol-related deaths and mitigate associated harm. A distinctive feature of East Dunbartonshire's approach is the inclusion of suicide prevention within the strategy, which highlights a localised and comprehensive approach for harm reduction and combating stigma.

To provide a more comprehensive understanding of the implementation process, an annual ADP delivery plan will be developed. This plan will offer a detailed roadmap outlining how the ADP intends to translate these priorities into concrete actions. This delivery plan will be released in conjunction with the overarching strategy document and will be subject to yearly updates to ensure an alignment with evolving needs and circumstances. It's important to note that the execution of these priorities will be carried out through the ADP framework, involving both the ADP itself and associated subgroups.

Taking a Whole Population Approach the ADP will continue to improve links with Children and Families, Third Sector Providers, Justice and Mental Health. This will be evident in the Delivery Plan.

CONTACT DETAILS

EAST DUNBARTONSHIRE ALCOHOL & DRUG PARTNERSHIP

KIRKINTILLOCH HEALTH AND CARE CENTRE

10 SARAMAGO STREET

KIRKINTILLOCH

G66 3BF

TEL: 0300 123 4510

Other formats and translation

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

East Dunbartonshire Council,
12 Strathkelvin Place,
Southbank, Kirkintilloch,
G66 1TJ
Tel: 0300 123 4510

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

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

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

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

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

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	HSCP/180124/08 Agenda Item Number 8
2	Report Title	ALCOHOL & DRUGS PARTNERSHIP STRATEGY 2023 – 2025
3	Date direction issued by Integration Joint Board	Thursday 18 January 2024
4	Date from which direction takes effect	Thursday 18 January 2024
5	Direction to:	East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes 240621-11
7	Functions covered by direction	Alcohol and Drug Partnership / Alcohol and Drugs Recovery Service
8	Full text of direction	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: <ul style="list-style-type: none"> • Approve the updated Alcohol and Drugs Partnership Strategy 2023-25
9	Budget allocated by Integration Joint Board to carry out direction	Funding for the implementation of the East Dunbartonshire ADP Strategy is provided centrally by Scottish Government.
10	Details of prior engagement where appropriate	Engagement with stakeholders, public, Council, HSCP Board and Elected Members has been completed as part of the consultation on the development of the new Alcohol and Drug Partnership Strategy 23-25.
11	Outcomes	The updated Alcohol and Drug Partnership Strategy 2023-25 will ensure that the provisions of the national strategy and updated priorities of the National Mission, Medication Assisted Treatment Standards and Rehabilitation are reflected and fulfilled within the locality strategy.
12	Performance monitoring arrangements	East Dunbartonshire Alcohol & Drug Partnership will take forward the delivery of the strategy reporting to Scottish Government, Public Health Scotland, HSCP Strategic Planning Group and HSCP SMT.
13	Date direction will be reviewed	December 2025

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18th JANUARY 2024

REPORT REFERENCE: HSCP/180124/9

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

SUBJECT TITLE: FINANCIAL PLANNING 2024/25 UPDATE

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the financial planning assumptions and work to date on the HSCP Budget 2024/25.

2.0 RECOMMENDATIONS

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

- 2.1** Note the financial planning assumptions and work to date on the HSCP Budget 2024/25;
- 2.2** Approve the savings (charging) proposal presented in 3.15.3 to allow progress through the Council governance processes for implementation from the 1st April 2024. (**Appendix 2**);
- 2.3** Note the outcome of the HSCP consultation on the Budget 2024/25 (**Appendix 3**);
- 2.4** Note the risks set out in 3.17 to the HSCP financial position; and
- 2.5** Note the summary of directions set out within (**Appendix 4**)

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Budget 2024/25

The Integration Scheme between East Dunbartonshire Council and NHS Greater Glasgow & Clyde sets out the arrangements for the determination of the amounts to be paid to the Partnership from the respective parties in furtherance of the delivery of the Strategic Plan and to support the effective delivery of the services delegated to it.

- 3.2** In addition the Scottish Government (SG) sets out specific requirements within the financial settlement on policy areas to be progressed with a financial allocation to support delivery – over the years this has extended to a range of policy directives such as Implementation of the Carers Act, Workforce capacity as well as recurring themes around implementation of the Scottish Living Wage (SLW) to care providers and increases to the Free Personal and Nursing Care Allowance (FPNC). The terms of funding to the IJB is set out within a finance circular which seeks to protect the baseline budget for IJBs and allocates any specific additional funding provided through the settlement via partner bodies.
- 3.3** The Integration Joint Board (IJB) is required to set a balanced budget each financial year and to take a view as to whether the settlement from each constituent body is sufficient for it to be able to deliver on the services delegated to it and the priorities set out within the Strategic Plan.
- 3.4** There are significant financial challenges across health and social care in the context of constraints on public sector funding more widely and increasing demand and cost pressures for health and social care services.
- 3.5** The HSCP approved an update to its medium term financial plan in March 2023 which included a number of assumptions on costs, demands and the financial settlements expected over the next 5 years. The IJB was planning for a range of scenarios ranging from best to poor outcomes in terms of assumptions around cost increases and future funding settlements. This would require the identification of £17.2m to £38.4m of savings with the most likely scenario being a financial gap of £17.2m over the next five years.
- 3.6** The most likely scenario was based on pay uplift assumptions of 2% year on year, contractual uplifts in line with the SLW uplifts provided in previous years, 5% demographic growth for older people and flat cash settlements plus any specific additional funding made available through the SG passed through from partner bodies in line with the finance circulars. Based on the projected income and expenditure figures the IJB will require to achieve savings between £4.1m and £4.5m each year from 2023/24s onwards.
- 3.7** There have been significant developments since that point which have impacted on the financial assumptions made and have led to additional financial challenges for the HSCP. These assumptions and the financial impact have been primarily impacted through pay settlements for both health and social care staff being higher than anticipated, and this is expected to continue in the short term while the cost of living crisis prevails and inflation remains at high levels. We have also seen continued increases in the SLW and other contractual increases, such as FPNC and NCHC expectations in light of the continuing economic position. The impact of Unaccompanied Asylum seeking Children (UASC) and the need to develop appropriate services which support these specific needs which exceeds the funding

available from the Home Office to support each child safely. The financial position for our partners also carries significant financial challenges from whom we rely for the financial settlement to the IJB.

- 3.8** Following detailed work on the HSCP budgets for 2024/25, the financial pressures facing the partnership are significant and equate **to £12.055m** for the HSCP.
- 3.9** The SG announced its draft budget on the 19th December 2023. This sets out a 4.3% uplift on NHS delegated budgets for 2024-25 to cover costs related to the 2023-24 pay deals, as well as the baselining of £100 million sustainability and NRAC funding provided in 2023-24. For clarity, the 4.3% uplift relates to 2023-24 non-recurring funding now being made on a recurring basis. Therefore there will be no inflationary uplift to cover 2024/25 budget pressures. Funding arrangements for Boards will be revisited by the Scottish Government following the outcome of the pay negotiations in the new financial year. Pay for NHS staff remains subject to agreement for 2024-25, but at this stage it should be assumed that additional funding will be allocated to support a deal.
- 3.10** The Health and Social Care Portfolio will transfer net additional funding of £241.5 million to Local Government to support health and social care and integration. The overall transfer to Local Government includes additional funding of £230 million to deliver a £12 per hour minimum pay settlement for adult social care workers in private and third sectors, in line with the Real Living Wage Foundation rate. In addition, an inflationary uplift on Free Personal Nursing Care rates (£11.5 million) is provided.
- 3.11** The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in third and private sectors should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated.
- 3.12** A copy of the Scottish Government Budget 2024-25 letter as it relates to IJBs is included as **Appendix 1**.
- 3.13** A summary of the impact from the respective financial settlements is detailed below and would mitigate the financial challenge to be met from savings to £7.386m if the terms of the finance circular are met:-

HSCP	Delegated SW Functions (£m)	Delegated NHS Functions (£m)	Total HSCP (£m)
<u>Expenditure Pressures per HSCP Financial Plan</u>			
Pay Uplift 24/25 (adj for LA Pay)	0.505	0.387	0.892
Pay Uplift 23/24 impact	1.216		1.216
Superannuation Reduction	(2.558)		(2.558)
Contractual Inflation	5.201	0.236	5.437
Future Demand - demographics	2.065	0.000	2.065
Prescribing		0.805	0.805
RT Uplift - assume 2%	(0.235)		(0.235)
Other Cost Pressures / Movements	0.535		0.535
Demand Pressures 23/24:			
Childrens residential / fostering / UASC impact	1.553		1.553
Adults & Older People per Carefirst	1.216		1.216
North Lanarkshire Corridor - CMHT / OPMH		0.150	0.150
GCC Service Recharges		0.979	0.979
Total Budget Pressures 2024/25	9.498	2.557	12.055
<u>Additional Funding (per SG Finance Circular)</u>			
EDC - Flat Cash + new monies+ circular changes	(4.282)		(4.282)
NHS - assumes pay uplift fully funded for 24/25		(0.387)	(0.387)
Financial Challenge to be met from Savings	5.216	2.170	7.386

- 3.14** The local authority presented a report to Full Council on the 14th December 2023 setting out an update on activity within its Strategic Planning & Performance framework including a financial planning and budget update. This included a number of considerations and implications for the IJB.
- 3.15** The HSCP have been developing options to address the financial gap and to date these have included consideration of new demand and the deletion of a demographic growth factor to the HSCP budget, the impact of cost reductions in employer superannuation costs, additional options for income generation through increasing charging for social work services and a review of the reserves balances held by the IJB. In total these would generate £3.6m of potential savings to the HSCP reducing the financial gap for 2024/25 to £3m.
- 3.15.1 Demographic Growth**
The HSCP had undertaken an exercise a number of years ago to determine a reasonable level of demographic growth to the budget each year in recognition of the growing elderly population within East Dunbartonshire (particularly in those aged 75+) and the corresponding impact this had on the need and demand for social work services in areas such as care homes, care at home and supported living services for older people. This set out that a 5% year on year increase in these budget areas for older people would be required to meet demand and this has formed part of the HSCP medium term financial planning assumptions. This growth in demand was severely impacted through the Covid pandemic with numbers only now returning to pre covid levels and normalised trends in terms of increases in placements and hours of service delivery expected. The removal of elements of demographic growth in the budget planning assumptions over the last couple of years have been underwritten by Adult Winter Planning reserves which have met any demand pressures over and above the levels budgeted. The HSCP retains a balance on these reserves which will

provide an ability to underwrite these pressures as we move through 2024/25. The demographic growth factor built into the budget for 2024/25 is **£1.665m**.

3.15.2 Employer Superannuation Costs

The Strathclyde Pension Fund have provided notification of the intention to reduce employer contribution rates from the 1st April 2024 to 6.5% (these are currently budgeted at 19.3%) for 2 years reverting back to 17.5% from 1st April 2026. Applying these rates would reduce employer superannuation costs by **£2.558m** for the HSCP. Given this is a delegated budget to the HSCP since its inception, and the increases in superannuation contributions over the years have been met through savings and application of reserves from within the HSCP, the reduction in costs for the 2 years set out would be expected to be retained within the HSCP and used to mitigate the financial challenges set out above. These are non-recurring cost reductions for the next 2 years only and would require the identification of recurring savings plans effective from 2026 onwards, however would afford the HSCP some time to develop and implement recurring, sustainable savings plans for future years.

3.15.3 Income Generation

In considering the need to make budget savings to deliver a balanced budget for 2024/25, the HSCP has looked at options which protect the delivery of frontline service delivery in the first instance. This includes options for generating additional income for social work services.

There has been a non-residential charging policy for social work services in place since 2001 and over the years this has been aligned to the COSLA Social Care Charging Guidance. The premise within the policy being that individuals will be asked to contribute what they can afford to pay following a financial assessment with a %age taper applied to chargeable or disposable income at the rate of 50p in every £1. In addition there are flat rate charges for services such as day care, housing support and community alarms with numbers of individuals choosing not to disclose their income details and subject to a flat rate charge for the services they receive. A financial assessment would be available for any individual who felt that the flat rate charges were beyond the income they had available.

The HSCP budget consultation (set out in detail later in this report at 3.16) indicated people felt appropriate charges for those who could afford to meet costs of services should be a core aspect of the HSCP financial framework.

A detailed business case is attached as **Appendix 2** for consideration. The proposal within this business case is to increase the levels of charging across 3 key areas within the SW Non Residential Charging Policy:

1. Increase to Daycare and transport charges from current rates of £20.80 and £5.20 per day respectively to £30.00 and £6.00 per day respectively from the 1st April 2024.
2. Increase the %age taper applied to chargeable / disposable income within the financial assessment from 50p in every £1 to 75p in every £1.
3. Increase the flat rate charge for community alarms by 4.6% in line with the rate of inflation as at October 2023. This would move current rates for community alarm of £2.32 per week (service only) and £4.64 per week (service and rental) to £2.43 per week and £4.85 per week respectively.

This is expected to generate additional income in the region of **£0.390m**.

The 2002 Community Care & Health (Scotland) Act, allows councils to set charges for non-residential community care services – such as day care, meals on wheels, community alarms and telecare – so long as a reasonable level of consistency is maintained across Scotland. **Section 1** of this Act, which relates to charging and not charging for social care, is not delegated to IJBs under The Public Bodies (Joint Working) (Scotland) Act 2014. This will therefore require to be considered through the local authority governance processes.

3.15.4 Review of IJB Reserves

The IJB currently holds reserves balances of £14.579m - £12.351m earmarked and £2.228m contingency reserves (subject to final year-end financial performance).

Contingency reserves currently comply with the IJB Reserves policy to maintain a 2% prudent reserve level based on the size and complexity of the HSCP budget. This will be diminished to some extent with an expectation that an element will be required to deliver a balanced budget position for 2023/24 based on the current reported financial performance at period 8.

Earmarked reserves are, in the most part, held for the delivery of specific SG policy initiatives with little to no ability to re designate these for other purposes as they are provided for the purposes set out when the funding was allocated and are impacted by future year funding allocations for particular policy initiatives.

There are elements of earmarked reserves which have been specifically created to further the strategic priorities of the HSCP, these relate to the delivery of transformational change, digital redesign and accommodation redesign which may require to be re designated to afford some capacity to smooth in a longer term programme of savings and service redesign to deliver services in a different way going forward which ensure ongoing financial sustainability to the IJB. These total £4.5m if applied in full which would limit the ability to lever in transformational or digital change and would limit the extent to which the IJB could deliver on its property strategy.

3.16 HSCP Budget Consultation 2024/25

The HSCP Budget Consultation for 2024/25 adopted a blended approach with engagement through the HSCP established forums – IJB Development Session, Strategic Planning Group (SPG), Staff Partnership Forum (SPF), HSCP Leadership Group and wider Leadership Forum as well as an online survey which took place between the 6th November 2023 and the 8th December 2023.

The consultation took the form of a summary information sheet setting out the services delivered through the HSCP, the scale of the budget, how this is allocated across care group areas, the financial challenge facing the HSCP for 2024/25 along with a set of principles on which budget planning will be progressed. Individuals were asked if they supported these principles along with a range of questions to elicit views on where the HSCP should continue to focus its resources, where it should stop delivering, what we could do more of to help the financial situation, how we could do things differently and what we can do collectively to support those with the highest need.

There were 25 responses to the online survey and a range of responses from the HSCP forums which we engaged with.

In summary, the themes emerging from the consultation align largely to our strategic priorities and the principles identified on how we would take forward our planning for the HSCP budget for 2024/25 and beyond.

Key Messages from the survey responses and wider stakeholder group engagement are:

- Focus on early intervention / prevention – role of local area co-ordination model
- Efficiencies in how services are delivered and assurance that these are delivered to those with clearly identified needs
- Self-management and more control for individuals over how their needs are met
- Use of volunteers and engagement with 3rd sector
- Support to carers / respite to facilitate continued caring role
- Reduce specialism / silo working / duplication – more integrated services
- Reduce wastage – hospitality, use of agency / temp contracts, mgt., strategy
- Increased areas of charging e.g. personal care

These key messages and the detail within the survey responses and wider engagement will be reflected in the savings programme to be brought forward to the IJB in the consideration of its budget 2024/25 in March 2024.

A copy of the HSCP budget consultation summary and responses are included in **Appendix 3**.

3.17 Financial Risks

There are a number of risks to the assumptions set out in the table above, at 3.13, which may impact on the financial challenge to the HSCP:

- **Financial Settlement**
The finance circular from SG in relation to the NHS uplift relates entirely to costs related to 2023-24 with no inflationary element provided for 2024-25 cost pressures. This will impact the ability to mitigate the significant prescribing cost and demand pressures which will require to be addressed through savings in other budget areas across the HSCP.

The finance circular from the SG issued to local authorities specifies that the funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2023-24 recurring budgets for services that are delegated to IJBs and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £241.5m greater than 2023-24 recurring budgets.

If the financial settlement does not align to the provisions set out within the SG circular then the SG reserves the right to reclaim the funding allocated. There could potentially be a shortfall in funding to deliver on specific policy intentions such as an uplift to the SLW for local care providers to £12 per hr or an additional gap in funding required to be met from further savings from HSCP services.

- **Employer Superannuation Cost Reductions**
The cost reductions in relation to employer superannuation for HSCP (Social Work) staff may be retained by the Council who are of the view that the benefits associated with these reductions have been largely accrued in years prior to the Partnership and for this reason it is reasonable for them to be retained within the Council. This would increase the financial gap to the HSCP by £2.558m to be addressed through identification of savings from other service areas. The reduction in the budget for the HSCP to reflect reductions in the superannuation costs would not be in compliance with the SG circular as the budget would be less than that for 2023-24.
- **Additional Costs**
There may be additional costs to be met from within the HSCP budget if delegated services delivered through our partner bodies are to be maintained at current levels. East Dunbartonshire Council has indicated in its own budget considerations that it must, for reasons of its own financial pressures, seek a full cost recovery model for services delivered at the direction of the IJB. If the identified services are to be maintained at the current levels of service, and charges to customers remain at current levels, there is a cost pressures for the HSCP of an additional £100k pa. in respect of care of gardens and additional costs of iro £500k for fleet provision. Detailed work will require to be undertaken to consider how these cost pressures are to be addressed in future, which will include consideration of different models of delivery, and further charges. There may be additional costs related to support functions which are not delegated to the HSCP, such as performance support.

Living wage uplifts as per funding from the Health and Social Care Portfolio are transferred to Local Government for pass on to service providers in the third and independent sector are aimed at uplifting the wage for social care workers in adult services. To date, the IJB has opted to extend the uplift to providers of children's service as well, recognising the inherent inequity that not doing so would create. However, given the significant financial challenge ahead, this optional uplift will have to be considered as part of the overall financial strategy. The SG financial settlement indicated that additional funding to support living wage uplifts to providers of Children's social work services may be provided through the local authority settlement.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

- 4.3 Workforce (including any significant resource implications) – None
- 4.4 Legal Implications – None.
- 4.1 Financial Implications – The financial landscape for the partnership is challenging for 2024-25 and beyond. This is a consequence of continuing demand and cost increases, challenging demographic pressures and ongoing financial austerity within partner bodies. The HSCP may be able to deliver a balanced budget position based on the current financial assumptions set out in 3.13 through a combination of savings proposals and the re designation of and use of earmarked reserves pending the development of a recurring programme of service redesign which fundamentally changes the way services are delivered and to what levels across East Dunbartonshire. This will be dependent on the outcome of discussions with partner bodies as the financial settlement becomes clearer and the budget considerations are concluded.
- 4.5 Procurement – None.
- 4.6 ICT – None.
- 4.7 Corporate Assets – None.
- 4.8 Equalities Implications – None
- 4.9 Sustainability – The sustainability of the partnership in the context of recurring budget pressures and challenging savings targets may be compromised. In order to maintain the reserves position, the HSCP will require to continue to focus on transformational change and service redesign going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis. There remain constraints on future financial settlements in the context of increasing costs to deliver services and the increasing demand on health and social care services.
- 4.10 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.17.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None

- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.

6.3 NHS GREATER GLASGOW & CLYDE – Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency’s financial challenges.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 – Scottish Government Budget 2024-25 letter

8.2 Appendix 2 – Detailed Savings Proposal – Non Residential Charging 24/25

8.3 Appendix 3 – HSCP Budget Consultation Outcome 2024/25

8.4 Appendix 4 – Direction



T: 0131-244 3464
E: richard.mccallum@gov.scot

Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

19 December 2023

Dear Chief Executives

Scottish Government Budget 2024-25

Following the announcement of the Scottish Government's Budget for 2024-25 by the Deputy First Minister in Parliament today, I am writing to provide details of the indicative funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Deputy First Minister noted in her response to the UK Government's Autumn Statement that it delivered a worst-case scenario for Scotland's finances. The financial pressures across health and social care are, by far, the most challenging since devolution. We have worked to protect NHS Budgets and social care funding where other parts of the public sector have faced reductions. All health consequentials have been passed through to the Portfolio, but these were not at a level expected by the Scottish Government, particularly given the non-recurring nature of 2023-24 pay consequentials, and we recognise the continued pressures health and social care services face in the aftermath of the pandemic and changing demographic profiles.

As in previous years, the budget announced will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process. In addition, we will undertake further work with you specifically in relation to pay costs and waiting times funding. I will keep you up to date with any changes to our planning assumptions.

Budget Uplift

Compared to 2023-24 budgets, territorial NHS Boards will receive a total increase of 4.3% for 2024-25 to cover costs related to the 2023-24 pay deals, as well as the baselining of £100 million sustainability and NRAC funding provided in 2023-24. For clarity, the 4.3% uplift relates to 2023-24 non-recurring funding now being made on a recurring basis. National Boards will receive a 3.8% uplift to fund 2023-24 pay deals.

In terms of pay, funding arrangements for Boards will be revisited by the Scottish Government following the outcome of the pay negotiations in the new financial year. As part of Boards recurring adjustments for 2023-24, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2023-24. Pay for NHS staff remains subject to agreement for 2024-25, and we will work with Directors of Finance to finalise this position once the outcome is known. We will write to Boards in 2024 to confirm finalised baseline budgets following the conclusion of this work, but at this stage it should be assumed that additional funding will be allocated to support a deal.

We have committed the £100 million sustainability funding for non-pay costs, but beyond this and the NRAC funding provided in 2023-24, Boards will be expected to manage pressures within existing envelopes. Funding ensures no Territorial Board is further than 0.6% from parity.

Covid-19 Funding

Whilst the scale of Covid-19 costs has reduced significantly in 2023-24, we recognise there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:

- Vaccinations staffing and delivery.
- Test & Protect activities including Regional Testing facilities.
- Additional PPE requirements; and
- Some specific Public Health measures.

Following today's budget, we will seek to provide early clarity as to the total funding to be provided to support these costs. However, beyond the above, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.

Policy Funding

In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2024-25. It is our intention to provide early indication of allocations where possible, and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year.

We are aware there has been a rise in the volume of allocations over the past few years and we are committed to reducing this. We are also aware timing of some allocations being later in the year leads to uncertainty and difficulties in service planning without funding certainty. We are committing to putting out 80% of allocations in the first quarter, where necessary these may be a % of the full allocation value.

Health and Social Care Integration

Formal notification of the terms and approach to the Local Government funding settlement will be given in the Circular and Local Government Budget Letter. The Health and Social Care Portfolio will transfer net additional funding of £241.5 million to Local Government to support social care and integration. The overall transfer to Local Government includes additional funding of £230 million to deliver a £12 per hour minimum pay settlement for adult social care workers in private and third sectors, in line with the Real Living Wage Foundation rate. In addition, an inflationary uplift on Free Personal Nursing Care rates (£11.5 million) is provided.

The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in third and private sectors should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area. **Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated.**

We have progressed baselining prior year Real Living Wage funding totalling £333.5 million to Local Government. A further £52.3 million has been baselined for other commitments including uprating free personal nursing care.

Capital

a. Capital Budget

The health capital budget increases from £578 million to £754 million, however if the health research element is excluded (which is a ring-fenced budget that cannot be used for capital investment), the budget reduces by £59 million from £373 million to £314 million. This is lower than our planning assumptions, which were shared with Chief Executives, Chairs and Directors of Finance in August.

The settlement allows for formula capital to be maintained at 2023-24 levels, all major projects in construction to be completed (Baird and Anchor, Parkhead Health Centre, QEUH rectification and Jubilee Phase 2), as well as support for the national replacement programmes for Ambulances and Radiotherapy equipment. Beyond these

core areas outlined above, we will not be providing any funding, including in relation to our intention to increase formula capital so that it doubles over the Capital Spending Review period (2021-22 to 2025-26).

In respect of 2023-24, we are asking all Boards to review their capital expenditure for the remainder of the year and to defer any areas where spend is discretionary.

b. New Developments and Capital Planning

We are aware that most Boards are developing infrastructure plans and individual projects which will require Scottish Government funding to progress. Given the challenging settlement we are managing, we will not be funding development costs for any new projects, as we do not anticipate starting construction of any new project over the next two years at least. We understand the local challenges this will present in some instances, so the Health Capital Finance team will arrange a discussion with all affected Boards in the New Year to confirm arrangements. However, in the meantime, NHS Boards should immediately stop any project development spend, otherwise these costs may need to be funded from local formula capital budgets which should instead be directed towards maintenance of the existing estate and essential equipment and digital replacement.

Now that we have clarity on the capital funding position, a Directors' Letter on Whole System Planning that focusses on maintaining your current estate, will be issued in the New Year.

c. Small Scale Projects

The Scottish Government has always looked to provide capital support for relatively small scale, but essential investments, that could not be funded through formula capital. At this point, our ability to fund such investments is extremely limited and Boards should not anticipate receiving additional funding in 2024-25, even if funding has previously been agreed.

It is clear that there is significant financial challenge in 2024-25 above levels we have seen before and we will continue to work closely with Chief Executives to address this. I thank you again for your support to date and your continued engagement moving into the next financial year.

2024-25 Financial Planning

I wrote to all Boards previously outlining my expectations for 2024-25 plans, being:

- a clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets,; and
- an improved forecast outturn position compared to your forecast outturn position reported at the start of 2023-24.

Further to this, I confirmed for Boards in receipt of brokerage in previous years that this would be capped for 2024-25. There is no central budget available for brokerage and any funding given for this limits investment in other areas.

Financial savings

I am aware the 3% savings target alone will not be enough to return to breakeven or in some cases the brokerage cap. There are a number of areas of work underway to support NHS Boards and collectively improve the financial position as set out below.

15 box grid

I have communicated previously the 15 box grid approved by Board Chief Executive on 14 November. This sets out 15 areas of focus for Boards to progress. There are various national programmes of work supporting these areas to be implemented at a local level.

The Financial Delivery Unit will continue to co-ordinate and assist Boards to identify further actions or areas that will support delivery of your 3% recurring savings target.

NHS Scotland Planning and Delivery Board (NHSSP&DB)

The NHSSP&DB has been established to direct and co-ordinate a range of national work including strategic planning, national programmes and national improvement. Work will continue to rationalise national programmes and agree priorities to simplify the landscape and have a stronger focus on affordability. As agreed, decisions will be taken on a Once for Scotland basis working alongside Board Chief Executives and the other functional professionals groups.

CHOICES

As set out at the Board Chief Executive meeting on 12 December, we will progress the development of the CHOICES options which will provide the framework in which decisions around the following key areas will be made:

- Workforce
- Innovation
- Service and infrastructure optimisation

Further guidance will follow in respect of the above and will take account of the discussions you have been having with the NHS Scotland Chief Operating Officer and members of my team.

It is clear that there is significant financial challenge in 2024-25, above levels we have seen before, and we will continue to work closely with Chief Executives and colleagues across the whole system. I thank you again for your support to date and your continued engagement moving into the next financial year.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal stroke underneath.

RICHARD MCCALLUM

Director of Health and Social Finance, Digital and Governance

Annex A – Board Funding Uplifts

	2023/24 Allocation	Recurring Allocations*	Updated Allocation	Uplift**	2024/25 Total Allocation	Uplift from 2023/24	NRAC Funding	Distance from NRAC Parity
	£m		£m	£m	£m	%	£m	%
NHS Territorial Boards								
Ayrshire and Arran	850.2	33.1	883.3	0.2	883.5	3.9%	0.2	-0.6%
Borders	248.6	10.4	259.0	1.5	260.4	4.8%	1.5	-0.6%
Dumfries and Galloway	352.2	12.5	364.7	0.0	364.7	3.6%	0.0	1.1%
Fife	790.8	31.3	822.1	7.2	829.2	4.9%	7.2	-0.6%
Forth Valley	631.1	25.7	656.8	2.1	658.9	4.4%	2.1	-0.6%
Grampian	1,129.9	44.4	1,174.2	2.2	1,176.4	4.1%	2.2	-0.6%
Greater Glasgow and Clyde	2,639.4	93.8	2,733.1	0.0	2,733.1	3.6%	0.0	1.3%
Highland	768.2	39.0	807.1	0.0	807.1	5.1%	0.0	-0.6%
Lanarkshire	1,424.1	57.9	1,482.0	6.9	1,489.0	4.6%	6.9	-0.6%
Lothian	1,743.3	72.0	1,815.3	10.2	1,825.5	4.7%	10.2	-0.6%
Orkney	60.2	2.5	62.8	0.8	63.6	5.6%	0.8	-0.6%
Shetland	60.1	2.2	62.4	0.0	62.4	3.7%	0.0	1.9%
Tayside	912.2	39.0	951.2	0.0	951.2	4.3%	0.0	-0.3%
Western Isles	89.0	3.8	92.9	0.0	92.9	4.3%	0.0	12.6%
Territorials Total	11,699.2	467.5	12,166.7	31.1	12,197.9	4.3%	31.1	
NHS National Boards								
National Waiting Times Centre	75.8	6.0	81.8	0.0	81.8	7.9%		
Scottish Ambulance Service	334.2	15.0	349.2	0.0	349.2	4.5%		
The State Hospital	42.5	2.0	44.5	0.0	44.5	4.6%		
NHS 24	90.7	0.7	91.4	0.0	91.4	0.8%		
NHS Education for Scotland	517.6	32.6	550.2	0.0	550.2	6.3%		
NHS National Services Scotland	378.6	1.7	380.3	0.0	380.3	0.4%		
Healthcare Improvement Scotland	33.6	0.2	33.8	0.0	33.8	0.5%		
Public Health Scotland	56.9	0.6	57.5	0.0	57.5	1.0%		
Nationals Total	1,530.1	58.8	1,588.9	0.0	1,588.9	3.8%		
Total NHS Boards	13,229.3	526.3	13,755.6	31.1	13,786.7	4.2%		

* Includes recurring allocations from 2022-23

** Includes NRAC parity adjustments.

Project Initiation Document

Project Name:	SW Non Residential Charging
Author:	Jean Campbell
Version number:	V1
Date Created/Amended:	04/12/23
Executive Officer:	

Purpose: To increase the levels of income generated within the SW Non Residential Charging policy across a number of areas of charging including daycare, transport, community alarms and raising the percentage taper applied to chargeable income for those on an income based charge.

Background

There has been a non-residential charging policy for social work services in place since 2001 and over the years this has been aligned to the COSLA Social Care Charging Guidance. The premise within the policy being that individuals will be asked to contribute what they can afford to pay following a financial assessment with a %age taper applied to chargeable or disposable income at the rate of 50p in every £1. In addition there are flat rate charges for services such as daycare, housing support and community alarms with numbers of individuals choosing not to disclose their income details and subject to a flat rate charge for the services they receive. A financial assessment would be available for any individual who felt that the flat rate charges were beyond the income they had available.

The levels of charging for daycare and transport were reviewed in 2019 with a proposal to move charges to more accurately reflect the benchmarked rates within other local authority areas. This saw the introduction of daily charges for daycare and transport linked to usage of these services from that of a weekly charge for the provision of daycare services and transport. This increased rates for daycare and transport from £10.93 and £4.37 per week respectively to a daily rate of £10 and £4 per day in 2019/20 (year 1) increasing to the benchmarked average (at that time) over a 3 year period (£20 per day in Year 2, £30 per day in year 3 for daycare and £5 per day in Year 2, £6 per day in Year 3 for transport). This was partially implemented for Years 1 and 2 only with some delays due to the covid pandemic and a decision not to implement the year 3 increase in the context of a hold on increases to charges across the Council due to the cost of living crisis being felt across the country. The cost to deliver daycare services (at that time) ranged from £42.76 per day to £95.08 per day (Kelvinbank Day Centre).

The rate of inflationary increases has reduced significantly since the peak in 2022 (CPI at 4.6% at October 2023).

COSLA have updated the Non Residential Charging Survey for 2023/24 with 31 out of 32 local authorities having contributed to the survey. This provides good benchmarking data on the levels of charges for various services across Scotland and where East Dunbartonshire sits in relation to other local authority areas.

The costs to provide daycare services has increased substantially since 2019 when the charges for these services were originally reviewed.

The %age taper applied within the financial assessment to chargeable / disposable income has remained at 50p in the £1 since the inception of the policy in 2001. Benchmarking data is limited in this area with various tapers applied across Scotland, some in excess of 50p in the £1, most notably a neighbouring local authority who set this taper at 75p in the £1.

The increases to charges for community alarms has remained static over the last few years and previously would have been uplifted in line with wider Council assumptions around charge for services / income generation within the CCLS guidance issued each year. There are currently 2,142 service users on a charge for community alarms (service and rental).

Project Initiation Document

Business Case

The proposal within this business case is to increase the levels of charging across 3 key areas within the SW Non Residential Charging Policy:

1. Increase to Daycare and transport charges from current rates of £20.80 and £5.20 per day respectively to £30.00 and £6.00 per day respectively from the 1st April 2024.
2. Increase the %age taper applied to chargeable / disposable income within the financial assessment from 50p in every £1 to 75p in every £1.
3. Increase the flat rate charge for community alarms by 4.6% in line with the rate of inflation as at October 2023. This would move current rates for community alarm of £2.32 per week (service only) and £4.64 per week (service and rental) to £2.43 per week and £4.85 per week respectively.

The HSCP undertook consultation on the HSCP Budget 2024/25 and set out a number of principles, one of which sets out that Individuals who have the means should pay more for the services they receive directly. (Consultation closes mid- December with update on responses to be provided to IJB in January 2024)

1. Daycare and Transport

Daycare services are provided through a combination of centre based provision through in house services for adults with a learning disability (Allander Day care), services purchased from the external market for older people (Birdston and Oakburn) and through a range of alternatives to daycare for those supported within their own home or within the community.

The costs of daycare have risen significantly and the current rates for older people's daycare range from £63 - £86 per day for older people's daycare, expected to rise to +£100 per day by 2025/26, and £x for adults with a learning disability.

The current levels of charging for daycare are £20.80 per day and for transport £5.20 per day. There are approx. 241 individuals currently on a charge for daycare and this generates @ £427k. The proposal would be to increase these charges to £30 per day for daycare and £6 per day for transport in line with the original 3 year proposal for the review of charging for daycare and transport. This is expected to generate an additional £150,082.75 of income. There is expected to be some level of attrition with individuals choosing not to attend day care services due to the level of charge imposed, however there is currently a waiting list for those wanting to attend centre based daycare so we expect this to be limited and the proposed rate represents a lower rate than those who opt to organise and attend daycare privately.

There is a process in place to request a financial assessment for those who feel the level of charge in unaffordable and they would move onto an income based charge for these services.

	No. of Service Users on a charge	No. of service users with an IMF	Total Service Users on a charge	Current Income from Charging	Proposed Income from Charging	Increase Charge
Daycare / Transport	134.00	26.00	£ 160.00	£ 292,362.20	£ 390,019.20	£ 97,657.00
Daycare only	55.00	7.00	£ 62.00	£ 92,068.10	£ 128,169.60	£ 36,101.50
Alternatives to Daycare	52.00	6.00	£ 58.00	£ 42,594.37	£ 58,918.62	£ 16,324.25
	241.00	39.00	280.00	£427,024.67	£577,107.42	£150,082.75

This would represent a 38.5% increase for those in receipt of daycare and transport and a 44.2% increase for those in receipt of daycare only.

Project Initiation Document

COSLA have recently concluded a benchmarking exercise for 2023/24 and this would place East Dunbartonshire in the middle of the pack in relation to the level of charges imposed for daycare and transport. There are 24 areas charging for daycare services, ranging from £1.98 to £68.36 per day – some limited to a charge for meal only. There are 9 local authority areas who charge >£30 per day for daycare. Benchmarking data for daycare is included as **Appendix 1**.

2. Percentage Taper

The non-residential charging policy is predicated on a financial assessment and charges based on ability to pay up to the flat rate charges set for the range of chargeable services. This requires an individual to provide details of their income and expenditure to determine the level of chargeable income to which they are determined to be able to make a contribution towards their care costs. They are then charged at a rate of 50p for every £1 of their chargeable or disposable income. The rate of 50p in the £1 has remained static since the inception of the policy. The proposal is to increase the percentage taper to be applied to 75p in the £1. There are currently 301 individuals on an income based charge (107 of which are billed directly through their service provider). This is expected to generate an additional £217k of income.

	No. of Service Users on a charge	4 weekly income	Annual Income	Proposed Income from Charging	Increase Charge
Housing Support	114.00	£ 4,379.87	£ 56,938.31	£ 85,407.47	£ 28,469.16
Supported Living / accommodation	68.00	£ 12,243.00	£ 159,159.00	£ 238,738.50	£ 79,579.50
Paid direct to providers	107.00	£ 11,257.07	£ 146,341.91	£ 219,512.87	£ 73,170.96
Other Local Authorities	2.00	£ 1,409.98	£ 18,329.74	£ 27,494.61	£ 9,164.87
John Street	10.00	£ 4,142.00	£ 53,846.00	£ 80,769.00	£ 26,923.00
	301.00	£ 33,431.92	£ 434,614.96	£ 651,922.44	£ 217,307.48

Benchmarking data is limited in this area with various tapers applied across Scotland, some in excess of 50p in the £1, most notably a neighbouring local authority who set this taper at 75p in the £1.

3. Community Alarms

There are currently 2,142 service users on a charge for community alarms (service and rental of unit). This currently generates in the region of £489k. The proposal is to increase the charge for community alarms by the rate of inflation at October 2023 (4.6%). This is expected to generate an additional £23k of income.

	Current Charges	Inflation Increase	Proposed Charges
Community Alarms:		4.60%	
Service Only	£ 2.32	£ 0.11	£ 2.43
Service and Rental	£ 4.64	£ 0.21	£ 4.85

This represents a flat rate charge with all 2,142 customers on a service and rental charge. If individuals choose to purchase the unit outright, then the charge will be for service only. Where the community alarm is provided as part of a wider suite of services then customers may be subject to a financial assessment, however where the service is community alarm only then customers will tend to pay the flat rate charge.

There are 26 areas charging for community alarms, ranging from £2.94 to £6.10 per week. There are 5 local authority areas who charge >£4.85 per week for community alarms. Benchmarking data for community alarms is included as **Appendix 2**.

Project Initiation Document

In summary, approval of all 3 elements of the proposal would generate an additional £389,917 of income.

	Total Service Users on a charge	Current Income from Charging	Proposed Income from Charging	Increase Charge
Daycare & Transport	280	£ 427,024.67	£ 577,107.42	£ 150,082.75
Income Based Charge	301	£ 434,614.96	£ 651,922.44	£ 217,307.48
Community Alarms	2142	£ 489,710.00	£ 512,236.66	£ 22,526.66
TOTAL	2723	£ 1,351,349.63	£ 1,741,266.52	£ 389,916.89

Project Objectives and Scope

Project Objectives

The objectives are to maximise the generation of income through charging for services which will protect the delivery of frontline services. The aim is to achieve this through application of the non residential charging policy which will ensure that individuals are not asked to contribute more than they can afford to pay and a financial assessment will be offered to those who feel that the level of charge for services is not affordable to them.

Project Scope

The scope of the proposal relates to charging for daycare and transport, community alarms and the percentage taper applied under the non-residential charging policy. This covers all areas of social work services but specifically older people and adult social work services.

Project Deliverables

Increased income to support service delivery and protect frontline services.

Project Benefits

Increased income from charging to support ongoing service delivery and avoid potential savings from reduction / cessation of service to live within financial envelope available.

Project Approach

Proposal presented for consideration and approval. Letter to be developed. Policy updated and loaded onto website. Letters issued to current customers on a charge for notification of new charges. Re calculation of charges based on new rates. Invoices to be issued for 2024/25.

Project Schedule

It is proposed that charges would be implemented from the 1st April 2024 pending approval through the Council in February 2024. Following the Council meeting, letters would be issued to those on a charge to advise of the increase in charge (4 weeks notice) and during this time the non-residential charging policy would be updated and placed on the website, engagement sessions to be progressed with staff to update on new rates.

Governance

The 2002 Community Care & Health (Scotland) Act, allows councils to set charges for non-residential community care services – such as day care, meals on wheels, community alarms and telecare – so long as a reasonable level of consistency is maintained across Scotland.

Project Initiation Document

Section 1 of this Act, which relates to charging and not charging for social care, is not delegated to IJBs under The Public Bodies (Joint Working) (Scotland) Act 2014.

Charging remains within the legal responsibility of the Local Authority and therefore require to be considered within the Council governance processes. Thereafter this will be considered as part of a range of measures presented to the IJB as part of the Budget setting processes in March 2024 and in relation to charging will be presented for noting.

Resource Requirements

There will be a resource requirement primarily from Shared Services to facilitate the calculation of charges based on the new rates, issue letters to existing customers to advise of the increase in charges across the range of services impacted. Potential increase in volume of complaints to be logged for an initial period.

Name	Job Title	Role on project	Estimated Time on Project
Gillian Allan	Team Co-Ordinator – Shared Services	Calculate and update charges to customers / issue letters advising of increased charges	4 weeks – as needed
	Complaints Officer	Log additional complaints	4 weeks following notification

Communications and Engagement

Letters will be issued to customers currently on a charge to advise of the increase to rates for the services they receive, policy will be updated and uploaded to website, engagement with staff on the revised rates in preparation for customer / family representation and to support implementation of charges going forward so the correct information is provided at the outset of an assessment.

Funding and Project Costs

Provide an outline of the funding sources and anticipated costs of the project.

	Amount			Funding confirmed(Yes / No)	Cost code
	2023/24	2024/25	(insert financial year)		
Revenue:	0	0			
Capital:	0	0			
External Funding:	0	0			

Project Quality Assurance & Control

Letters issued to customers will require to comply with GDPR compliance.
 An EQIA will require to be completed.

Project Initiation Document

Risk and Issue Management

Summary of the key risks of the project together with the likely impact and proposed mitigation.

No.	Risk	Mitigation	Impact (1-5)	Probability (1-5)	Risk Score
1	Increased income does not materialise to the levels expected due to high attrition / volume of hardship claims	Manage budget pressure through identification of other cost savings / measures / reserves – waiting list for daycare services so expect places to be filled over time	2	2	4
2	Customers withdraw from services due to increased charge placing themselves at potential risk	Review undertaken by social worker to identify alternatives to mitigate risk	2	2	4
3	Potential increase in individuals requesting a financial assessment	Charges will not commence until financial assessment concluded allowing prioritisation and timescales to be considered within current resources	2	2	4

Summary of any known Issues (and actions taken) at this stage

No.	Issue description	Severity
		Low/Med/High

Approval to Proceed		
Project Board Meeting	Enter meeting date	Enter details of those in attendance
	Enter decision made	

Day Care

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Areas which Provide	Family Group	Financially assessed as part of your charging policy?	Provided Free of Charge?	Details of Charge
Renfrewshire HSCP	3		Yes	1.98 - older people only flat rate charge
Orkney	1		Yes	
Falkirk	3	Yes		People 18-64yrs are charged £33.15 per week , flat rate. People 65yrs+ – are charged £6.25 per week, flat rate.
Moray	2		Yes	Flat rate
West Dunbartonshire HSCP	4			£4.70 per day
East Dunbartonshire HSCP	1	Yes		£20.80 per day, equivalent charges applied for alternatives to daycare (social support)
Fife HSCP	3		Yes	
East Ayrshire HSCP	4			£3.31 per day
Shetland Health & Social Care Partnership	1	Yes		£5 per day
East Lothian	2	Yes		ELHSCP £15.50 ph. Resource Centres and other building based community support sessions (3 hours) £2.25 per person, per session 1 session with transport (discount bundle) £3.35 per person 2 sessions with transport (discount bundle) £5.60 per person
NHS HIGHLAND	2		Yes	
Aberdeenshire Health & Social Care Partnership	1			£35.10 per day (OP/PD) and £46.73 per day (Adults Services) - these are the unit costs for in-house services..
North Ayrshire Health and Social Care Partnership	4	Yes		£14.99 per day
West Lothian Council HSCP	3	Yes		Day care rates vary. For older people day care the rate is £39.41 per day (external provision). For adult day care there are 6 rates, one for each day centre as each centre has a specific client group based on level of need. Internal Adult Rates are £28.89, £39.41, £45.30, £53.11, £91.47, External Adult provision £200.92
South Lanarkshire	3	Yes		Per Day £34.98 Older People £36.45 Adults
Aberdeen City Council	1			Currently £4.20 per session. New Policy states £8.40 - we are currently in transition so £4.20 is what is current
Argyll & Bute Council	2	Yes		Older people = £10.20 per hour; Learning Disability = £27.00 per hour means tested
Glasgow	4	Yes		£48.93 per day
Inverclyde HSCP	4			Only a meal charge at day care services £3.15 per meal per day
Dumfries and Galloway	3	Yes		£18.69 per day
Health and Social Care North Lanarkshire	4	Yes	Yes	Flat rate of £10 a week
Scottish Borders Council	2	Yes		£3.81 for cost of meal only
Perth and Kinross HSCP	1	Yes		£29.35 to £58.14 per day, means-tested.
Midlothian Council	2	Yes		Day opportunities £12.40 ph, financially assessed. Day Centres £3.15 per session or assessed weekly charge whichever is lower.
Angus Health and Social Care Partnership / Angus Council	2	Yes		Local authority centre based OP day care £68.36 per day and £28.96 per hour outreach, commissioned OP day care average £44.96 per day; resource centres disabilities £38.24 per hour, outreach £28.96 per hour
Comhairle nan Eilean Siar	4		Yes	
Dundee HSCP	4	Yes		£45.30 per day for Older People - means tested - adult day care - £26.70 per half day, profound LD services - £71.40 per half day - means tested
South Ayrshire Council	3		Yes	
Stirling Council / Clackmannanshire & Stirling Health & Social Care Partnership	2	Yes		£13.80 per hour
East Renfrewshire HSCP	1		Yes	

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Areas which Provide	Family Group	Financially assessed as part of your charging policy?	Provided Free of Charge?	Details of Charge
Renfrewshire HSCP		3		3.88 flat rate charge
Orkney		1	Yes	
Falkirk		3	Yes	MECS alarm, one charge per household £4.60 per week.
Moray		2		Flat rate
East Renfrewshire HSCP		1		£3.10 per week
West Dunbartonshire HSCP		4		£5.90 per week.
East Dunbartonshire HSCP		1	Yes	£120.73 per annum for alarm unit only (which can be paid by direct debit on a monthly basis at £10.06 over 12 mths)
Fife HSCP		3	Yes	£2.94 per week - flat rate and not subject to financial assessment
East Ayrshire HSCP		4		£4.31 per week
Moray		2		
Shetland Health & Social Care Partnership		1		£3 per week flat rate (not financially assessed)
East Lothian		2	Yes	£4.05 per week
Aberdeenshire Health & Social Care Partnership		1	Yes	£3.75 per week
North Ayrshire Health and Social Care Partnership		4		£5.32 per week for the mainland and £2.60 per week for island based services
West Lothian Council HSCP		3		Weekly flat rate £3.34
South Lanarkshire		3		Flat rate for all elements of the community alarm service; telecare; community alarm/telecare responder service of £2.20 per week
Aberdeen City Council		1		£3.65 per week
Argyll & Bute Council		2	Yes	£6.10 flat rate
Glasgow		4	Yes	£3.78 per week
Inverclyde HSCP		4	Yes	£3 per week - flat rate
Dumfries and Galloway		3		£3.60 per week, flat charge which isn't based on ability to pay
Health and Social Care North Lanarkshire		4	Yes	£3.40 a week. No equipment or call out charge
Scottish Borders Council		2	Yes	£5.19 per week for monitoring of alarm calls
Perth and Kinross HSCP		1	Yes	£4.62 per week means-tested
Midlothian Council		2		Flat rate £17.33 per month
Angus Health and Social Care Partnership / Angus Council		2		Flat rate £5.73 per week
Comhairle nan Eilean Siar		4	Yes	£1.50 per week per service user
Dundee HSCP		4	Yes	£4.00 per week flat charge - exemptions for those over 70 in receipt of council tax benefit
South Ayrshire Council		3		£4.41pw
Stirling Council / Clackmannanshire & Stirling Health & Social Care Partnership	#N/A	Yes		

Name of Local Authority / Health and Social Care Partnership	Family Group
Renfrewshire HSCP	3
Orkney	1
Falkirk	3
Moray	2
East Renfrewshire HSCP	1
West Dunbartonshire HSCP	4
East Dunbartonshire HSCP	1
Fife HSCP	3
East Ayrshire HSCP	4
Moray	2
Shetland Health & Social Care Partnership	1
East Lothian	2
NHS HIGHLAND	2
Aberdeenshire Health & Social Care Partnership	1
North Ayrshire Health and Social Care Partnership	4
West Lothian Council HSCP	3
South Lanarkshire	3
Aberdeen City Council	1
Argyll & Bute Council	2
Glasgow	4
Inverclyde HSCP	4
Dumfries and Galloway	3
Health and Social Care North Lanarkshire	4
Scottish Borders Council	2
Perth and Kinross HSCP	1
Midlothian Council	2
Angus Health and Social Care Partnership / Angus Council	2
Comhairle nan Eilean Siar	4
Dundee HSCP	4
South Ayrshire Council	3

HSCP Budget Consultation 2025/25

Overview

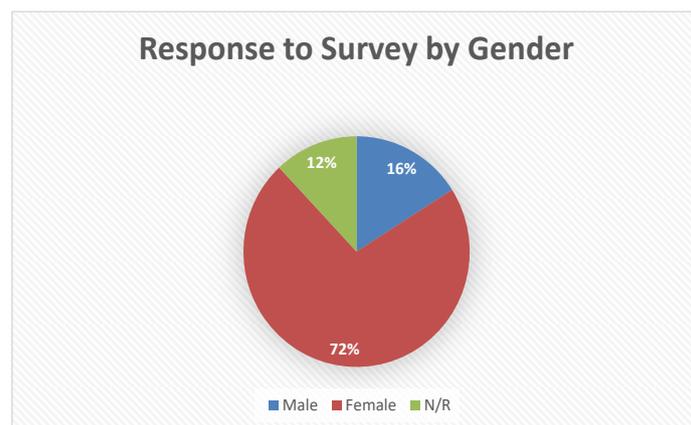
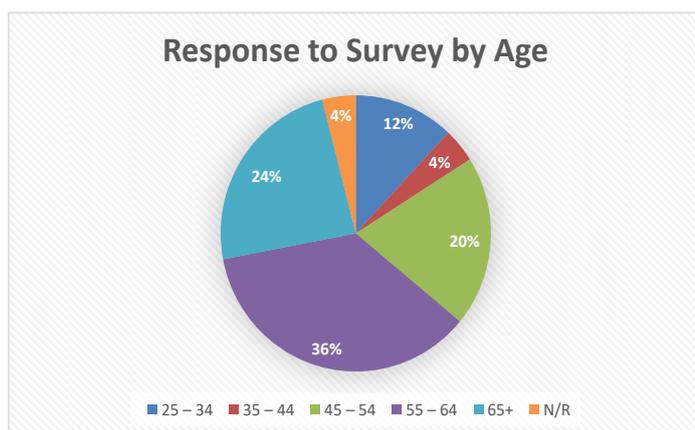
The HSCP Budget Consultation for 2024/25 adopted a blended approach with engagement through the HSCP established forums – IJB Development Session, Strategic Planning Group (SPG), Staff Partnership Forum (SPF), HSCP Leadership Group and wider Leadership Forum as well as an online survey which took place between the 6th November 2023 and the 8th December 2023.

The consultation took the form of a summary information sheet setting out the services delivered through the HSCP, the scale of the budget, how this is allocated across care group areas, the financial challenge facing the HSCP for 2024/25 along with a set of principles on which budget planning will be progressed. Individuals were asked if they supported these principles along with a range of questions to elicit views on where the HSCP should continue to focus its resources, where it should stop delivering, what we could do more of to help the financial situation, how we could do things differently and what we can do collectively to support those with the highest need.

There were 25 responses to the online survey and a range of responses from the HSCP forums which we engaged with.

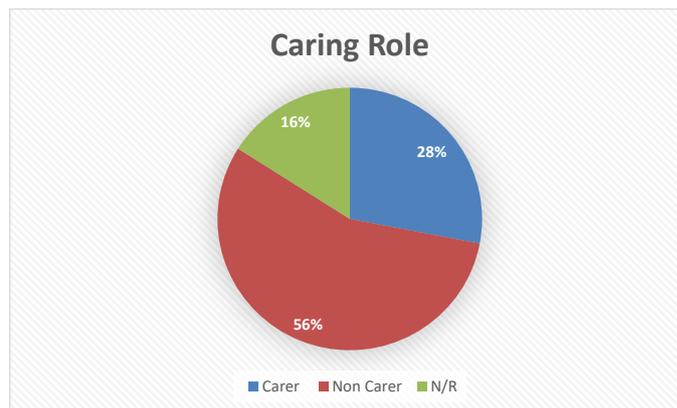
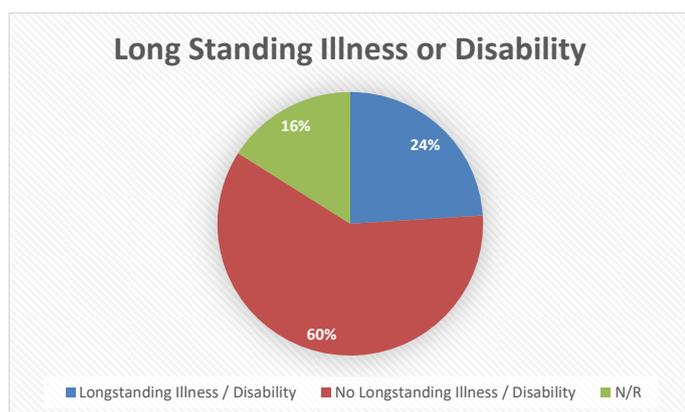
Survey Responses

The majority of individuals who responded to the survey were aged +55 (60%) and female (72%). Of respondents 56% were from the East locality of East Dunbartonshire, 40% from the West locality with others not disclosing this information, giving a good spread across



localities within East Dunbartonshire.

Of those who responded, 24% disclosed they had a long standing illness or disability and 28% were in a caring role.



Budget Principles

The principles set out in the consultation on which future budget planning within the HSCP will be progressed were:

- Individuals who have the means should pay more for the services they receive directly
- Rigid application of the HSCP Fair Access to Community Care policy which determines that there should be an equity of access to services based on need
- Tighten the eligibility to receive services, and prioritise delivery of services to those with the highest levels of need
- If budget pressures ever exceed available funding, the HSCP will have to implement a recovery plan which may mean delays / reduction / pausing or cancellation of services
- A focus on prevention and ensuring individuals have more control over the care they receive which promotes independence, with the understanding that the benefits to this approach are longer term and difficult to determine impact
- Collaborative commissioning and working in partnership with care providers to ensure services are delivered efficiently and in the best way to effectively support individuals
- Services should be delivered digitally where appropriate
- Transformation and service redesign should deliver better outcomes for patients and service users and require to be delivered in the most efficient manner possible

There was broad support for these principles with 56% of those who responded in agreement. For those not in agreement concerns were raised primarily in relation to charging for services which are needed and tightening eligibility criteria, albeit a recognition that people should be supported to do more for themselves.

Response to Survey Questions

Question 1 – When thinking of the services the HSCP provide, what is important to you that you wouldn't want to change?

Services such as care at home, support to carers, mental health services for young people and Self Directed Support were amongst the areas highlighted which people would like to see continued and prioritised. Also highlighted was the positive role of local area co-ordination (early intervention) and the need for continued support to domestic abuse services.

Question 2 – Is there anything you think the HSCP should stop doing?

Charging for services which support carers, efficiencies and wastage including structures and strategy development, reduced specialisms, duplication and silo working with a greater focus on integration and use of volunteers and working with the 3rd sector were highlighted in this area.

Question 3 – Is there anything you think the HSCP should do more of that might help our financial situation, whilst still meeting the needs of those we support?

Support to carers to maintain their caring roles, maximising the use of volunteers, promotion of self-care and consideration of other areas for charging which may deter those taking up services who may not need to and properly considered practical preventative support for frail people came across strongly within this area.

Question 4 – How could the HSCP services deliver things differently?

Earlier intervention, quicker access to services, more integrated / multi agency working / reduced silo working, a stronger focus on those who need services as opposed to driven by wants, engagement with those on the frontline to elicit ideas were the main theme highlighted in this area.

Question 5 – How can we collectively respond to all our people's needs if the HSCP can only support those with the highest level of need?

Encourage individuals / families to provide support and ideas on how best to support individuals in need, self-management, sign posting and more control to individuals, early intervention / prevention and increased use of volunteers were areas highlighted.

Question 6 – From your knowledge or experience are there any concerns about changes to services that may have an impact for groups of people with specific needs?

Concerns for those with complex needs and impact on vulnerable people generally from any reductions / service cuts with the impact on older people and carers being highlighted as well as service to support young people with mental health needs.

Question 7 – Do you have anything else you want to add?

Respondents took the opportunity to highlight areas such as the value of care at home services but efficiencies / needs assessment requiring to be tightened, reduce wasteful expenditure and engagement with those who use services to get ideas / recommendations.

There is a detailed breakdown of the survey responses included as **Appendix x**.

Summary

In summary, the themes emerging from the consultation align largely to our strategic priorities and the principles identified on how we would take forward our planning for the HSCP budget for 2024/25 and beyond.

Key Messages from the survey responses and wider stakeholder group engagement are:

- Focus on early intervention / prevention – role of local area co-ordination model
- Efficiencies in how services are delivered and assurance that these are delivered to those with clearly identified needs
- Self-management and more control for individuals over how their needs are met
- Use of volunteers and engagement with 3rd sector
- Support to carers / respite to facilitate continued caring role
- Reduce specialism / silo working / duplication – more integrated services
- Reduce wastage – hospitality, use of agency / temp contracts, mgt., strategy
- Increased areas of charging e.g. personal care

These key messages and the detail within the survey responses and wider engagement will be reflected in the savings programme to be brought forward to the IJB in the consideration of its budget 2024/25.

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	180124-10 Agenda Item Number 10
2	Report Title	Financial Planning 2024/25 Update
3	Date direction issued by Integration Joint Board	18 th January 2024
4	Date from which direction takes effect	18 th January 2024
5	Direction to:	East Dunbartonshire Council
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Budget 2024/25 – income generated through non-residential charging policy.
8	Full text of direction	East Dunbartonshire Council is directed to progress proposal for increasing the levels of charging across 3 key areas within the SW non-residential charging policy through the Council governance and decision making forums for implementation from 1 st April 2024 in line with the business case attached as Appendix 2 to the report.
9	Budget allocated by Integration Joint Board to carry out direction	The proposal is expected to generate additional income of £0.390m to be delegated to East Dunbartonshire Council to support the delivery of social work services during 2024/25.
10	Details of prior engagement where appropriate	Engagement through Council budget planning discussions, HSCP budget consultation with key stakeholder groups and wider public survey on the principles of charging to maximise income to support ongoing delivery of services within social work and across the HSCP.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The income generated will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Reviewed for IJB – budget 2024/25 update report will supersede this direction planned for 21 st March 2024.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18th JANUARY 2024

REPORT REFERENCE: HSCP/180124/10

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

SUBJECT TITLE: HSCP CORPORATE RISK REGISTER UPDATE

1.0 PURPOSE

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

2.0 RECOMMENDATIONS

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

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

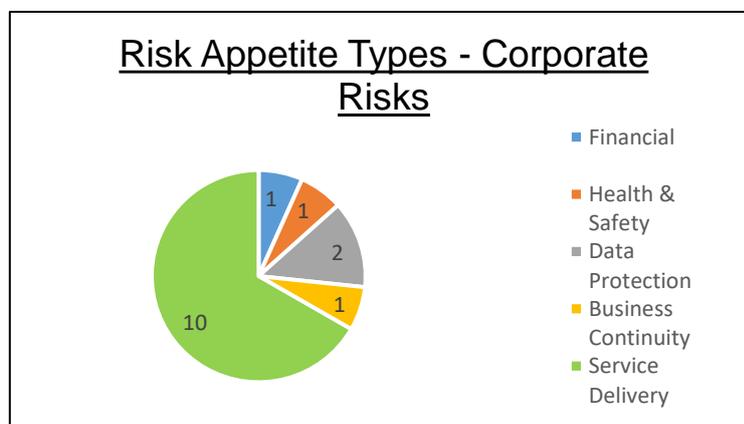
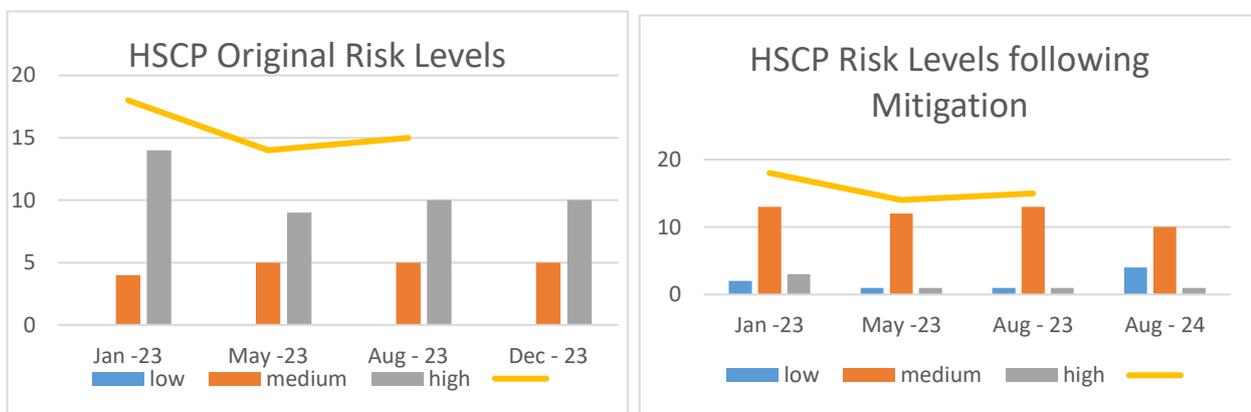
CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Corporate Risk register reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.
- 3.2** Individual Service Risk Registers are reviewed and updated on a monthly basis, as appropriate, by the Operational Leads within the HSCP. These capture a more detailed picture of individual service risks and include those services hosted within ED HSCP. This aligns to the policy requirements which states that all high and very high service levels risks should be reviewed monthly to ensure the risk in being managed with lower level risks reviewed quarterly.
- 3.3** The Corporate Risk Register is reviewed quarterly by the Senior Management Team and updated. It captures the high level risks across the HSCP and the hosted services.
- 3.4** The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these. The risks associated with the Covid pandemic have been incorporated into the wider HSCP Corporate risks where they are considered to have an ongoing impact beyond the Covid pandemic and will remain relevant for the duration of 2023 - 24.
- 3.5** There are a total of 15 risks included within the HSCP Corporate Risk register. This represents an increase in the number of risks for the HSCP of one from that previously reported. This movement relates to the addition of a risk escalated from the Oral Health Directorate risk register.
- 3.6** There has been a change to a number of the risk scores within the HSCP Corporate Risk Register, these relate to:
- HSCP 01 Inability to achieve recurring financial balance has moved from a score of 12 (likelihood 3, impact 4) to a score of 16 (likelihood 4, impact 4) – in the context of the current financial climate, the challenging financial settlement from both SG and anticipated from our partners, an expectation that the IJB reserves position will be depleted, the likelihood that we will not be able to achieve recurring financial balance have led to an increase in this risk score.
 - HSCP 09 Risk of failure to achieving transformational change and service redesign plans within necessary timescales has moved from a score of 12 (likelihood 3, impact 4) to a score of 16 (likelihood 4, impact 4). This is linked to the risk set out above and in the context of the significant financial challenge facing the IJB and the ability to address this challenge through savings and service redesign alone, particularly in the short term.
 - HSCP 13 Inability to secure appropriate accommodation in the West Locality to deliver effective integrated health and social work services in that area has moved from a score of 12 (likelihood 3, impact 4) to a score of 16 (likelihood 4, impact 4). There are limited options within the west locality suitable for development. Options identified to date rely on leasing arrangements and require significant capital investment to make them fit for purpose which

challenges the delivery of best value and investment in properties which have a short term life span and in assets not owned through our partner bodies.

3.7 Of the 15 risks identified within the Corporate Risk register, 10 are considered to be high risk albeit following the risk management actions implemented, this reduces to 4 (1) high risk area, the rest falling down to medium risks. The remaining high risk areas relate to: inability to achieve financial balance; risk of failure to achieving transformational change and service redesign plans within necessary timescales; failure to deliver on actions to support the implementation of the Un-scheduled Care Commissioning Plan and inability to support early, effective discharge from hospital; inability to secure appropriate accommodation in the West Locality to deliver effective integrated health and social work services in that area. There are a number of management actions identified which seek to mitigate the risks.



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

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

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

- The Scottish Government Covid enquiry is ongoing

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

3.11 The HSCP also has a number of service risk registers in place provides a systematic and structured method to support the risk management process. Information forming the risk register will be captured using the Datix system. The risks included are of a more operational nature, service specific and tend to be more fluid in how they appear on the register the risk score attached and the management actions to mitigate the risks. There are a total of 21 service risk registers with 105(74) live/active risks associated with these registers. The increase is attributed to introduction of our new governance processes with a focus on improving risk management across the HSCP and reporting of risks through the service risk registers. Of the 105 risks, 39% are Low risks, 34% are Medium level risks, 24% are High level risks and 3% are Very High risks.

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

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – there are particular workforce issues highlighted throughout the risk register, particularly related to the challenges in recruitment and retention of staff into key frontline services and managing ongoing absence across critical services. Workforce issues will be addressed through the HSCP Workforce Strategy.

4.4 Legal Implications – The HSCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.

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

5.0 **MANAGEMENT OF RISK**

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

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

6.0 **IMPACT**

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1** - HSCP Corporate Risk Register December 2023

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Completed by

Jean Campbell

Date created/
updated

Updated December 2023

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

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

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

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

Risk Appetite/Tolerance matrix

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

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H*)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Lead	Risk Owner
HSCP1	Inability to achieve recurring financial balance	Rising demand for services due to demographics, new legislation, new national policy, changing societal profile due to economic downturn, post covid service demand impacts, increasing complexity of demand, increasing public expectations re service provision, public service financial challenges resulting in requirements to make financial efficiencies. Cost of living price increases across in house and commissioned services. SG funding settlements not as expected / non recurring nature of funding, challenging budget settlements from partner organisations.	Reduced ability to maintain service levels leading to service reductions / cessation ; potential risk of poor service / harm to individuals; inability to offer competitive rates to service providers with potential loss of provider / risk to provider sustainability locally; cuts to staffing numbers in post; reputational risk to the HSCP, negative impact on performance and meeting set targets.	Financial	Annual budget setting process undertaken in discussion with finance leads for Council and Health Board. Specific investment from SG to support HSCP strategic objectives and system pressures. Annual Delivery Plan incorporating dis-investment / savings options developed and delivered. Internal Budget controls/Management systems and regular financial meetings with Council and NHS finance leads. Programme of efficiency plans established for coming year. Reserves Strategy in place.	4	4	16	2	Treat	Liaison with other Chief Finance Officers network / engagement with SG. Monitoring of delivery of efficiency plans for the coming year through the HSCP Annual Delivery Plan board. Financial recovery plan in place as needed and work with staff and leadership teams to identify areas for further efficiencies / service redesign to be escalated in year. Development of a medium term financial plan to support longer term sustainability and changing the way service are delivered across the HSCP. Review / Re designation of earmarked reserves.	3	4	12	2	Jean Campbell, CFRO	Chief Officer
HSCP2	Failure to deliver adequate levels of Adult Support and Protection training to ensure in-house and commissioned local services have received appropriate support to meet their statutory duties	Insufficient capacity to deliver sufficient levels of training in-house and insufficient funding available to buy in training to meet capacity shortages. Lack of clarity around roles and responsibilities. Inadequate training. Inconsistent assessment and application of protection procedures. Inability to train sufficient Council Officers to undertake ASP duties.	Death or harm to Service User. Failure to meet statutory adult support and protection duties. Insufficient Council Officers to undertake statutory duties. Reputational risk to the HSCP.	Health and Safety	Chief Officers' Group and Adult Protection Committee structure in place and overseeing training delivery. Progressive multi-agency ASP learning and development programme in place. Mandatory Levels 1-3 training delivered by partner agencies, including Level 3 for SW Council Officers and managers responsible for leading statutory investigations and protective interventions. Elective Level 2 multiagency training. Relevant HSCP and partner agency staff, including commissioned services, participate in annual case file audit and improvement task groups.	3	4	12	2	Treat	Business case developed to in-source ASP training through recruitment of additional social work capacity creating more capacity at the same cost as current arrangements. Requires consideration by Council through HR processes.Recurring funding identified.	2	4	8	3	David Aitken, Head of Adult Services	Protection Chief Officers' Group
HSCP3	Failure to comply with General Data Protection Regulations - loss of sensitive personal data (this risk and mitigation relates to personal data held which is the data controller responsibility of NHS GG&C or ED Council)	Structural changes require new and more sophisticated forms of data management. Lack of understanding and awareness of Data Protection legislation. Increasing demand and competing priorities cause workers to have decreased awareness and lessened regard for Information Security. Inadequate training for staff and use of technologies.	Breach of Information management legislation. Harm or reputational risk to individuals whose data is lost or inappropriately shared. Financial penalty. Increased external scrutiny. Reputational damage to NHS GG&C, ED Council or the HSCP. Litigation	Data Protection	Professional Codes of Practice Procedures are in place on all sites for use/release of data. Monitoring of Information Governance Standards and agencies' Security Policy, Caldicott Guardian responsibilities, NHSGGCC-wide Information Governance Steering Group. Information Sharing Protocol (endorsed by the Information Commissioner) in place for HSCP. An on-going programme of awareness and training will continue. Policies updated to reflect GDPR and new e-mail policies in place to meet government's secure email standards. All laptops (now including University equipment) encrypted. Extended use of electronic records. A programme of work re the systematic audit of access to electronic records is being extended beyond the Emergency Care Summary includes the Fair Access process. Access to health records is controlled via a role based access protocol signed off by senior clinicians and the Caldicott Guardian.	3	3	9	3	Treat	SMT implements and reviews governance arrangements to comply with legislative requirements. Action plan in place to manage staff's adherence to GDPR including Information Asset register and Information Management Liaison Officer (IMLO) role. Digital GDPR training now mandatory for staff with network access along with specific training delivered by Information Governance Leads for NHSGG&C.	2	3	6	3	Vandrew McLean, HSCP Corporate Business Manager	Chief Officer
HSCP4	Failure to comply with General Data Protection Regulations - failure to destroy records in line with schedule of destruction dates	Lack of understanding and awareness of Data Protection legislation, increasing demand and competing priorities cause workers to have decreased capacity and lesser regard for record destruction requirements. Volume of information assets / records is significant and duplicated across shared drive. Classification of records is cumbersome and clunky and difficult to understand.	Breach of Information management legislation. Financial penalty. Increased external scrutiny. Reputational damage to NHS GG&C, ED Council or the HSCP. Litigation	Data Protection	A programme of work to catalogue, assign destruction dates to, and destroy records has been developed. This is implemented as when staff capacity allows. IMLO reports to SMT on status of work. Delays in delivery due to Covid which has compounded position. Record Management Plan in place for HSCP with actions for continuous improvement.	4	2	8	3	Treat	New retention and destruction protocols for social work records (integrating paper and electronic records) being rolled out. Review of staffing position to prioritise task as we move through recovery phase. Review of file classification and rationalisation of number of information assets underway.	2	2	4	4	Vandrew McLean, HSCP Corporate Business Manager	Chief Officer
HSCP 5	Failure in service delivery through failure of business continuity arrangements in the event of a civil contingency level event	Poor/ineffective Civil contingencies planning. Lack of suitably trained resource, Disjointed partnership working.	Reputational damage. Legislative requirements not being complied with. Disruption to services. Loss of life or injury to public and or staff across the HSCP. We do not fully meet the requirements of the Civil Contingency (Scotland) act 2005.	Business Continuity	Regular testing and updating of emergency plans (multi-agency response) and Business Continuity Plans; Comprehensive plans for a Pandemic outbreak, and updated PARD / Critical Persons List.	2	5	10	3	Tolerate	Business Continuity plans. Multi agency working. Compliance with national alerts. Civil contingency. Prevent training. Winter planning. Covid-19 specific business continuity approach with transition and recovery / remobilisation planning at service and overarching levels, regularly refreshed and now embedded in business continuity approach generally. Development of a plan to support power supply restrictions and power blackout.	2	5	10	3	Alan Cairns, Planning, Performance & Quality Management Manager	Chief Officer
HSCP 6	Failure to secure effective and sufficient support services from NHS GG&C and EDC to plan, monitor, commission, oversee and review services as required including functions delivered by business support services.	Limited resources across NHS GG&C and ED Council to manage increasing demands and competing priorities. HSCP reliance on NHS GG&C and EDC IT infrastructure and systems. Performance reporting support, finance, HR, information governance etc. Frequency of change demands for CareFirst and NHS GG&C systems such as EMIS high and outwith our control, arising from new reporting requirements and changing legal/policy etc underpinning requirements. Tightening budgets result in focus on efficiencies within support functions.	Failure to effectively and securely store and retrieve records - case management systems become outdated; inability to effectively and timeously share information; inability to be effective in digital development and communication (e.g. arranging meetings, integrated systems); inability to meet statutory reporting requirements; inability to deliver Commissioning Strategy; inability to progress service reviews / redesign to meet budget requirements for savings	Service Delivery	Engaged in Board wide process to ensure proportionate allocation. Chief Officer attends constituent body CMT / SMT meetings.	3	3	9	3	Tolerate	Ongoing collaborative work with NHS GG&C and ED Council to share understanding of support requirements and reach agreement as to how this is delivered	3	3	9	3	Jean Campbell, CFRO	Chief Officer
HSCP 7	Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties. Specific workforce pressure areas are Mental Health Officers, qualified Social Workers, Personal Carers, Health Visitors, Psychologists and General Practitioners (independent contractors).	Risk reflects national and local workforce pressures. The reduction in numbers of registered staff in post. Ageing workforce able to retire, limited numbers of staff in training to take up post requiring a secondary qualification, lack of remuneration for specialist qualifications (MHOs) leading to inability to retain staff after training. Local pay and grading comparable to other areas, low rates of pay for care at home staff with year on year increases limited to SLW increases. High caseloads within health visiting service compared to other areas across GG&C. National shortage of social care workforce. National recruitment and retention challenges in relation to GPs.	Failure to accurately assess and respond to risk. Unable to provide/arrange care services. Inability to meet statutory requirements. Service is reduced or reliance on agency cover at premium cost. Fragmented services, increased complaints, service user detriment, reputational damage. Inability to support the shift in the balance of care between secondary and primary care. Inability to support the transformational change agenda in relation to GMS contract, unscheduled care. Poorer patient/service user outcomes. Reduction / consolidation in the number of steps within the health visiting pathway.	Service Delivery	Local workforce plan in place. Vacancy management process in place. Business case developed for MHO remuneration. Work with Chief Nurse to raise concerns corporately and nationally re community nursing and health visiting workforce and make ongoing representation for funding allocation to East Dunbartonshire. Progress innovative methods for recruitment of staff across the HSCP but particularly promoting a rolling programme of recruitment for care at home staff. Increase staff supervision, prioritise high risk / complex cases. Support national conversation re GP recruitment and retention.	4	3	12	2	Treat	Develop and regularly review workforce plan for 2022-2025 in line with HSCP Strategic Plan. Revised recruitment protocol in place to support SMT overview of workforce issues. Funding from SG to support additional social work and mental health officer workforce capacity to be progressed and implemented. Review options for 'market forces' review of pay and grading. Further amalgamate health visiting contacts, consider skill mix where appropriate and other mechanisms for delivery of services.	3	3	9	3	HOS	Chief Officer
HSCP 8	Failure of external care providers to maintain delivery of services particularly related to care home and care at home provision.	Uncontrollable market forces (recruitment /retention, Brexit, increasing cost pressures associated with living wage and wider cost of living crisis, capacity implications due to Scottish Living Wage (SLW) / benefit cap). Increasing Care Inspectorate /Public Health demands, limits on public sector finances to meet uplifts in provider costs. Challenging contractual discussions related to the NCHC / SXL contracts and affordability.	Service continuity disrupted / ceases. Home accommodation at risk, large scale / volume repositioning required in event of care home closure, impact on any other local related homes. Reduction in available capacity across care at home sector to meet current / future demand. Fragmented services. Increased risk of assessed needs not being met. Service user detriment through lack of services or timely intervention. Unable to meet statutory requirements & duty service user detriment through lack of services or timely intervention. Increased complaints. Reputational risk to the HSCP	Service Delivery	Contract Management Framework. Enhanced Risk Assessment (RAG's) / monitoring & oversight of Care Home sector. Regular checks / audits of Business Continuity Plans. Assurance Visits. Established Care Home sector lead to help support oversight arrangements. CI Regulation/Inspection framework. SXL team - providing national oversight of providers. Strategic Commissioning Officer post / dedicated support to care homes / care home support team	3	4	12	2	Treat	Enhanced support and monitoring across care home services, daily /weekly checks via Turas, RAG rating, Provider Forums, dedicated Officer support. Established Sector Lead, Weekly oversight via ORG, early notification alerts via SXL & Network groups, process for review of provider sustainability and adequacy of rates for service delivery.	2	4	8	3	Derrick Pearce, Head of Health & Community Care	Chief Officer
HSCP 9	Risk of failure to achieving transformational change and service redesign plans within necessary timescales and at the pace required.	Lack of capacity within HSCP services and those supporting transformational change to deliver full change programme. Options for delivering transformation through efficiency / cost reduction diminishing without significant impact on levels of service delivery and performance. Scale of financial challenge is growing.	Significantly negative impact on ability to deliver medium to long term organisational outcomes as per the Strategic Plan. Inability to achieve financial balance. Increased risks to patients / service users who may wait longer for access to services. Negative impact on performance targets with increased waiting lists / times.	Service Delivery	Development and scrutiny of annual delivery plans including actions for investment / dis investment. HSCP Delivery Plan Board oversees the Strategic Plan in place. Performance reporting framework established to support tracking of progress. Support through Council and NHS transformation teams to progress priorities where these are significant organisational change.	4	4	16	2	Treat	Early collaborative planning with ED Council and NHS GG&C re support requirements. Work through staff and leadership teams to identify further efficiency and redesign options to bring forward in year. Fundamental shift in how service are delivered with a medium / longer term focus. Review of reserves to support redesign / smooth in any change programme	3	4	12	2	Jean Campbell, CFRO	Chief Officer

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H*)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Lead	Risk Owner
HSCP 10	Failure to deliver on actions to support the implementation of the Un-scheduled Care Commissioning Plan and inability to support early, effective discharge from hospital	Lack of recurring funding to deliver on key actions. Increasing absence / recruitment difficulties across SW workforce to undertake assessments for those within a hospital setting, increasing number of admissions placing increasing demands on discharge planning, capacity and ability of care homes to take individuals pressure on care at homes services to support individuals to remain safely at home. Demands for complex care at home packages outstrips ability to supply through in house / commissioned providers. AWI legislation impacts ability to move individuals and those exercising choice and awaiting preferred care home. Clunky new electronic referral process from hospital to care at home.	Unscheduled care plan supports reduction in bed day usage and delayed discharges, therefore no improved performance would be seen in this area. Individuals remain inappropriately placed within an acute bed, reduces capacity within hospitals to manage increasing volume of admissions, individuals health and rehabilitation opportunities decline placing further pressure on statutory services into the future. Incomplete referral information through electronic referral resulting in delays to discharge chasing missing information.	Service Delivery	Identification of non recurring funding streams. Staff re-directed to hospital assessment team to ensure sufficient assessment function to meet demand, working closely with care providers to determine real time capacity to support discharge, commission additional care home places to meet demand, monitoring absence and enhancing capacity within care at home services to support discharge home.	4	4	16	2	Treat	Consider as part of financial planning consideration / budget process - considerirement / prioritisation and re direction of funding to support this area. Representation to SG to financially support agenda through transitional funding. Review further options for increasing capacity within care home provision and care at home through recruitment drive and further re-direction of staff. Additional investment through Adult Winter Planning funding to increase capacity across the HSCP in direct care services to support early and effective discharge.	3	4	12	2	Derrick Pearce, Head of Health & Community Care	Chief Officer
HSCP 11	Failure of some or all of General Practice to deliver core services.	Demand levels rise above available capacity within existing General Practice(s) or staffing levels fall below a level where General Practice(s) can safely operate to deliver urgent and/or vital services. Failure to retain / recruit GPs. Increased workload created to longer waiting times for specialist assessment / intervention in acute sector leading to increased numbers of enquiries and complex consultations within the community.	Local population no longer able to access appropriate safe level of medical and nursing care within their usual General Practice setting and delay in access to specialist level assessment and treatment. Potential increase in all cause morbidity and mortality and increase reliance on acute sector at a time when they are already likely to be overwhelmed.	Service Delivery	Escalation offering limited practice level flexibility to non urgent work streams with further escalation guidance in place if required. Strengthening of Business Contingency Plans by each East Dunbartonshire Practice, with confirmed 'Buddy' arrangements. Discussion and agreement on General Practice consolidation at cluster level and HSCP level 4 planning around potential single point of GP level care. Pathway in place for practices to seek support via buddy practice, cluster group or wider HSCP if required.	2	4	8	3	Treat	In addition, HSCP taking a proactive approach to liaising with local practices to offer early support with redeployment of staff or assisting buddying arrangements including the redeployment of HSCP PCIP staff where possible.	2	3	6	3	Derrick Pearce, Head of Health & Community Care	Clinical Director
HSCP 12	Failure to deliver the MOU commitments within the Primary Care Improvement Plan	Lack of adequate funding to support full delivery of the core MOU commitments, inability to recruit the required staff, lack of accommodation to support additional staffing. Cost of Vaccination Programme(VTP) greater than funding allocation available.	Failure to deliver contractual requirements, financial implications to meet contract defaults in the form of transitional payments, continued pressure on GPs to deliver non specialist functions identified to be met through other professional staff groups.	Service Delivery	Prioritisation of MOU commitments, maximise use of reserves to meet commitments where appropriate and non recurring, accommodation strategy to expand space capacity.	3	4	12	2	Treat	Representation to SG for funding to support full extent of MOU commitments, prioritisation of current funding allocation to core contractual commitments where appropriate	2	4	8	3	Derrick Pearce, Head of Health & Community Care	Chief Officer
HSCP 13	Inability to secure appropriate accommodation in the West Locality to deliver effective integrated health and social work services in that area.	Lack of suitable options and capital funding available to progress development of an integrated solutions, competition / prioritisation of need across NHSGGC and other HSCP priorities taking precedence, inability to effectively evidence need in context of NHSGGC priority matrix ie deprivation. Options for refurbishment / extension across HSCP and GP premises in the area very limited due to nature and location of current estate.	Lack of integrated working and limited service delivery offering due to lack of available space to accommodate all service demand, lack of delivery on key strategic priorities eg PCIP, GPs remain in dated premises with little / no options for expansion to accommodate increasing demand related to housing / care home developments in the area, risk of GP Practice closure due to nature of tenure within the area with no ability of HSCP to respond. Lack of space to accommodate acute functions moving into the community eg Plebotomy.	Service Delivery	NHSGGC Primary Care Property Strategy under development which will set out board priorities for primary care accommodation. ED HSCP Property Strategy in place and regular engagement with colleagues within the Council / NHS board to scope options for progressing strategic priorities, GG&C HSCP Capital Planning Group established to review board wide HSCP priorities.	4	4	16	2	Treat	Progression of actions within ED HSCP Property Strategy and in particular revisit the business case for an Integrated Health & Care Centre in the West Locality, continue to apply pressure locally and with the NHS Board for re-prioritisation of this option, explore opportunities for creation of capital funding within the HSCP and in collaboration with partners. Explore alternative solutions to address capacity within HSCP accommodation.	3	4	12	2	Jean Campbell, CFRO	Chief Officer
HSCP 14	Failure to secure an alternative system to Carefirst for Social Work case management and provider financial payments	Completion of business case, reliance on Council prioritisation of project in context of competing priorities across other Council services, lack of resources within the HSCP and Council support functions to progress implementation.	Current system not fit for purpose to meet the needs of system users. New cloud based systems in development and industry moving on leaving HSCP with out of date system and no opportunity for any further development. Lack of support in the event system malfunctions as system becomes obsolete. Limits opportunity for service redesign and efficiencies in working practices.	Service Delivery	Business case in development to support new system solution for SW caseload management and financial payments to care providers. Carefirst updates through HSCP Digital Board in place to support collaborative working across HSCP and Council services and promote importance and requirement for new system. Continued engagement with current system provider to ensure continued support available.	3	4	12	2	Treat	Escalation of business case to ensure prioritised for progression, planning of resource requirements through carefirst steering group.	2	4	8	3	Jean Campbell, CFRO. HOS	Chief Officer
HSCP 15	Delivery of Oral Health services is negatively impacted by loss of access to three clinical areas because of lack of Infection Control Doctor (ICD) input to advise following flooding of area	ICD postholder stood down from role in April 2022 and not replaced. Service has not been allocated to another ICD; in addition, service advised that Infection Prevention Control Nurse (IPCN) was unable to provide advice. Service cannot be outsourced as without ICD advise it is not possible to outline to a supplier what requires tested for	Three clinical rooms out of use. Service dispersed as best possible around other areas, less efficiently for staff and patients.	Service Delivery	Issue escalated within NHSGGC but no resolution to date.	4	4	16	2	Treat	CO to raise within board wide forums to secure a solution	2	4	8	4	Caroline Sinclair, CO	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18th JANUARY 2024

REPORT REFERENCE: HSCP/180124/11

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

SUBJECT TITLE: HSCP DIRECTIONS LOG UPDATE

1.0 PURPOSE

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

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

2.1 Note the content of the Report.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Directions are the mechanism by which the IJB signals to the Health Board and Local Authority the details of how the objectives of its Strategic Plan, and any other strategic decisions taken during the lifetime of the plan, are to be delivered.

3.2 The use of Directions is a legal requirement for IJB's, Health Board and Local Authorities and as such their use is subject to internal/external audit and scrutiny.

3.3 Each IJB report which has an accompanying Direction is submitted through each IJB cycle for consideration noting the Direction to be issued, revised, superseded or revoked.

3.5 The Directions Log is updated and maintained by the Corporate Business Manager.

3.6 A process to ensure all directions are reviewed and updated on the Directions Log has been introduced, following review by Internal Audit as part of HSCP governance processes. The recommendation was that to comply with statutory guidance that Directions are regularly reviewed with a robust follow up and review process.

3.7 The Directions Log is taken to the Senior Management Team meeting for regular review, highlighting impending review dates and asking for an update on the progress of the Direction the most recent review at SMT being 20th December 2023.

3.8 An update on the Directions Log will be brought to the Performance, Audit & Risk Committee and HSCP IJB on a twice yearly basis.

3.9 **Appendix 1** details the Directions Log for 2021, 2022 and 2023 IJB cycles.

3.10 There was a total of 18 Directions issued for 2021, the status of the Directions are noted as being:

Current	2
Complete	7
Superseded	9
Revoked	0

3.11 There was a total of 11 Directions issued for 2022, the status of the Directions are noted as being:

Current	2
Complete	2
Superseded	7
Revoked	0

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

Current	8
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Complete	0
Superseded	7
Revoked	0

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

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

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

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

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – The Strategic Plan acknowledges that some individuals, or groups of individuals may face difficulties in accessing services and the Plan identifies some additional supports to address this issue. Directions issued by the IJB are likely to be instrumental in improving access to services.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

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

6.0 IMPACT

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

- 8.1 Appendix 1** – East Dunbartonshire HSCP Directions Log as at 20.11.23.

Reference	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by LRB to Support the Direction	Date Issued	With Effect From	Review Date	Current	Does this agreement renew or replace a previous Direction	Direction Reference prepared/revised or reviewed	Link to LRB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Next Review Date
2022-04	Alcohol and Drug Partnership ADP Strategic Plan 2022-2025	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	East Dumfriesshire LRB Strata NHS Greater Glasgow and Clyde, and East Dumfriesshire Council to prepare the Alcohol and Drug Partnership Strategic Plan 2022-2025. The plan is to be developed in consultation with the Alcohol and Drug Partnership Steering Group and the Alcohol and Drug Partnership Working Group. The plan is to be developed in consultation with the Alcohol and Drug Partnership Steering Group and the Alcohol and Drug Partnership Working Group.	Alcohol and Drug Partnership, East Dumfriesshire Alcohol and Drug Recovery	Funding for the implementation of the Alcohol and Drug Partnership Strategic Plan 2022-2025 and East Dumfriesshire Council to prepare the Alcohol and Drug Partnership Strategic Plan 2022-2025. The plan is to be developed in consultation with the Alcohol and Drug Partnership Steering Group and the Alcohol and Drug Partnership Working Group.	20.03.21	20.03.21	31.03.25 (see comment)	Reviewed	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Alcohol and Drug Partnership	The ADP report will be updated in next cycle of LRB which is June 2022 so part of the national reporting cycle, which has changed to next meeting the date.	20.04.23
2022-05	Financial Performance Budget 2022/23 - March 10	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly to prepare the Financial Performance Budget 2022/23 - March 10. The budget is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	Finance and Resources	The budget allocated to NHS Greater Glasgow and Clyde is £17.20m and East Dumfriesshire Council is £17.40m in year this report.	20.03.21	20.03.21	31.03.21	Superseded	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Finance and Resources	NA	20.06.23
2022-06	Financial Planning and Budget Setting 2022/23	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	East Dumfriesshire Council is directed to prepare the Financial Planning and Budget Setting 2022/23. The budget is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	Finance and Resources	The budget allocated to NHS Greater Glasgow and Clyde is £17.20m and East Dumfriesshire Council is £17.40m in year this report.	20.03.21	21.04.21	30.06.21	Reviewed	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Finance and Resources	Superseded by Financial Monitoring report 18th 4 in Sat 2021	15 September 2021
2022-07	Transforming School Nursing Roles	NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde to prepare the Transforming School Nursing Roles. The plan is to be developed in consultation with the Children and Families Health Team and the Children and Families Working Group.	Children and Families Health Team	The total financial investment of £100,000 will be used to fund the transformation of school nursing roles.	24.06.21	24.06.21	30.06.21	Completed	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Children and Families	NA	31.05.23
2022-08	East Dumfriesshire Health Service Development	NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde to prepare the East Dumfriesshire Health Service Development. The plan is to be developed in consultation with the Health and Wellbeing Committee and the Health and Wellbeing Working Group.	Adult Community Nursing Team	The total financial investment of £100,000 will be used to fund the development of the health service.	24.06.21	24.06.21	30.06.21	Completed	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Adult Nursing Services	NA	31.05.23
2022-09	Strategic Review of Social Support for Older People	East Dumfriesshire Council	East Dumfriesshire Council is directed to prepare the Strategic Review of Social Support for Older People. The review is to be developed in consultation with the Social Care for Older People and the Social Care for Older People Working Group.	General and Informal Social Support and Care for Older People	The total financial investment of £100,000 will be used to fund the strategic review.	24.06.21	24.06.21	30.06.21	Reviewed	No	NA	Need link to published paper on the HSCP webpage	Subsided by X0022-04	Catharine Sinclair, Interim Chief Officer	Community Health and Care Services	LRB paper on 30.06.21	24.06.21
2022-10	Support for Care Homes	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly to prepare the Support for Care Homes. The plan is to be developed in consultation with the Adult Services and the Adult Services Working Group.	Residential Care for Adults with Dementia, Dementia Partnership, Adult Community Services, Planning and Service Development Team	A financial investment of £224,274 is required to deliver the support for care homes.	24.06.21	24.06.21	30.06.21	Completed	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Community Health and Care Services	Directions Actions completed by both bodies	20.04.23
2022-11	Mental Health and Alcohol and Drug Health Assessment	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board is directed to prepare the Mental Health and Alcohol and Drug Health Assessment. The assessment is to be developed in consultation with the Mental Health and Alcohol and Drug Partnership and the Mental Health and Alcohol and Drug Partnership Working Group.	Alcohol and Drug Partnership, Alcohol and Drug Recovery Services, Mental Health Services and Commissioned Services under mental health and alcohol and drug.	The direction is to improve the "assessment" of the mental health and alcohol and drug partnership. The plan is to be developed in consultation with the Mental Health and Alcohol and Drug Partnership and the Mental Health and Alcohol and Drug Partnership Working Group.	24.06.21	24.06.21	2023 (see comment)	Convene	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Alcohol and Drug Partnership, Alcohol and Drug Recovery Services, Mental Health Teams and Commissioned Services	The ADP Strategy will be brought to the LRB on 18.11.21 and cover the 1st year. Transfer the Health Assessment will be taken to the LRB in Sat 2024. The cover period 2024-2025.	21.12.23
2022-12	Self Directed Support (SDS) Implementation Plan 2021-2024	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly to prepare the Self Directed Support (SDS) Implementation Plan 2021-2024. The plan is to be developed in consultation with the Adult Services and the Adult Services Working Group.	Provision of Self Directed Support	No direction in terms of budget allocation which is provided in accordance with current funding.	24.06.21	24.06.21	31.03.21	Convene	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Adult Services	NA	24.06.21
2022-13	Primary Care Improvement Plan Report - May 2021	NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde to prepare the Primary Care Improvement Plan Report - May 2021. The report is to be developed in consultation with the Primary Care and the Primary Care Working Group.	East Dumfriesshire Primary Care	The report provides an update to the Health and Wellbeing Committee on the progress of the Primary Care Improvement Plan.	24.06.21	24.06.21	31.03.21	Completed	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Community Health and Care Services	Complete. Will be a new direction on PCIP Strategy 5th June 2022 LRB	20.04.23
2022-14	Financial Performance Budget 2022/23 - March 12 (Year 04)	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly to prepare the Financial Performance Budget 2022/23 - March 12 (Year 04). The budget is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	Finance and Resources	The budget allocated to NHS Greater Glasgow and Clyde is £17.20m and East Dumfriesshire Council is £17.40m in year this report.	24.06.21	24.06.21	30.06.21	Completed	Yes	20221-08	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Finance and Resources	Complete. Chair Accounts presented to LRB in June 2021 and final accounts agreed through PAF Committee 9 Sep 2021. Budget controls for the next financial year reported to the LRB from September 2021.	20.06.23
2022-15	HSCP Medium Term Financial Strategy 2021-2027	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board is directed to prepare the HSCP Medium Term Financial Strategy 2021-2027. The strategy is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	Finance and Resources	The budget for the period is £100,000. The strategy is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	20.06.21	24.06.21	June 2022	Superseded	No	March 2022 LRB	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Finance and Resources	Medium Term Financial Strategy updated as part of the budget 2022/23 presented to LRB in March 2022.	20.06.23
2022-17	HSCP Delivery Plan 2021-21	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	The Integration Joint Board is directed to prepare the HSCP Delivery Plan 2021-21. The plan is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	HSCP Delivery Plan 2021-21	The funding implications, both to support the current level of development and to support the development of the HSCP Delivery Plan 2021-21, are set out in the body of the report. The plan is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	24.06.21	24.06.21	31.06.21	Reviewed	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	EE HSCP	Superseded by Annual Delivery Plan 2022/23 - March 2022	20.06.23
2022-18	Delivery Strategy 2019-2022	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly to prepare the Delivery Strategy 2019-2022. The strategy is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	Support to deliver children's, Adults and Older Peoples Services covered within the current Strategic Plan	Funding for the implementation of the Delivery Strategy 2019-2022 and East Dumfriesshire Council to prepare the Delivery Strategy 2019-2022. The strategy is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	16.09.21	16.09.21	16.09.21	Reviewed	No	17-10-21-01	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	EE HSCP	NA	17.11.23
2022-19	Financial Performance Budget 2021/22 - March 4	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly to prepare the Financial Performance Budget 2021/22 - March 4. The budget is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	Finance and Resources	The budget allocated to NHS Greater Glasgow and Clyde is £17.20m and East Dumfriesshire Council is £17.40m in year this report.	16.09.21	16.09.21	30.06.21	Completed	Yes	20221-09	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Finance and Resources	NA	20.06.23
181121-02	Wider Plan for Health and Social Care	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly to prepare the Wider Plan for Health and Social Care. The plan is to be developed in consultation with the Health and Wellbeing Committee and the Health and Wellbeing Working Group.	Adult health and social care services provided in response to wider planning processes	As per the financial framework set out in paragraph 3.7	18.11.21	18.11.21	31/10/2022 (see comment)	Completed	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Adult Health and Social Care	The Wider Planning will form part of the Unpublished Core Report in the next cycle of LRB in November 2021. Report and Direction Reference Number 181123-05	16.11.23
181121-03	MSSCC Specialist Children's Services Mental Health Recovery & Resilience Funding	NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde to prepare the MSSCC Specialist Children's Services Mental Health Recovery & Resilience Funding. The funding is to be developed in consultation with the Health and Wellbeing Committee and the Health and Wellbeing Working Group.	NHS MSSCC Mental Health Recovery & Resilience Child's Funding	As per the financial framework set out in Appendix 2	18.11.21	18.11.21	31/10/2022 (see comment)	Reviewed	No	NA	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Specialist Children's Services	The MSSCC update will be taken to the next cycle of the LRB in September 2021. However there is an additional £1m being reported through June 2023 update to Phase 2	14.09.23
181121-11	Financial Performance Budget 2021/22 - March 6	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly	East Dumfriesshire Council and NHS Greater Glasgow and Clyde jointly to prepare the Financial Performance Budget 2021/22 - March 6. The budget is to be developed in consultation with the Finance and Resources Committee and the Finance and Resources Working Group.	Finance and Resources	The budget allocated to NHS Greater Glasgow and Clyde is £17.20m and East Dumfriesshire Council is £17.40m in year this report.	18.11.21	18.11.21	30.06.21	Completed	Yes	20221-11	Need link to published paper on the HSCP webpage	NA	Catharine Sinclair, Interim Chief Officer	Finance and Resources	NA	18.11.21

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	18th JANUARY 2024
REPORT REFERENCE:	HSCP/180124/12
CONTACT OFFICER:	JEAN CAMPBELL, CHIEF FINANCE & RESOURCE OFFICER, Tel: 07583902000
SUBJECT TITLE:	FINANCIAL PERFORMANCE BUDGET 2023/24 – MONTH 8

1.0 PURPOSE

- 1.1** The purpose of this report is to update the Board on the financial performance of the partnership's budget as at month 8 of 2023/24.

2.0 RECOMMENDATIONS

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

- 2.1** Note the projected outturn position is reporting a deficit on budget of £5.482m as at month 8 of the financial year 2023/24. After adjusting for the planned use of reserves in year, this provides a deficit on budget of £2.143m.
- 2.2** Note that the Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year
- 2.3** Note and approve the budget adjustments outlined within paragraph 3.2 (**Appendix 1**)
- 2.4** Note the HSCP financial performance as detailed in (**Appendix 2**)
- 2.5** Note the progress on the achievement of the approved savings plan for 2023/24 as detailed in (**Appendix 3**).
- 2.6** Note the anticipated reserves position at this stage in the financial year set out in (**Appendix 4**).
- 2.7** Note the summary of directions set out within (**Appendix 5**)

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

3.0 **BACKGROUND/MAIN ISSUES**

3.1 **Budget 2023/24**

The budget for East Dunbartonshire HSCP was approved by the IJB on the 23rd March 2023. This provided a total net budget for the year of £234.962m (including £38.382m related to the set aside budget). This included £3.894m of agreed savings to be delivered through efficiencies, service redesign and transformation to deliver a balanced budget for the year and moving forward into future financial years.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2023 which has increased the annual budget for 23/24 to £253.517m (an increase of £18.555m from the original budget). This represents an increase in the reported budget as at month 6 (£7.449m) and relates to actual funding allocations from SG for pay uplift (incl SCS), increase in the FHS budget and receipt of Mental Health Outcomes Framework funding for SCS. A breakdown of these adjustments are included as **Appendix 1**.

3.3 **Partnership Performance Summary**

The overall partnership position is showing a projected year end overspend on directly managed partnership budgets of £5,482m, adjusting for balances planned to be taken from earmarked reserves of £3.340m, provides a projected overspend on budget of £2.143m for the financial year 2023/24. The year-end projections are based on current assumptions on costs, demands and staffing levels and expectations on funding from SG (elements of which are yet to be confirmed) to support the pay uplifts for social care staff as well as a number of policy areas where costs are being incurred on a recurring basis.

In addition, clarity on the funding and the budget adjustments related to the pay uplift for local authority staff has yet to be finalised and will vary greatly from the 2% assumptions built into the budget, having now been agreed at an average of 6.5% uplift. The costs of the agreed pay uplift have now been reflected into the year-end projections with the budget adjustment outstanding causing significant additional pressure on budget. While the funding is not expected to cover the full extent of the impact, there remains uncertainty at this stage in the financial year and risks to the projected financial position.

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

Partner Agency	Annual Budget 2023/24 (£000)	Actual Expenditure 2023/24 £000	Year End Variance 2023/24 £000	Reserves Adjustment (£000)	Projected Operational Variance Mth 8 (£000)	Previously Reported Variance (£000)	Movement from last period
East Dunbartonshire Council	74,377	79,089	(4,712)	1,961	(2,751)	(942)	(1,809)
NHS GG&C	179,140	179,911	(771)	1,379	608	436	172
TOTAL	253,517	258,999	(5,483)	3,340	(2,143)	(506)	(1,637)

3.5 This shows an underlying projected year end overspend on Social Work services and delegated housing functions of £2.751m (a negative movement of £1.809m from that reported at month 6) and a projected under spend on community health services of £0.608m (an improved position of £0.172m from that reported at month 6)). The

overall negative movement on budget performance relates in the main to the processing and inclusion of the pay uplift costs for Social Work staff for which the budget adjustment to support these costs remains outstanding.

3.6 In summary, the main areas which account for the variance relate to:

- Cost pressures related to the pay uplift for Social Work staff for which funding and the budget adjustment remain outstanding
- Social work payroll pressures within LD residential units (John Street and Pineview), mental health officer cover, LD day services and challenging turnover savings. These are offset to some extent through delays in recruitment and turnover in relation to community health staff.
- There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is now at capacity and requires the purchase of costly externally purchased placements to address the needs and demands as they are presenting.
- Prescribing pressures experienced in the previous financial year continue with price increases and demand pressures in this area. There had been a significant spike in activity during May 2023 continuing into June 2023 which has levelled off to some extent during July. This is being offset by underspends across other NHS budgets and the planned use of £0.650m of the reserves set aside for prescribing pressure.
- Under - achievement of the budget savings programme for 23/24 is creating some pressures on budget. There are some 'smoothing reserves' set aside in expectation that some programmes would take time to bed in.

3.7 The planned use of reserves at this point in the financial year relate largely to the application of remaining adult winter planning reserves to winter pressures, the use of the smoothing reserve for the savings programme approved as part of the budget setting in March 2023, use of prescribing reserves and reserves for oral health expenditure.

3.8 Financial Performance – Care Group Breakdown

The projected year end underspend across each care group area is set out in the table below:

Care Group Analysis	Annual Budget 2023/24 (£000)	Actual Expenditure 2023/24 £000	Year End Variance 2023/24 £000	Reserves Adjustment (£000)	Projected Operational Variance Mth 8 (£000)	Previously Reported Variance (£000)	Movement
Strategic & Resources	(1,574)	(1,466)	(107)	113	6	(73)	79
Community Health & Care Services	60,409	61,824	(1,414)	1,678	263	1,064	(801)
Mental Health, Learning Disability, Addictions & Health Improvement	30,873	32,328	(1,455)	462	(993)	(408)	(584)
Children & Criminal Justice Services	17,695	18,600	(904)	22	(882)	(479)	(403)
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,541	1,400	141	0	141	138	3
FHS - GMS / Other	34,670	34,670	0	0	0	0	0
FHS - Prescribing	22,072	23,399	(1,328)	650	(678)	(746)	68
Oral Health - hosted	12,247	12,661	(415)	415	0	0	0
Specialist Children - hosted	37,201	38,382	0	0	0	0	0
Set Aside	38,382	38,382	0	0	0	0	0
Covid	0	0	0	0	0	0	0
Net Expenditure	253,517	260,180	(5,482)	3,340	(2,143)	(506)	(1,639)

3.9 The main variances to budget during the financial year relate to:

- Community Health and Care Services – Older People / Physical Disability (underspend of £0.263m, a negative movement of £0.801m from that reported at month 6) – there are some pressures relating to in house homecare staffing budgets (use of overtime and continued displaced staff) and increasing pressures

on care home placements and purchased homecare in response to demands, however these are largely covered through the planned application of £1.475m of adult winter planning reserves (an increase of £0.4m applied since that reported at month 6). Pressures are also being offset by projected underspends across supported living and daycare budgets for older people and with underspends on NHS staffing budgets in this area due to staffing vacancies held within elderly MH service in expectation of a transfer of service to North Lanarkshire HSCP, delays and difficulties in recruitment and continuing care funding which is delivering an overall underspend in this care group area.

The negative movement on budget since the last reporting period relates in the main to costs associated with the pay uplift for social work staff, increasing usage of care home placements and external homecare provision to support rising demands.

- Mental Health, Learning Disability, Addiction Services (£0.993m overspend, a negative movement of £0.584m since that reported at month 6)) – there are significant pressures related to SW staffing budgets due to continued use of agency staff to fill mental health officer posts where there have been difficulties in recruitment – a proposal is being developed to mitigate the use of agency in this area but will take time to embed with recruitment processes. There is also use of agency within John Street and Pineview contributing to staffing pressures. There are challenging savings targets in this area related to a review of supported accommodation and daycare where the planned use of smoothing reserves will mitigate pressures as these plans are progressed. Overall pressures are being further mitigated through delays in recruitment and turnover of staff with community health services.

The negative movement on budget since the last reporting period relates in the main to costs associated with the pay uplift for social work staff, increasing costs for supported accommodation, supported living and external daycare provision for individuals with a learning disability.

- Children and Criminal Justice Services (£0.882m overspend, a negative movement of £0.403m since that reported at month 6)) – there are anticipated pressures on SW payroll budgets related to use of agency staff within Lowmoss Prison service and challenging turnover savings albeit there is an improving picture here with expected turnover savings to be met for the year. This will be monitored as the year progresses given the continuing recruitment and retention challenges across Children's services, particularly in relation to the community support team and frontline social workers with an expectation that turnover savings will be fully delivered in year, as with previous years. There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and will require the purchase of externally purchased placements to accommodate children as continuing needs and demands present. A proposal is in development to address the needs of USAC within the local area which will take time to progress in terms of identifying a care provider, securing and making fit for purpose appropriate accommodation etc. Pressures are being mitigated by reductions in external fostering as children move onto positive destinations and underspends on NHS payroll budgets due to ongoing recruitment delays.

The negative movement on budget since the last reporting period relates in the main to costs associated with the pay uplift for social work staff.

- Other Non-Social Work Services delegated to HSCP (underspend of £0.141m, a slight negative movement of £0.03m since that reported at month 6) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens, fleet provision, sheltered housing and planning & commissioning support. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate and the Corporate Directorate – there has been a continuing underspend in relation to fleet recharges related to a downturn in transport provision needed as a consequence of Covid and a reduction in services requiring this type of transport. A review of fleet costs are currently underway within the Council which may result in additional costs recharged to the HSCP – detailed analysis of revised costs and a due diligence exercise will be concluded with an update to be brought to the IJB at a future date. There has also been underspends in previous years across the care and repair service and private sector housing grants which are expected to materialise as the year end concludes due to delays in progressing recruitment to this service and delays in the awarding of grants.

Care Group Analysis	Annual Budget 2023/24 £000	Full Year Spend £000	Full Year Variance
Private Sector Housing Grants	331	331	-
Care & Repair	244	244	-
Care of Gardens*	90	87	3
Fleet*	590	452	138
Sheltered Housing	-	-	-
Planning & Commissioning	286	286	-
Net Expenditure	1,541	1,400	141

- Prescribing (overspend of £0.678m, a slight positive movement of £0.068m since that reported at month 6) – pressures in relation to price and volume increases across a range of medicines have been reported throughout the previous financial year which has resulted in a continued adverse variance in this area. NSS, who produce the prescribing data across Scotland are implementing a new system which is causing significant delays in getting robust, reliable data for current prescribing volumes and prices – only April - July data is available. The shows a significant spike in volumes for May which continued to increase during June but having levelled off in July resulting in a slightly improved position for year-end projections. Reserves of £0.650m of reserves continue to be applied to mitigate in year pressures.

There are a number of initiatives in development to target the volume and types of prescriptions dispensed such as script-switch, review of use of formulary vs non formulary, waste reduction, repeat prescription practices. The HSCP has invested some spend to save funding locally to target waste within care homes and we expect to see a positive impact as this is bedded in. Prices across the market are expected to continue to increase due to global factors outwith the control of the HSCP, however use of alternative medicines will form part of the programme of initiatives being rolled out across East Dunbartonshire and more widely across GG&C. Pressures are being offset in part by underspends related to payroll and

other budgets across NHS delegated services and the planned application of reserves will mitigate this further. If pressures continue then it is clear a more fundamental approach will be needed to manage demand and cost pressures in this area including a national approach to support the real changes required.

- Hosted Services - Oral Health and Specialist Children's Services (projecting breakeven at this stage) – confirmation of SG funding in these areas is awaited which will determine the anticipated financial performance on these budgets for the year. SG have advised that there will be no further funding to support pay uplifts for funding tranches yet to be confirmed and paid which will impact both Mental Health Outcomes funding and the dental bundle. There are year to date underspends in both these service areas which can be used to mitigate the impact of any potential funding shortfalls with an expectation that there will be monies available at year end to add to earmarked reserves, however the extent of these cannot be fully quantified until we receive final confirmation of funding.

3.10 The consolidated position for the HSCP is set out in **Appendix 2**.

3.11 Savings Programme 2023/24

There is a programme of service redesign and transformation which was approved as part of the Budget 2023/24, progress and assumptions against this programme are set out in **Appendix 3**. This provides that of the overall planned savings of £3.894m, it is expected that the HSCP will achieve £2.440m, a shortfall of £1.455m (a negative movement of £0.027m since that reported at month 6). There was a smoothing reserve created of £0.594m for those areas considered at higher risk and where implementation and achievement was expected to commence in 2023/24. When applying this to the savings shortfall provides an under achievement of £0.8m on the programme for 2023/24. This will continue to be monitored and action taken to maximise the savings to be achieved in year. The under achievement of planned savings is contributing to the projected pressure on budget.

3.12 Partnership Reserves

As at the 1st April 2023, the HSCP had a general (contingency) reserves balance of £4.371m. If the overspend position remains and there is a need to utilise reserves in year to deliver a balanced budget, then as things stand there would be a reduction in the HSCP contingency reserves of £2.143m leaving a balance of £2.228m. However, additional funding and budget is expected to support the Social Work pay uplift which will mitigate the need to use general reserves to this extent in 2023/24. There will be a number of other considerations prior to the use of reserves as set out below.

3.13 In addition, the HSCP had earmarked reserves of £15.691m which are available to deliver on specific strategic priorities. It is expected, at this stage that there will be a net reduction in earmarked reserves of £3.340m related in the main to anticipated drawdown of the smoothing reserves to manage the delivery of savings during 2023/24 as well as use of the Adult Winter Planning monies to manage pressures in relation to care at home services and community equipment pressures. This will leave a balance of £12.351m at this stage in the year, albeit it is expected that there will be use of a number of other reserve balances as the year progresses in relation to SG policy delivery and use of transformation to lever in programmes which will deliver efficiencies and savings into future years.

3.14 The overall level of partnership reserves is expected to reduce from £20.062m to £14.579m based on the financial performance to date. The detail of reserves and expected in year movements is set out in **Appendix 4**.

3.15 Budget Management / Financial Recovery

The SMT continue to work on actions to mitigate cost pressures in year and maximise the delivery of the savings programme for 2023/24 including challenging staff turnover savings. In the event this is not successful then there will be a need to resort to general reserve balances held by the IJB to deliver a balanced budget if needed.

3.16 Financial Risks

As with every year there are a number of variables such as pay award, inflation, demand, economic volatility, workforce capacity that will all impact on our cost projections and detailed monitoring will continue throughout the year. The most significant risks to be managed during 2023/24 are:

- **Pay Uplifts**

SG have advised that there will be no further pay uplift funding related to policy areas which sit with HSCPs including the dental bundle, Mental Health Outcomes Framework and Action 15 which may not be as expected. There is a risk that elements of this will not be fully funded.

Pay negotiations have now concluded in respect of local authority staff. For the HSCP, staffing projections are based on the budgeted assumptions of 2% with final pay uplifts agreed at 6.5% on average for social work staff. While there may be some additional funding from SG (an additional £155m indicated by SG for local authorities of which a share would be expected to HSCPs with potential further funding identified as part of the latest offer through a combination of capital and use of local authority reserves) there will likely be a shortfall as this is not expected to fully fund the pay uplift.

- **Non SW costs related to fleet recharges.** An exercise is underway within the Council to look at the costs of fleet vehicles including buses to support the Allander day services, homecare and social work fleet cars. Detailed work will be required to understand the revised cost but there is a significant increase expected for 2023/24 and 2024/25.
- **Prescribing costs** continue to rise, albeit the volumes of medicines is levelling off as indicated within the latest July information. However this is singularly the largest budget for the HSCP and remains a volatile area in the current market conditions and increasing demands in this area.
- **The cost of living crisis** and the impact this is expected to have on care provider cost pressures with escalating fuel, energy and insurance costs being key areas which are expected to hit during 2023/24. There is not expected to be any further funding from SG to support these areas specifically and it will fall to HSCPs to consider and

address any local impacts to ensure provider sustainability. This will include national contracts and frameworks being negotiated through SXL.

- Delivery of a recurring savings programme identified as part of the budget process for 2023/24. This includes challenging turnover savings across Social Work payroll budgets which may be mitigated though ongoing recruitment difficulties in certain areas across the service.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position. This may be compounded by increasing numbers of UASC requiring placements to be purchased to support these children.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. There is an Un-scheduled Care Commissioning Plan which sets out the key areas for investment across HSCP areas to improve delayed discharge and hospital attendance figures with funding within earmarked reserves to mitigate potential funding of these pressures.
- Funding allocations for the Primary Care Improvement Programme (PCIP), ADP and Mental Health Recovery & Renewal (MHRR) have been curtailed and allocations for 2023/24 offset against balances held in reserve in the first instance. This presents significant issues where plans have been developed and commitments made against these reserve balances which now have to be reviewed. The ability to meet full programme commitments is compromised by short term funding allocations made in this way. This is expected to continue into future years.
- The non-recurring nature of SG funding allocations makes planning and delivery problematic, particularly creating recruitment difficulties to temporary posts.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

- 4.2 Frontline Service to Customers – None.
- 4.3 Workforce (including any significant resource implications) – None
- 4.4 Legal Implications – None.
- 4.5 Financial Implications – The financial performance reflects an underlying overspend on budget of £2.143m for the financial year 2023/24. This will potentially reduce the general reserve balances and compromise compliance with the HSCP Reserves Policy to provide a contingency to manage in year pressures and support ongoing financial sustainability. There may be a requirement to consider a recovery plan for the HSCP in the event that cost containing measures and delivery of the savings programme for 2023/24 does not deliver a balanced budget.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None
- 4.10 Sustainability – The sustainability of the partnership in the context of recurring budget pressures and challenging savings targets may be compromised. In order to maintain the reserves position, the HSCP will require to continue to focus on transformational change and service redesign going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis. There remain constraints on future financial settlements in the context of increasing costs to deliver services and the increasing demand on health and social care services.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.16.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None

- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.

6.3 NHS GREATER GLASGOW & CLYDE – Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency’s financial challenges.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 – Budget Reconciliation 2023/24

8.2 Appendix 2 – Integrated HSCP Financial Performance at Month 8

8.3 Appendix 2a – NHS Financial Performance at Month 8

8.4 Appendix 2b – Social Work Financial Performance as at Period 8

8.5 Appendix 3 – HSCP Savings Update 23/24

8.6 Appendix 4 – HSCP Reserves Position 2023/24

8.7 Appendix 5 – Directions Template

East Dunbartonshire HSCP
Consolidated Budget Reconciliation 2023/24

APPENDIX 1

2023/24	NHS £000	Local Authority £000	Total £000
Budget Approved at HSCP Board on 23rd March 2023	123,354	73,226	196,580
Set Aside approved at HSCP Board on 24th March 2022	38,382		38,382
TOTAL Budget Approved	161,736	73,226	234,962
Rollover Budget Adjustment	17		17
Period 4 Budget Adjustments			
Disabled Adaptations / Care & Repair - Other Non SW Services		575	575
Attainment fund from Education service		20	20
Contribution to LAC posts from Education		42	42
Contribution to Planning & Commissioning Posts		286	286
23.24 Uplift in Budget Approved not yet received	(1,162)		(1,162)
ADP	814		814
Winter Funding - Band 2-4	650		650
Specialist Children - Stem Cell Psychology post	76		76
Specialist Children - Management Accountant	52		52
Oral Health - Movements	(10)		(10)
Primary Care Improvement Funding	3,160		3,160
Prescribing tariff swap	(288)		(288)
Pay Uplift - 23.24 One Off Payment	878		878
Health Visiting - Training	42		42
Health Improvement	0		0
Apremilast	35		35
Period 6 Budget Adjustments			
SG Additional Pay Uplift	4,389		4,389
Specialist Children - Apprentice Levy/ Pension from Glasgow	65		65
Childsmile	685		685
Primary Care Improvement Funding adjustment	(69)		(69)
District Nursing	131		131
School Nursing	220		220
Winter Funding - Enhanced MDT	697		697
Open University Students	30		30
Revenue to Capital (Dental Chairs)	(415)		(415)
Apremilast	190		190
Contribution to LAC posts from Education - adjustment		(5)	(5)
Period 8 Budget Adjustments			
23.24 SG Uplift including Specialist Children	1,751		1,751
Outcomes Framework Uplift	270		270
Specialist Children - Office 365 from Renfrewshire	16		16
FHS adjustment	1,510		1,510
Vaccinations Framework - Housebound & Care Homes	159		159
Dementia Post Diagnostic Support	65		65
Prescribing share of £20m	341		341
Smoking Prevention	42		42
Adult Social Care - Chief Nurse	57		57
Adult Social Care - Care Homes	46		46
Open University Students	(5)		(5)
Specialist Children - MH Outcomes Framework	2,239		2,239
Specialist Children - Infant Mental Health	422		422
Specialist Children - Maternity & Neonatal Psychological Intervention	306		306
Children & Families - Fostering & Kinship Allowances		233	233
Revised 2023/24 Budget	179,140	74,377	253,517
Anticipated 2023/24 Budget	179,140	74,377	253,517

179140.1 74,377
- 0

18,555

Care Group Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	(1,574)	3,009	2,979	31	(1,466)	(107)	113	0	6	-0.39%
Older People & Adult Community Services	55,041	33,499	34,049	(550)	56,569	(1,527)	1,678	0	150	0.27%
Physical Disability	5,368	3,316	3,171	145	5,255	113	0	0	113	2.11%
Learning Disability	23,382	13,601	14,406	(805)	25,030	(1,648)	462	0	(1,186)	-5.07%
Mental Health	5,051	3,149	2,854	295	4,866	186	0	0	186	3.67%
Addictions	1,833	934	991	(57)	1,904	(71)	0	0	(71)	-3.88%
Planning & Health Improvement	607	456	404	52	528	78	0	0	78	12.93%
Childrens Services	17,576	11,247	11,377	(130)	18,338	(762)	22	0	(739)	-4.21%
Criminal Justice Services	119	60	129	(69)	262	(143)	0	0	(143)	-120.02%
Other Non Social Work Services	1,541	920	702	218	1,400	141	0	0	141	9.16%
Family Health Services	34,670	23,037	23,037	0	34,670	0	0	0	0	0.00%
Prescribing	22,072	14,480	15,332	(852)	23,399	(1,328)	650	0	(678)	-3.07%
Oral Health Services	12,247	8,189	7,956	233	12,661	(415)	415	0	0	0.00%
Specialist Childrens Services	37,201	27,183	26,434	748	37,201	0	0	0	0	0
Set Aside	38,382	25,588	25,588	0	38,382	0	0	0	0	0.00%
Covid Expenditure	0	0	0	0	0	0	0	0	0	#DIV/0!
Net Expenditure	253,517	168,667	169,407	(740)	258,999	(5,482)	3,340	0	(2,143)	-0.85%

Subjective Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	107,288	73,255	71,654	1,601	109,196	(1,908)	201	0	(1,707)	-1.59%
Property Costs	479	268	318	(50)	567	(87)	0	0	(87)	-18.25%
Supplies and Services	1,157	2,442	2,720	(278)	1,237	(80)	602	0	522	45.12%
Third Party Payments (care providers)	68,050	40,456	41,970	(1,514)	70,352	(2,302)	1,743	0	(559)	-0.82%
Transport & Plant	809	483	528	(45)	793	16	0	0	16	1.95%
Administrative Costs	4,002	2,525	1,977	548	3,740	262	113	0	376	9.38%
Family Health Services	35,508	23,651	23,661	(10)	35,508	0	0	0	0	0.00%
Prescribing	22,072	14,480	15,332	(852)	23,399	(1,328)	650	0	(678)	-3.07%
Other	(50)	(33)	0	(33)	0	(50)	0	0	(50)	100.00%
Resource Transfer	18,763	12,509	12,509	0	18,763	1	1	0	0	0.00%
Set Aside	38,382	25,588	25,588	0	38,382	0	0	0	0	0.00%
Gross Expenditure	296,459	195,624	196,257	(633)	301,936	(5,476)	3,310	0	(2,168)	-0.73%
Income	(42,942)	(26,956)	(26,849)	(107)	(42,936)	(6)	30	0	24	-0.06%
Net Expenditure	253,517	168,667	169,407	(740)	259,000	(5,482)	3,340	0	(2,143)	-0.85%

Care Group Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	14,236	13,417	13,314	103	14,143	93			93	0.65%
Older People & Adult Community Services	12,259	8,236	7,732	504	11,804	455	301		756	6.17%
Learning Disability	764	516	471	45	739	24	13		38	4.95%
Mental Health	2,315	1,530	1,420	110	2,150	165			165	7.15%
Addictions	1,284	558	549	9	1,271	13			13	1.00%
Planning & Health Improvement	607	456	404	52	528	78			78	12.93%
Childrens Services	3,104	2,071	1,977	94	2,962	142			142	4.57%
Family Health Services	34,670	23,037	23,037	0	34,670	0			0	0.00%
Prescribing	22,072	14,480	15,332	(852)	23,399	(1,328)	650		(678)	-3.07%
Oral Health Services	12,247	8,189	7,956	233	12,661	(415)	415		0	0.00%
Specialist Childrens Services	37,201	27,183	26,434	748	37,201	0			0	0.00%
Set Aside	38,382	25,588	25,588	0	38,382	0			0	0.00%
Covid Expenditure	0	0	0	0	0	0			0	#DIV/0!
Net Expenditure	179,140	125,261	124,214	1,047	179,911	(771)	1,379	0	608	0.34%

Subjective Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	81,816	57,323	55,530	1,793	81,699	117	154		271	0.33%
Property Costs	389	259	317	(58)	476	(87)			(87)	-22.32%
Supplies and Services	(659)	1,243	1,760	(517)	(659)	0	575		575	-87.23%
Third Party Payments (care providers)	515	354	118	236	177	339			339	65.69%
Transport & Plant	0	0	0	0	0	0			0	#DIV/0!
Administrative Costs	2,886	1,921	1,432	489	2,648	238			238	8.26%
Family Health Services	35,508	23,651	23,661	(10)	35,508	0			0	0.00%
Prescribing	22,072	14,480	15,332	(852)	23,399	(1,328)	650		(678)	-3.07%
Other	(50)	(33)	0	(33)	0	(50)			(50)	100.00%
Resource Transfer	18,763	12,509	12,509	0	18,763	0			0	0.00%
Set Aside	38,382	25,588	25,588	0	38,382	0			0	0.00%
Gross Expenditure	199,623	137,295	136,247	1,048	200,393	(771)	1,379	0	608	0.30%
Income	(20,482)	(12,033)	(12,033)	(1)	(20,482)	0			0	0.00%
Net Expenditure	179,140	125,261	124,214	1,047	179,911	(771)	1,379	0	608	0.34%

East Dunbartonshire HSCP

Consolidated Financial Performance 2023/24

Period to the 30th November 2023

Care Group Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Full Year Spend £000	Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	(15,810)	(10,408)	(10,335)	(73)	(15,609)	(201)	113		(88)	0.56%
Older People & Adult Community Services	42,782	25,263	26,317	(1,054)	44,766	(1,984)	1,377		(606)	-1.42%
Physical Disability	5,368	3,316	3,171	145	5,255	113	0		113	2.11%
Learning Disability	22,619	13,085	13,935	(850)	24,291	(1,672)	448		(1,223)	-5.41%
Mental Health	2,736	1,619	1,434	185	2,716	20	0		20	0.74%
Addictions	549	376	442	(65)	633	(84)	0		(84)	-15.30%
Childrens Services	14,472	9,176	9,400	(224)	15,376	(903)	22		(881)	-6.09%
Criminal Justice Services	119	60	129	(69)	262	(143)	0		(143)	-120.02%
Other Non Social Work Services	1,541	920	702	218	1,400	141	0		141	9.16%
Covid Expenditure	0	0	0	0	0	0	0		0	#DIV/0!
Net Expenditure	74,377	43,406	45,193	(1,787)	79,089	(4,712)	1,961	0	(2,751)	-3.70%

Subjective Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Full Year Spend £000	Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	25,472	15,932	16,124	(192)	27,496	(2,025)	47		(1,978)	-7.76%
Property Costs	90	9	1	8	91	(1)			(1)	-0.66%
Supplies and Services	1,816	1,199	960	239	1,895	(80)	27		(53)	-2.90%
Third Party Payments (care providers)	67,535	40,102	41,852	(1,750)	70,175	(2,640)	1,743		(897)	-1.33%
Transport & Plant	809	483	528	(45)	793	16			16	1.95%
Administrative Costs	1,116	604	545	59	1,092	24	113		137	12.30%
Family Health Services	0	0	0	0	0	0			0	
Prescribing	0	0	0	0	0	0			0	
Other	0	0	0	0	0	0			0	#DIV/0!
Set Aside	0	0	0	0	0	0			0	
Gross Expenditure	96,837	58,329	60,010	(1,681)	101,543	(4,706)	1,931	0	(2,775)	-2.87%
Income	(22,460)	(14,923)	(14,817)	(106)	(22,454)	(6)	30		24	-0.11%
Net Expenditure	74,377	43,406	45,193	(1,787)	79,089	(4,712)	1,961	0	(2,751)	-3.70%

East Dunbartonshire HSCP

Financial Planning 2023/24 - Savings Programme

APPENDIX 3

Workstream	Action	Lead	Full Year Savings Target 23/24	Actual Savings Anticipated 23/24	Savings Un Achieved 23/24	Smoothing Reserve 23/24
	<u>Community Health & Care</u>					
Policy	Development of a Charging Policy for Telecare	Derrick	30,000	-	30,000	30,000
Service Change	Review of Older People Day Supports	Derrick	-	-	-	
Service Change	Health Improvement Redesign	Derrick	50,000	50,000	-	
Efficiency	Demographic Growth	Derrick	1,043,746	1,043,746	-	
Service Change	Review of Continuing Care	Derrick	277,000	277,000	-	
Service Change	Review of PDS funding from Carers	Derrick	70,000	70,000	-	
			1,470,746	1,440,746	30,000	
	<u>Mental Health, Learning Disability & Addictions</u>				-	
Efficiency	Impact of New Investment on Mainstream budgets	David	136,000	136,000	-	
Efficiency	Increased turnover due to delays / difficulties in recruitment	David	250,000	250,000	-	
Service Change	Cessation of review Team function	David	101,415	101,415	-	
Service Change	Review of Pineview / move to 2 bedded unit	David	338,356	142,356	196,000	
	Review of Suuported Accommodation / Support Living					
Efficiency	Budgets for Adult Services in line with Fair Access policy and access to resources	David	407,000		407,000	407,000
Service Change	New Allander Daycare oppourtunities	David	190,900		190,900	

Service Change	Review of Voluntary Sector / MH / Additions Commissioning	David	30,000		30,000	157,000
			1,453,671	629,771	823,900	
					-	
Service Change	Continuance of House Project model	Claire	500,000		500,000	
			500,000	-	500,000	
					-	
Efficiency	Review of Planning & Commissioning funding	Jean	157,000	55,992	101,008	
Efficiency	Management Efficiencies	Jean	313,000	313,000	-	
			470,000	368,992	101,008	
Total Savings Programme 23/24			3,894,417	2,439,509	1,454,908	594,000

860,908

HSCP RESERVES (Appendix 4)	Balance at 31 March 2023 £000	Proposed Use of Reserves 23/24 £000	Anticipated Additions to reserves 23/24 £000	Projected Balance at 31st March 2024 £000
HSCP Transformation	(1,100)	25		(1,075)
HSCP Accommodation Redesign	(3,000)			(3,000)
HSCP Smoothing Reserve	(594)	538		(56)
HSCP Digital Redesign	(500)			(500)
Apropriate Adults	(24)			(24)
Review Team	(72)			(72)
Children's MH & Wellbeing Programme	0			0
Children's MH & Emotional Wellbeing - Covid	(0)			(0)
Scottish Govt. Funding - SDS	(76)			(76)
SG - Integrated Care / Delayed Discharge Funding	(282)			(282)
Oral Health	(2,575)	415		(2,161)
Infant Feeding	(61)			(61)
CHW Henry Programme	(15)			(15)
SG - GP Out of Hours	(39)			(39)
SG - Primary Care Improvement	(316)	141		(175)
SG – Action 15 Mental Health	(145)			(145)
SG – Alcohol & Drugs Partnership	(1,240)			(1,240)
SG – Technology Enabled Care	(11)			(11)
GP Premises	(229)			(229)
PC Support	(27)			(27)
Prescribing	(1,185)	650		(535)
Covid	0			0
Community Living Charge	(341)	14		(326)
Psychological Therapies	(60)			(60)
District Nursing	(93)			(93)
Chief Nurse	(102)			(102)
Health & Wellbeing	(40)			(40)
Specialist Children - SLT	0			0
Woodland Garden Project	(7)			(7)
National Trauma Training	(81)			(81)
Adult Winter Planning Funding	(2,503)	1475		(1,028)
Mental Health Recovery & Renewal	(119)			(119)
Learning Disability	(37)			(37)
Community Link Workers	(267)			(267)
Telecare Fire Safety	(20)	20		0
Whole Family Wellbeing	(7)			(7)
Care Experienced Attainment	(20)			(20)
Unaccompanied Asylum Seeking Children	(22)	22		0
LAC Posts - Education Contribution	(40)	40		0
Dementia	(114)			(114)
Wellbeing	(72)			(72)
Premises	0			0
MH Estate Funding	(255)			(255)
Total Earmarked	(15,691)	3,340	0	(12,351)
Contingency	(4,371)	2,143		(2,229)
General Fund - Total Reserves	(20,062)	5,483	0	(14,579)

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	180124-13 Agenda Item Number 13
2	Report Title	Financial Performance Budget 2023/24 – Month 8
3	Date direction issued by Integration Joint Board	18 th January 2024
4	Date from which direction takes effect	18 th January 2024
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes 161123-15
7	Functions covered by direction	Budget 2023/24 – all functions set out within Appendix 2.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £179.140m and East Dunbartonshire Council is £74.377m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2023/24.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Reviewed for IJB – budget 2023/24 monitoring reports will supersede this direction planned for 21 st March 2024.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18th JANUARY 2024

REPORT REFERENCE: HSCP/180124/13

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

SUBJECT TITLE: HOSPITAL DISCHARGE DELAYS;
PERFORMANCE AND ASSURANCE

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to members of the position of East Dunbartonshire in relation to delayed hospital discharge performance, and to provide assurance regarding management and scrutiny of delayed discharge performance.

2.0 RECOMMENDATIONS

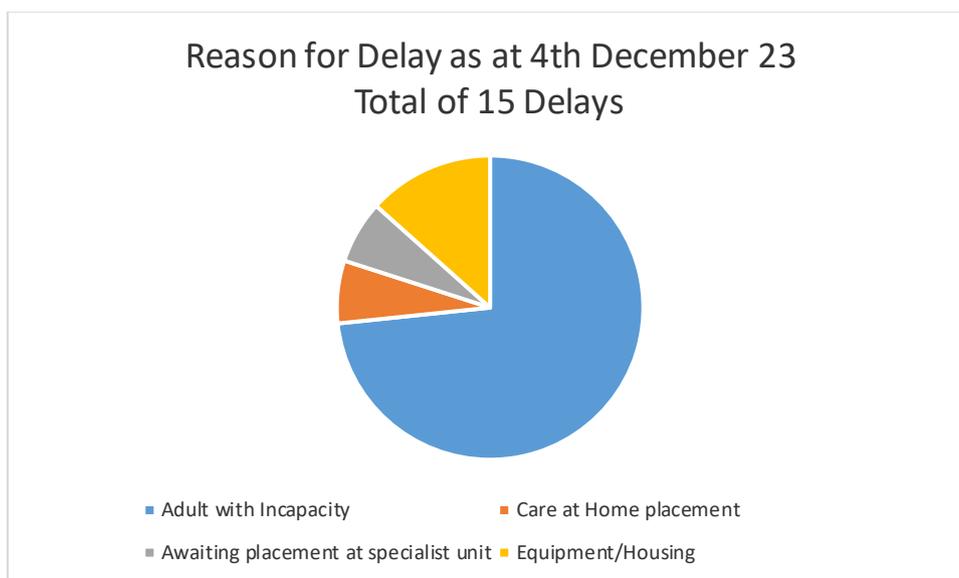
It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of the report and the performance and assurance reflected therein.

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

3.0 **BACKGROUND/MAIN ISSUES**

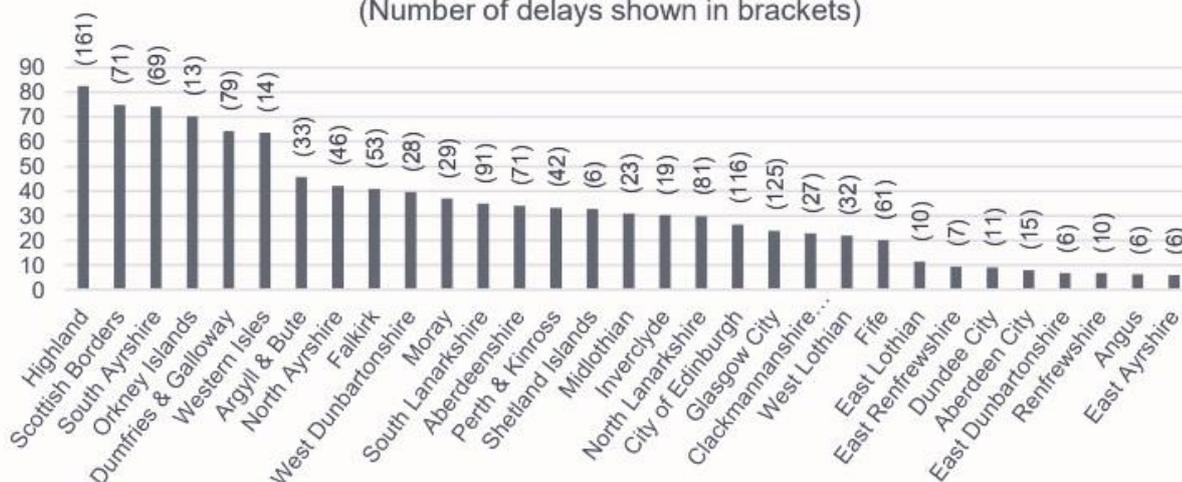
- 3.1 The management of unscheduled care continues to be a key area of business strategically and operationally for the HSCP and IJB.
- 3.2 Boards members were appraised of the multifactorial and complex issues that impact on delayed discharged in the report tabled September 2023.
- 3.3 Board members should be assured that the daily scrutiny and robust process to manage delays detailed in the previous report continues
- 3.4 Performance continues to sit at 98% for all patients discharged from hospital without a delay.



- 3.5 The main reason for delay is for Adults with Incapacity (AWI) which due to the legislative processes associated with moving these individuals' results in a lengthy delay.
- 3.6 Our performance in relation to managing standard delays, which is usually high, has seen a downturn over recent weeks with the change in performance illustrated below showing a drop from being rated 4th in Scotland and 2nd in GGC as at the 4th December 2023, to 10th in Scotland and 3rd in GGC.

Standard Delays by Local Authority, Rate per 100,000 18+ population

(Number of delays shown in brackets)



Change in standard delays over last four weeks Scotland changed from 1,347 to 1,378 over this period

- 3.7 Our performance in terms of AWI delays also remains challenging and as at 18 December 2023 was the third highest level per head in Scotland, with 16 delays of this nature.

Actions focussing on improved performance

- 3.8 Work continues within the HSCP to progress the actions detailed in the previous report including developing a standardised information pack which can be given to all services users outlining the benefits of having a Power of Attorney (PoA) and the process required to put this in place, training for all staff, third sector engagement, media campaigns etc.
- 3.9 There has been a retrospective look at the individuals who are currently delayed as a result of AWI to ascertain whether there were missed opportunities to promote PoA. For those who had previous contact with HSCP services in the majority of cases the importance of having PoA had been discussed with the individual and information leaflets given.
- 3.10 There continues to be daily scrutiny and reporting on delayed discharges both within the HSCP and wider system.
- 3.11 Locally we continue to build on our enhanced community care services to provide enhanced assessment and care interventions to maximise opportunities to maintain individuals within their own home or homely setting preventing the need for conveyance to hospital.

Current Challenges Impacting on Delays.

- 3.12 The Acute Hospitals are experiencing significant pressures and, as ever in the run up to the festive period, the numbers of people seeking to move on from hospital to a care setting or to home with a package of care was high. This results in significant numbers of people being added to the delayed discharge list, some of whom are

unknown to services so requiring a fresh assessment of care needs. As detailed previously it is also challenging to have a quick turnaround when families are having to make decisions about future care needs and the complex processes associated with Care Home admission and this is compounded over the festive period where a number of additional person and operational service constraints apply.

- 3.13** At the beginning of December the new electronic Care at Home referral was also introduced, and while the goal is for this system to make the referral pathway more streamlined, it was, as is the case with all new systems, subject to some initial teething issues which in some specific cases contributed to, rather than reduced delays, as communications required to be repeated. Organising a package of care is a complex process which can take several hours to arrange as it often means reconfiguring a whole run to ensure that the journey is planned as efficiently as possible and ensure tasks that are required at key times e.g. Medicine administration, palliative, end of life care and complexities of doubled up supports are factored in. This is relevant across both in house and commissioned services. These challenges are not unique to East Dunbartonshire and we continue to work to address these teething issues through the implementation group.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

- 4.2** Frontline Service to Customers – This report described front line services to people who are being discharged from hospital and are delayed in their discharge.
- 4.3** Workforce (including any significant resource implications) – None.
- 4.4** Legal Implications – None.
- 4.5** Financial Implications – None.
- 4.6** Procurement – None.
- 4.7** ICT – None.
- 4.8** Corporate Assets – None.
- 4.9** Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 None

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18th JANUARY 2024

REPORT REFERENCE: HSCP/180124/14

CONTACT OFFICER: CLAIRE CARTHY, HEAD OF CHILDREN'S SERVICES AND CRIMINAL JUSTICE
TELEPHONE NUMBER 0141 777 3000

SUBJECT TITLE: COMMUNITY PAYBACK ORDER ANNUAL REPORT 2022 - 2023

1.0 PURPOSE

1.1 The purpose of this Report is to advise members of the Integration Joint Board of the content of the Community Payback Order Annual Report 2022 - 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report; and

2.2 Recognise the excellent practice evidenced by the Criminal Justice Team as set out at section 3.5 of this report.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Scottish Government and Community Justice Scotland require every Criminal Justice Team to publish an annual report on Community Payback Orders (CPO).
- 3.2** As with other services, Criminal Justice was significantly impacted by the pandemic. Scottish Courts ceased operations which meant that no cases were heard, and the result was a huge back log affecting those awaiting a trial and those already sentenced to unpaid work. For those already sentenced to a Community Payback Order there was concern that they would not be able to complete their sentenced hours unpaid work within the timeframe stipulated. This led to a 35% increase in Justice statutory work and Justice Analytical Service as Scottish Government (SG) predicted it would take 36 months to return to pre pandemic figures.
- 3.3.** The Criminal Justice Team worked with Health and Safety Teams, ensuring Scottish Government safety guidance was adhered to whilst devising new and imaginative ways to ensure the wellbeing of our Criminal Justice clients and creating opportunities for those on CPO to complete their hours. This included use of digital platforms to enable online training and behaviour programmes as well as Teams groupwork. Additional funding was received from Scottish Government to support Criminal Justice Teams address this which led to the commission of an additional unpaid work supervisor to increase the unpaid work squads to three. The 2022 - 2023 CPO annual report concluded that EDC successfully addressed 13,000 hours backlog and the service resumed full operational functioning.
- 3.4** As per Scottish Government advice, Multi Agency Public Protection Arrangements (MAPPA) continued through the pandemic as the nature of work is essential and critical to promoting public safety. Multi-agency public protection arrangements are in place to ensure the successful management of violent and sexual offenders. The successful ongoing management entailed moving all MAPPA multi agency meetings online and adapting the service to be to be able to monitor and manage MAPPA cases in line with their risk level. This included the use of telephones, Teams meeting to meet and monitor, safe distance meeting out with buildings, safe distance meeting within building when restrictions permitted. The resumption of Courts also witnessed the greatest increase in sexualised crimes (mainly technologically mediated) since the implementation of the MAPPA framework (2007). The number of cases doubled to approximately 80. Whilst the majority of cases are managed at MAPPA level 1, the lowest level, this significant increase continues to place an additional demand on already stretched Justice resources. Additional funding was received from Scottish Government to support Criminal Justice Teams to manage the COVID impact led to the commission of two additional nationally accredited facilitators to work one evening per week to deliver an extra sex offender groupwork programmes to meet the statutory requirements, address risk, and continue to meet all KPI's met in line with requirements.
- 3.5** Despite the significant operational challenges highlighted in the 2021 - 2022 CPO annual report improvement can be evidenced in the 2022 - 2023 report: there are no cases waiting to be allocated and all targets are being met. Moreover, our Justice Social Work Service was shortlisted for a Scottish Association of Social Workers Award for developing a trauma informed Justice service. This included redesigning the physical environment, reviewing policies, and implementing Trauma Informed practice. This work is ongoing. Justice also led on the commission of the Safe and Together model from the Safe and Together Institute to embed best practice with regards family safety within all systems and service in East Dunbartonshire. The first

year of implementation will focus on organisational readiness, partnerships, practice guides, organisational and system assessments, and training.

- 3.6** The projects undertaken by the CPO squads are wide ranging and have a focus on environmental improvements which make a positive contribution to the communities of East Dunbartonshire. In addition, the squads supported The Christmas Project which embodies the principles of planning, partnership and learning: over 4,000 gifts were delivered to vulnerable families. This Joint Initiative was also recognised at the ED HSCP annual awards ceremony and, along with Children and Family Support Team, won Team of the Year 2022.
- 3.7** Feedback from those with lived experience of being subject to CPO is essential if the Criminal Justice Team is to continue the continuous improvement journey. In 2022 - 2023 the comments received were extremely positive. People felt supported to complete their order, listened to respected and reported improved mental health.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – Improved Services.

4.3 Workforce (including any significant resource implications) – Upskilled workforce

4.4 Legal Implications – Fulfils statutory duties.

4.5 Financial Implications – Additional funding from Scottish Government has now ceased.

4.6 Procurement – None

4.7 ICT – None

4.8 Corporate Assets – None

4.9 Equalities Implications – Ensures a trauma informed, stigma free support service for those subject to CPO.

4.10 Sustainability – None

4.11 Other – None

5.0 MANAGEMENT OF RISK

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

5.1 There are no risks associated with this CPO Annual Report.

6.0 IMPACT

6.1 STATUTORY DUTY – Fulfils statutory requirements.

6.2 EAST DUNBARTONSHIRE COUNCIL – None.

6.3 NHS GREATER GLASGOW & CLYDE – None.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 – Annual Report 2022-2023

COMMUNITY PAYBACK ORDER ANNUAL REPORT

FINANCIAL YEAR: **2022/23**

LOCAL AUTHORITY: **East Dunbartonshire**



1) In this section, please give examples of work with people subject to CPOs specifically to **address offending behaviours and the risk of reoffending**. (Bullet points will suffice. Max 300 words.)

During 2022/23 there were 126 CPOs with no waiting lists and national outcomes being attained to reduce risk and support desistance and rehabilitation.

MAPPA statistics have shown a significant 80% increase with the highest number of men subject to MAPPA since the framework was implemented in 2007. The MAPPA audit shows that throughout this time KPI's are being met with robust risk multi agency management plans in place for each person to reduce risk via the delivery of MFMC: national programmatic Justice intervention to reduce risk and promote community safety. Moreover, EDC have played a significant role in the development, training and piloting the new Moving Forward 2 Change Programme for males convicted of sexual offences with a programme requirement. To support this, we have also invested in specialist training by Dr Ruth Tully for RVSP and SAPROF to identify evidenced based protective factors in the management of RSO's.

In addition to this, and absence of the Caledonian Programme, workers have been trained in the application of the UP2U Domestic Violence Perpetrators' Programme and applied on a 1:1 basis to reduced domestic violence and promote safety within family systems. To support this, we have also invested in additional training for staff on SRARA V3 and HRC20 V3.

With regards public protection, our EDC Justice leadership group invested a huge effort to become VISOR compliant with the understanding this would create a baseline in which to build the new MAPPS system.

Justice worked in partnership with the Alcohol Drugs Recovery service (ADRS) and have developed a DTTO service (previously hosted in West Dun) to address substance misuse related offending. A Senior addiction nurse is co-located within Justice and in addition to the DTTO role, carries out assessment for a range of treatment options, therapeutic work, signposting, and diversionary work.

Following a successful application to CORA, Justice service provides a male peer mentor from Apex to work with males who experience serious drug and alcohol misuse problems that are correlated with their offending and risk of self-harm, suicide, and overdose. The aim of this service is to support clients to navigate and make sense of the services available to them.

Justice services provide a SACRO Women's Support Worker for women involved in the Justice system. This includes women with serious drug and alcohol misuse problems that are correlated with their offending and risk of self-harm, suicide, and overdose. The worker also collaborates with the 218 project for those requiring residential rehabilitation services to assist them to address their offending needs and offers further support following their period of rehabilitation to transition back into the community.

In response to an ongoing number of Road Traffic Offences, a local road traffic programme has been designed by our Justice Services.

Workers undertake 1:1 Offence focused work which is integral to supporting our clients to desist from offending, in conjunction with the accredited and structured programmes.

2) In this section, please give examples of work with people subject to CPOs specifically to **address their underlying needs (e.g. mental health needs, substance use needs)**. (Bullet points will suffice. Max 300 words.)

Justice services have been continuing to enhance and embed a public health approach to addressing offending behaviour. As outlined above, this led to the provision of an addiction nurse being co-located to support clients with substance misuse issues to access support timeously, inclusive of assessment, access to opiate alternative prescriptions and harm reduction work. Our peer navigator service has worked closely with males with substance misuse and supported them, through motivational and practical support to access ADRS and mental health services.

The SACRO Women's Support Worker for women who experience serious drug and alcohol misuse problems that are correlated with their offending and risk of self-harm, suicide, and overdose.

The 'Make it Work' employability project, provided by the Lennox partnership, have also been co-located with the aim of supporting clients to access employability programmes and employment at the earliest opportunity. For women clients the Lennox Partnership, in conjunction with our women's support worker deliver a weekly group work programme 'Taking the next steps' aimed at engendering confidence as well as providing practical support to enable to access to employment.

Given the link between trauma and offending our service continues to develop as a trauma responsive service. All Justice staff are trained to an enhanced level, and we are working in partnership with our EDC trauma coordinator to enhance professionals' ability to work with clients who have experienced trauma. This includes supporting staff to access training as well as continually reviewing and updating the trauma informed environment at our offices. The creation of a service user group has been central to this.

3) In this section, please give a summary of feedback, may include quotes, from people subject to CPOs about the **impact on them of a Supervision Requirement**. (Bullet points will suffice. Max 300 words.)

'Justice Services were always respectful in their approach to me. All my needs were taken into account and my supervising officer was caring at the same time. We reflected on the offence and on the hurt and distress I caused the victim. I now have a more positive outlook on life moving forward. This wouldn't have been possible without the support I received from xxxxxxxx.'

'My supervisor was always flexible to my needs about meeting times. I was referred to the employment project and ended up getting a job. I'm now in a totally better head space thanks to all the help support and guidance that I got from xxxxxxxx during such a difficult time'

"I'm really thankful to have had your support in all this. You have been there for me through a difficult time. You really do change people's lives. You make a real difference in this world, and I hope you see that."

4) In this section, please report on the following:

- Types of **unpaid work projects** carried out
- Example(s) that demonstrate(s) **how communities benefited** from unpaid work

(Bullet points will suffice. Max 300 words.)

WORKSHOP – REFURBISHMENT OF GARDEN BENCHES.

Memorial garden benches that are removed from graveyards/ Churches dried out in our own workshop, prepared, and sanded before a new finishing coat is applied and re-instated back in the community where they came from. We have collected and worked on 30 benches over this period.

Environmental Work: VARIOUS LOCATIONS

- River Kelvin Community Path – Cut back overgrown trees.
- Remove fly tipping at various blackspots within EDC.
- Assisting various sheltered housing complexes with garden projects.
- Building new garden space and raised beds for Bearsden homeless Unit.
- Kirkintilloch Health and Care Centre – Create new garden seating area.
- Litter Picking Various Areas within EDC.

PROJECTS: VARIOUS LOCATIONS

- Creation of a trauma informed garden for workers and service users within the grounds of Justice Services. This project design included a mixture of landscaping with different 3 different themes.
 - An area for insects and bees.
 - Scents that provide a calming effect on individuals.
 - A seating area where individuals (staff and service users together) can sit and have lunch or take a break for a short period surrounded by pots of flowers and shrubs and a small place to grow vegetables.
- Painting several large cemetery gates that would challenge our squads and provide a welcoming entrance for visitors. Each gate had to be hand sanded and base coated before a finish paint could be applied. We received positive feedback from members of the public.
- **Christmas Project:** This is an ongoing project that we carry out every year and December 2022 was another successful year. It takes approximately 20 weeks to complete, and relies on 3 key principles – **Planning, Partnership, and Learning.** Donations are received from numerous organisations, charities, local businesses, and members of the public. There are around 4000 gifts delivered out to vulnerable families at Christmas time. This Joint Initiative was also recognised at the EDC HSCP and Oral Health Directorate annual awards ceremony and, along with Children and Family Support Team, we won Team of the Year 2022.

5) Summary of feedback, may include quotes, from people subject to CPOs about the **impact on them of an Unpaid Work Requirement.** (Bullet points will suffice. Max 300 words.)

The following are quotes obtained from service users attending unpaid work.

'The CPO programme has been very supportive and helpful. It has allowed me to get back on track and start to reintegrate back into the community. My manager was really quick to contact and help get me started. The Manager kept me informed and he has made me feel very comfortable throughout the whole process. I have carried out my unpaid work requirement in a charity shop and plan to volunteer after my unpaid work is complete.'

Anonymous

'I have learned new skills and getting up for unpaid work has helped me to have a better structure to my life to get up out of bed in the morning and do something other than staying

up late on my PlayStation and then spending the next morning sleeping. I also feel I can now go out and get a job and have several interviews coming up.'

Anonymous

'The Supervisors have been amazing and are very supportive. I have enjoyed working in the community carrying out various projects and also completed hours at the local fishery as other activity learning to flyfish.'

6) What are the main types of **'Other Activity'** carried out as part of an Unpaid Work Requirement? You may want to comment on the impact of completing Other Activities, for individuals or for the community. (Bullet points will suffice. Max 300 words.)

One of our Supervisors started a fishing group at a local loch and each Monday there is an opportunity for individuals to attend our "Tight Lines" fishing group and learn how to flyfish in a fantastic local loch with permission from the club that runs the fishery. The fishing group started on the 17th of April 2022 and continued until the 15th of October when the season finished. Numbers were kept low to enable us to develop this project and we expect to see a rise in attendance for next season,

CPO Focused blended learning packs are also available for individuals to reduce their hours. Subjects covered within these packs include Drug and Alcohol awareness, Benefits of a CPO, Reparation and Reintegration and one on relationships. Hours can also be credited for completing CSCS training.

WISE Group CPO Connect. 2-hour sessions delivered online by a professional facilitator. Subjects include - Mental Health, Physical Health, Pro-social networks, Employment, Financial inclusion and Digital Skills.

7) Summary of feedback, may include quotes, from beneficiaries **about the impact of Unpaid Work on the community**. (Bullet points will suffice. Max 300 words.)

'I would like to say a big thank you to Justice Services who did a great job doing up our back garden, they made us a patio area covered in bark & installed a picnic table so now we have an area to sit & have a lovely BBQ in the summer (hopefully) thanks again'

Kind regards

Name withheld

'I have 36 properties here over two adjacent streets and I just wanted to let you know the impact that having the Justice teams have on the community here. Over this past year, The Justice Team have carried out various tasks to improve our outside space. Before your team arrived, our residents were embarrassed when family and friends came to visit as it looked unkempt and drab, due to cuts within budgets and Coronavirus. The feedback that I have had from the residents is overwhelmingly positive. All the grounds, flowerbeds and paths have been tidied up, trimmed, and seating areas restored. The whole team when on site are hardworking, respectful, helpful, and knowledgeable.

We now have a lovely seating area, flowerbeds, wildflower patch and clear pathways, overall, the area looks neat and tidy. I look forward to the continued support of the Justice Team around the complexes.'

Name withheld

“.....the boys were amazing, great job and tidied everything up after them. The team decorated every room in the house, and this has really helped my two special needs children settle into the new flat, and I cannot thank the service enough for the assistance”

Name withheld

8) What **organisational challenges** have there been in completing orders effectively this year, both those with Unpaid Work and those with Supervision Requirements? (Bullet points will suffice. Max 300 words.)

Our service has continued to work in partnership with our Health and Safety department to ensure safe working practices and environments for both staff and clients. COVID recovery finances have enabled unpaid work to operate a flexible and responsive service navigating any staffing issues related to COVID. Although all restrictions have been lifted, we continue to work with groups of clients that have underlying conditions and we continue to plan effectively to minimise the risk to this group.

As noted above, EDC are now ViSOR compliant but there is a much greater challenge to ensure the new proposed MAPPS is accessible, functionable and adds value to the risk management of offenders presenting a risk of serious harm.

As we moved into 2023 there was a legacy of organisational challenges for the Supervision Team with regards to Programme and Conduct Requirements on Orders that required input from the Moving Forward Making Changes or Moving Forward 2 Change Programme in addition to UP2U as these were court mandated requirements. During COVID, groups required to be stood down for a significant period and when they did resume, it was with reduced numbers, resulting in challenges for Social Workers overseeing the Orders and for the Treatment Manager who was attempting to run groups albeit with reduced numbers and having a timescale to have all work undertaken by. Whereas we initially requested an extension for Orders whereby the Programme or Conduct Requirements were not completed, we addressed this laterally by increasing the volume of 1:1 and 2:1 work undertaken as well as running a third group for males with sexual offending profiles.

It should be noted that the cost-of-living crisis has exacerbated the myriad of issues in our clients' lives, this has resulted in an increase in complex presentations in clients accessing the service, which has translated to increased demands being placed on justice social workers in terms of their time, with regards to time spent with clients and supporting them to access services. This has been navigated in part via the co-location of a senior addiction nurse, our peer navigator service and women's worker. We have looked to increase the role of our justice social work assistant in terms of providing support as well as working in collaboration with the third sector to provide support. We have also accessed the winter coat project as well as purchasing basic housing utensils, in conjunction with increasing our volume of supermarket vouchers to combat inequality.

9) In this section, please outline how you have worked with other statutory and non-statutory partners to deliver any of the other CPO requirements or similar (Bullet points will suffice. Max 300 words)

As noted previously we have worked in partnership to co locate a senior addiction worker in post to support the facilitation of DTTO's and alcohol and drug treatment requirements. The aim of this co location is to enable to access to treatment at the earliest opportunity. For many of our clients who face a myriad of issues and who struggle to navigate services, our peer navigator service, in conjunction with our women's support worker, has supported clients to navigate and access services.

For clients with identified issues in relation to children and families or mental health we have worked in partnership with appropriate services. For example, with clients with mental health requirements our staff have advocated on behalf of our clients to ensure access to services and that appropriate processes, for example the care programme approach is applied. Our reviews should reflect that all relevant services are consulted and invited to meetings.

In relation to employability, as outlined previously in the body of this report, the Lennox partnership is co-located with Justice services twice a week to support clients to access employment support timeously. We have also run a woman's employability group on site in partnership with our women's support worker.

10) Outline the **main barriers, if any, to accessing community support and wider services** (e.g. drug and alcohol services, mental health services). How have these barriers been addressed?

One of the main recurring challenges is providing appropriate housing for men presenting a ROSH given their complex presentation, environmental risks, and significant housing shortage. As a strategic Community Justice partnership we are planning to review these cases to explore how to achieve better outcomes for the individual's concerned.

Many services have continued to experience challenges in a post pandemic era and cost of living crisis, this includes staff sickness and retention issues as noted in Setting the Bar (part 1 & 2). This is also exacerbated with a huge disparity with SW salaries in Scotland.

Similar to other services, this has also impacted on our agency wherein for example our senior addiction nurse has been absent due to ill health. In order to offset any issues that may have arisen from this, inclusive of continuity of treatment, we have worked in partnership with ADRS to provide alternative staff.

There have been continued challenges faced by clients accessing Mental Health Services and, in these cases, the Senior Practitioner and the Team Manager have continued to contact Management within the Mental Health Service to update them on the situation that the client faced in being unable to access a Service. This has resulted in better outcomes for the client with action being taken by the appropriate worker in the Mental Health Team.

11) Is there **any other relevant information** you wish to highlight? For example, this may include:

- Areas for improvement and planned next steps
- New ways of working and benefits achieved from these.
- Examples of work carried out in collaboration with community justice partners and wider community partners, including the third sector, to deliver CPOs

(Bullet points will suffice. Max 300 words).

Our aim is further developing our service as a trauma responsive justice service. Our client group will be a focus wherein we move to continuously improve our building environment, our processes, and the paperwork that we utilise. As noted previously we are in post pandemic era and cost of living crisis, which continues to places demands on our clients and staff wellbeing.

In relation to our clients, we will continue to develop a public health approach to justice and look for more services to be co-located, in addition to addiction and employability services. Consideration at present is being given to third sector services that support mental health, as well as advocacy services.

Staff wellbeing is a key priority, and we will continually look at recruitment, for example the recruitment of sessional workers for unpaid as well as looking at existing processes. Induction,

regular supervision and regular team meetings ensure that staff wellbeing and staff retention is promoted.

Our focus is also the consolidation of existing services on site, inclusive of woman's support worker and our peer navigator service, to ensure that these vital services are meeting the needs of our clients.

Currently, we are finalising the commissioning of work to extend facilities on site. This includes the creation of a new level with bespoke group rooms. The aim of this is to offer more groups for clients, inclusive of MF2C and UP2U. We are also expanding the range of services offered via 'Other activity' for unpaid work, inclusive of client inductions, health and safety briefings and wellbeing groups.

COMPLETED BY: Claire Carthy, Head of Children's Services and Criminal Justice

DATE: 03/11/2023

CONTACT FOR QUERIES ABOUT THE REPORT

Name: Alex O'Donnell, Justice Service Manager

E-mail: Alex.O'Donnell@eastdunbarton.gov.uk

Telephone: 0141 777 3000

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18 JANUARY 2024

REPORT REFERENCE: HSCP/180124/15

CONTACT OFFICER: DAVID RADFORD, HEALTH IMPROVEMENT & INEQUALITIES MANAGER, TELEPHONE NUMBER 0141 355 2391

SUBJECT TITLE: PUBLIC, SERVICE USER & CARER (PSUC) UPDATE

1.0 PURPOSE

- 1.1 The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC).

2.0 RECOMMENDATIONS

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

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

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.
- 3.2** The PSUC have held five meetings in 2023. The latest meeting took place on the 7th December 2023 and was offered in a hybrid model. Group members had the opportunity to attend in both a 'physical' and 'virtual' capacity, on Microsoft Teams.
- 3.2.1** At the latest PSUC meeting, the members received an update from Carolyn Fitzpatrick (Lead for Clinical Pharmacy and Prescribing) on current prescription collation, governance and distribution to Service Users.
- 3.2.2** The group also received a presentation from Andy Craig (HSCP Planning, Performance and Quality Officer), on the process towards the review of the HSCP Strategic Plan and the initial planning towards the development of the new plan, due in 2024.
- 3.2.3** The PSUC group received an update on Jean Campbell (Chief Finance and Resource Officer), concerning the existing and immediate pressures in consideration of planning for the 2024/25 budget.
- 3.3** The PSUC group have also requested and update in lieu of the progress towards that the Carers 'Transitions' narrative and the Scottish Government Carers funding as an ongoing work stream and key agenda item.
- 3.4** The PSUC group continue to support the HSCP and will seek an update in relation to the development of the National Care Service and implications within East Dunbartonshire.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2022-2025 Priorities;-
1. Empowering People
 2. Empowering Communities
 3. Prevention and Early Intervention
 4. Public Protection
 5. Supporting Carers and Families
 6. Improving Mental Health and Recovery
 7. Post-pandemic Renewal
 8. Maximising Operational Integration
- 4.2** The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.
- 4.3** Frontline Service to Customers – None.
- 4.4** Workforce (including any significant resource implications) – None.

- 4.5 Legal Implications – None.
- 4.6 Financial Implications – None.
- 4.7 ICT – None.
- 4.8 Procurement – None.
- 4.9 Economic Impact – None.
- 4.10 Sustainability – None.
- 4.11 Equalities Implications – None.
- 4.12 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1: Public Service User and Carer Support Group of 7th Dec 2023**

Public Service User and Carer Support Group – 7th December 2023

Attending; Gordon Cox, Linda Hill, Mary Kennedy, Fiona McManus, Michael O'Donnell, Karen Albrow, Michael Rankin, Linda Jolly

Apologies; Suzanne McGlennan Briggs, Catherine Buchanan, Avril Jamieson, , Jenny Proctor, and Frances Slorance.

HSCP Staff in attendance; Jean Campbell (Chief Finance Officer) Carolyn Fitzpatrick (Lead for Clinical Pharmacy and Prescribing, Primary Care), Andy Craig (Planning, Performance and Quality Officer)

HSCP Support Staff; David Radford.

Action points agreed at meeting:

Action		By who	When	G	A	R
1	Invitation to be extended to Head of Adult Services to provide update on the Progression of Transition arrangements within East Dunbartonshire	A Craig	By next meeting 25/01/24			
2	Invitation to be extended to new Clinical Director and to Primary Care Service Manager	A Craig	By next meeting 25/01/24			
3	Liasie with HSCP Chief Officer to provide update to PSUC on the developments toward the implementation of the National care Service and what this means for East Dunbartonshire	A Craig	By next meeting 25/01/24			
4	PSUC wish to continue to liaise with Head of Service and disseminate the Carers Transitions Narrative and clarify funding offered to HSCP via the Scottish Carers funding stream / allocation.	A Craig	Ongoing			
5	The members wish to continue to liaise with the Primary Care Transformation Manager, to scope and provide the most recent figures on GP patient contacts and percentage that 'do not attend'.	A Craig	Ongoing			

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18TH JANUARY 2024

REPORT REFERENCE: HSCP/180124/16

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCES OFFICER TEL: 07583902000

SUBJECT TITLE: PERFORMANCE, AUDIT AND RISK
COMMITTEE DRAFT MINUTES HELD ON 3RD
NOVEMBER 2023

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Board on the HSCP Performance, Audit and Risk Committee meeting held on 3rd November 2023 (attached as **Appendix 1**).

2.0 RECOMMENDATIONS

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

- 2.1 Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 3rd November 2023.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1 Appended are the draft Performance, Audit and Risk Committee minutes from the meeting held on the 3rd November 2023.
- 3.2 This was an extra ordinary meeting to consider the External Auditors Mazars report for the year ended 31st March 2023 and to consider the Final Audited Accounts for the HSCP Board for the year ended 31st March 2023.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

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

- 4.2 Frontline Service to Customers – None.
- 4.3 Workforce (including any significant resource implications) – None
- 4.4 Legal Implications – None.
- 4.5 Financial Implications – None.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required. (insert as appropriate)

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1** – Performance, Audit and Risk Committee Minutes of 3rd November 2023

**Minutes of Extraordinary Meeting of the
East Dunbartonshire HSCP Performance, Audit & Risk Committee.
Date: Friday 3rd November at 2pm
Location: Via MS Teams**

Present:	Jacquie Forbes (Chair) JF	Caroline Sinclair	CS
	Ketki Miles KM	Jean Campbell	JC
	Gillian McConnachie GMcC	Tom Reid	TR
	Ian Ritchie IM	Alan Moir	AM
	Vandrew McLean VMcL	Ishana Singh	IS

Minutes : Sarah Hogg & Jacqueline Hughes

No.	Topic	Action by
1.	Welcome and Apologies	JF
	The Chair welcomed the Committee members and introduced the Mazars auditors to the meeting. Apologies submitted from: Callum Smith, Susan Murray	
2.	Mazars - Audit Strategy Memorandum for Year Ending 31st March 2023	TR
	The Mazars Audit Strategy Memorandum for the year ending 31 st March 2023 were presented for approval and the points highlighted were: <ul style="list-style-type: none"> • Unqualified audit opinion. • Noted was uncomplete Registers of Interests with the recommendation to have them completed. • Previous audit actions reviewed and noted to be rectified. • Recommendation to work on identifying savings and sustainable planning for the future. • Climate change achievements highlighted. <p>No questions were asked.</p> <p>It was resolved: The content of the Annual Audit Report for the Financial Year 2022/23 was approved.</p>	
3.	East Dunbartonshire IJB Annual Audited Accounts 2022-23	JC
	The East Dunbartonshire IJB Annual Audited Accounts were presented for approval, and the points highlighted were: <ul style="list-style-type: none"> • Statutory requirements were met. • Delays to meet audit dates were noted due to being the initial audit requiring additional evidence, no penalties from the delay as reasons justified. • Noted was the reinstatement of robust reserves since the previous audit. <p>No questions were asked.</p>	

	<p>It was resolved: The Final Annual Audited Accounts for 2022/23 and authorise the Chair, Chief Officer and Chief Finance & Resources officer to accept and sign the Final Annual Accounts on behalf of the IJB were approved with the following amendments:</p> <ul style="list-style-type: none"> • Page 8 of the accounts to have an equal font. • Page 25 of the accounts in the PDF form requires Diagram 12 to be re-added. • Chair of the group to be updated to Jacqueline Forbes. 	
4.	Date of next meeting – 16th January 2024, 1pm	ALL

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18TH JANUARY 2024

REPORT REFERENCE: HSCP/180124/17

CONTACT OFFICER: CAROLYN FITZPATRICK, LEAD FOR CLINICAL
PHARMACY AND PRESCRIBING
TELEPHONE 0141 232 8237

SUBJECT TITLE: MINUTES OF CLINICAL & CARE
GOVERNANCE GROUP MEETING HELD ON
15TH NOVEMBER 2023

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Clinical and Care Governance Group meeting held on 15th November 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Clinical and Care Governance Group Meeting held on 15th November 2023.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Clinical and Care Governance Group minutes of 15th November 2023 highlight:

- a) The group welcomed Dr Jude Marshall in her new role of Clinical Director and welcomed her to her first Clinical and Care Governance Group meeting. Dr Marshall will take over the chair of this group.
- b) The group received a presentation from Caroline Lilley, District Nurse Team Lead on the District Nurse Pressure Ulcer Incident Report covering the period July – August 2023. The group noted that the excellent staff adherence to the Pressure Ulcer Policy and although there was a high incidence of pressure ulcers in East Dunbartonshire, this can be explained by the high levels of observance and recording by the team.
- c) The group reviewed the incidents and complaints data from the period since the last Clinical and Care Governance Group and received a report from the Information Governance Officer detailing the trends. Individual incidents and complaints are reviewed in detail within services and any quality improvements reported back through the service reports
- d) The group received an update of the ongoing work in relation to the Adult Support and Protection Joint Inspection with the final report expected to be published in the middle of March. The group were asked to encourage those from their teams who had received the staff survey as part of the inspection, to complete it to ensure a high return rate from the HSCP and partners.
- e) The group were informed that the new Peer Support Workers for the Alcohol and Drugs Recovery Service has taken up post. The service hopes that these workers will be able to offer something different in terms of care support and access to treatment offerings.
- f) Oral Health highlighted the new Dental Payment System Reform which became live on the 1st November. There is a system for feeding back issues to the Scottish Government and there is close monitoring of the transition but feedback had been generally positive.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

- 4.2 Frontline Service to Customers – None.
- 4.3 Workforce (including any significant resource implications) – None.
- 4.4 Legal Implications – None.
- 4.5 Financial Implications – None.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None.
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1** - Clinical & Care Governance Group minutes of meeting held on 15th November 2023.

**Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 15th November 2023, 9.30am
Microsoft Teams Meeting**

Members Present

Name	Designation
Jude Marshall	Clinical Director, Chair
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Tara Dunseith	Clinical Director, Oral Health
Derrick Pearce	Head of Community Health and Care Services
Claire Carthy	Interim Head of Children & Families Services and Criminal Justice
Leanne Connell	Interim Chief Nurse for HSCP
Karen Lamb	Service Manager, Specialist Children's Services
Lorraine Currie	Service Manager, Mental Health Services
Vandrew McLean	Corporate Business Manager
Caroline Sinclair	Chief Officer and Chief Social Work Officer

In Attendance

Name	Designation
Jaime Steel	Information Governance Officer
Caroline Lilley	Team Lead District Nursing
Lorraine Brown	PA/Business Support

Apologies

Name	Designation
Fraser Sloan	Clinical Risk
Fiona Munro	Lead AHP for HSCP

No.	Topic	Action by
1.	Welcome and Apologies	
	<p>CF welcomed all and announced members present and reminded those in attendance of the recording of the meeting. She also welcomed Dr Jude Marshall in her new role as Clinical Director and welcomed her to her first Clinical Governance meeting. Introductions were thereafter provided.</p> <p>Apologies noted on page 1.</p>	
2.	Minutes of Previous Meeting	
	<p>TD noted amendment to be made to Page 5, Item 13 Oral Health Update, <i>“Inverclyde is now designated as a Scottish Dental Access Initiative area, and no update on the financial incentive from Scottish Government”</i></p> <p>Thereafter minute of previous meeting was agreed and approved.</p>	
3.	Matters Arising	
	CF noted no matters arising at this time. Will be picked up through the agenda items.	
4.	Actions / Outcomes Log	
	<p>CF reviewed the Actions & Outcomes Log.</p> <ul style="list-style-type: none"> • Oral Health and Specialist Children’s Services to have access to incident reports – TD noted that there had been some historical incidents on the system which had been aligned to OH however no update at present. TD will check in with JS and Raymond Carruthers. JS advised that OHD have now closed off all the historic incidents. Action can now be closed off. • Complaint Responding – VMcL advised that she is looking at procedure and protocol in handling complaints and also consideration of SCS and OHD. Currently working on draft procedure to be tabled at future meeting. Have completed protocol as guide for staff on stages of complaints and handling timescales. And lastly, an easy read web page version based on the model complaints handling procedures to advise customers what is and is not a complaint and how it will be handled. Will share with Jean Campbell and this group and also SMT, and will bring update back to the IJB in January or March. • EDC SPSO complaint reporting process – JS updated that this will be included in the quarterly complaints that EDC provide, will report on within the complaints section of the agenda and today’s meeting. 	
5.	Presentation	
	<p>DN Pressure Ulcer Incident Report July-August 2023 Item 35 DN Pressure Ulcer incidence Report July-August 23.docx</p> <p>CL attended the meeting to provide overview of the above report to the group. She thereafter shared the report with the members and advised that this report had been a consequence of an earlier deep dive carried out by herself and Kathleen Halpin, into pressure ulcer reporting. Some of the themes that had come out of the earlier report was that staff were very good at adhering to the pressure ulcer policy and reporting and had accurate recording, and a huge volume of really frail and elderly patients which contributed to the higher rate at that time. She thereafter discussed in detail the information and data from the new report.</p> <p>DP thanked CL for her very informative presentation and referenced the point that it is important to highlight the high and sustained observance of the recording of the issues, noting that East Dunbartonshire is an outlier within the Board area both in terms of that and a number of other indicators on nursing dashboards and it is important to recognise these high</p>	

	<p>incidences are as a result of really good observance and recording, so he thanked CL and the service.</p> <p>LC also noted that given pressure ulcers that are acquired in district nursing caseloads accounts for a significant number of clinical incidents that come to the Clinical Governance meeting, this report is required on a quarterly basis to provide assurance around activity in terms of pressure ulcer reporting. She also agreed that there is a need to think about how we work better to get people to understand the risk that is identified and what can be done to support mitigation of that. Lastly, she noted that as well as being an outlier for caseload acquired pressure incidents, East Dunbartonshire is also an outlier for the people on district nursing caseloads at risk of developing pressure damage, significantly higher than the Board average, and almost double the average of the Board rate of patients on district nursing caseloads with a palliative end of life care need, able to see the correlation and that this is the biggest most vulnerable group. She thanked CL also for bringing this informative report to the group.</p> <p>CF thanked CL and said this was a really informative report.</p>	
6.	Incident Trends	
	<p>JS provided update in relation to incident trends.</p> <p>JS shared the report with the group and discussed the data contained therein. She provided overview of holding area as of 8th November. And noted any pinned queries. She then reviewed the non-clinical incidents. Wide range of numbers noted. In terms of non-clinical incidents by month she advised that there had been 24 incidents in July, 29 in August and 30 in September, noting an increase month on month, however approximately the same as previous quarter. For non-clinical incidents, by category, violence and aggression is the highest reported incident. Majority of which were verbal abuse. Information Governance is a category that also remains in one of the top incidents reported. She asked that members ensure that all staff can make sure this is updated annually with new protocols coming out regularly. In terms of incidents by severity positively there was nothing over a 3 moderate and is indicating that incidents are being picked up and prevented from becoming more severe. Only 1 non clinical incident currently awaiting review. She also highlighted the importance of reporting non-clinical near misses.</p> <p>She then reviewed the clinical incident data. 120 incidents in July, 95 August and 96 in September. In terms of categories, all of the self-harm incidence were in relation to Specialist Children Services. Violence and aggression also reported high, with 58 incidents. All but one were in relation to Specialist Children's Services. She then reviewed the various other categories. In terms of severity, for clinical incidents there are a number that are major and extreme, but seeing the trend where those numbers are lower than negligible and minor incidents which is good to see. Approval status majority finally approved, 13 being finally reviewed and ■ waiting finally approved. 7 near miss incidents reported in total, majority with Oral Health Directorate. Needlestick and sharps incidents, non-clinical there were ■</p> <p>■ with low severity. And in terms of clinical there were ■</p> <p>She thereafter reviewed the overdue incident report data with the group also.</p> <p>A number of questions were thereafter discussed in terms of some of the detail contained within the report. In terms of the overdue data, CS asked if there was something that staff needed to support working through the overdue incidents as this is an area of Board focus at</p>	

	<p>the moment, and she also thanked staff who took the time to report the near misses, and good to see that staff are actively aware of this.</p> <p>Discussion ensued in relation to the information discussed. KL also provided assurance that Specialist Children's Services have a robust system in place for clinical teams to be reviewing Datix incidents on a monthly basis. In terms of medication incidents, LC noted that it would be good to see a breakdown of what services these are with and if there is any area that needs more focus. Also in terms of near misses, she agreed that reporting of these incidents is something that should be encouraged, however [REDACTED], and questioned whether it was a true near miss or a misinterpretation. Some learning maybe required to report these accurately.</p> <p>Item 6b Social Work incidents 01 07 23 - 30 09 23.docx</p> <p>JS then reviewed the above data and shared the information with the group. EDC use separate system for reporting, some difficulties in pulling report together as a one view. Incidents total for the quarter is 36, [REDACTED] of those being near misses, highest rate is physical assault followed by slips trips and falls. Breakdown of location notes that the majority lies with the new Allander Resource Centre and after discussion with David Aitken it has been noted that this has been due to the change of location that patients have been going to so now working with the patients there to get them settled. DP noted that there may be an under reporting of incidents within John Street House, so doing some work to look into this and next report by see a spike in incidents, these will be related to violence and aggression.</p> <p>Item 6d SCS Incidents - 01 07 23 - 30 09 23.docx</p> <p>JS then reviewed the above data and shared the information with the group.</p> <p>CF thanked JS for her helpful reporting and update.</p>	
7.	<p>Complaints & Whistleblowing</p>	
	<p>JS shared the Quarter 2 report with the group, which includes Oral Health and Specialist Children's Services.</p> <p>Item 7 Q2 ED HSCP and Hosted Services Complaint Report FINAL.pdf</p> <p>She then detailed the information and data within. 20 recorded as Stage 1 and 44 recorded at Stage 2, 32 of the 30 reported at Stage 2 are MSP Enquiries. In terms of outcomes, Oral Health had a nil report for Quarter 2 in terms of complaints, Specialist Children's Services had 26 in total and [REDACTED] partially upheld, [REDACTED] fully upheld, 19 not upheld and [REDACTED] where consent was not provided. In terms of the Health & Social Care Partnership, there were 15 complaints. Majority of all complaints are not upheld however still some learning to be taken. In terms of themes of the complaints the highest was waiting times, relating to Specialist Children's Services, attitudes and behaviors was more related to the HSCP and Oral Health had no complaints reported in this quarter and no SPSO action at all in Quarter 2. She then detailed the differentials in terms of Quarter 1 and Quarter 2.</p> <p>A short discussion thereafter took place in terms of MSP enquiries and how reporting of these can alter the populated data.</p> <p>In terms of EDC complaints, JS noted that there had been 7 in total complaints, spread across Children and Families, Care at Home, the HAT, Adults ADRS, majority of which were not upheld, [REDACTED] partially upheld and [REDACTED] upheld, which was within the Care at Home Team. The presenting issues in these complaints are lack of communication and quality of care which was received. DP clarified that social work escalated to the Ombudsman who have just come back and said no further action thereafter so Ombudsman escalation was cancelled.</p>	

8.	SPSO Updates	
	SPSO update attached with papers. CS noted that in discussion with the Ombudsman they have acknowledged that their timescales for dealing with things that are referred to them are quite long at the moment, so just for noting.	
	GOVERNANCE LEADS UPDATES / REPORTS	
9.	Children & Families/Criminal Justice	
	<p>Report contained within agenda.</p> <p>CC updated highlights from the report. She advised that the update JM has provide on the National Bereavement Care Pathway has been a positive piece of work and now has nine standards as a result in the management of bereavement issues with families and has been undertaken on behalf of the Board and Scottish Government. A lot of work has also been put in in terms of the Community Children’s Health into the Speech and Language Therapy work and have developed an SLA with colleagues within the Education Department of the council and have produced a few strategies to help improve waiting times which has had a positive impact. The introduction of the new dashboard shows a high compliance rate with developmental assessments. Also recently undertaken another risk assessment of baseline cover and cautiously happy to report that the service has gone from amber plus to amber due to some staff returning from long term sick leave and recruitment. Still some risk in delivering the universal pathway in its entirety but have managed to make some improvements. Have also recently undertaken another workload tool run with the Health Visiting service and the full information is contained within the report, CC proposed that this is brought back to a future meeting and will also report back to SMT. Have one risk noted in terms of gap in service cover for the Speech and Language Therapy team due to staff member going on secondment. Will do some analysis and progress this.</p> <p>In terms of Children & Families Social Work, it has been reported that there has been some work done to gather together the lists of key names of the most vulnerable children, families and carers in the event of a system failure or there is a need to implement contingency planning if there is no access to databases. Team have worked hard in creating their own lists so that if system fails they have the information accessible. Other thing of note is the Children with Disability Team involved with thematic inspection with the Care Inspectorate, undertook self-evaluation and met with the Care Inspectorate also to go through key findings. The outcome of this inspection will not be an individual evaluation of our HSPC service, rather it will be a consolidation of national findings and results will be anonymised. Also involved in an inspection of Adoption and Fostering service which is an individual service inspection, registered with the Care Inspectorate and report on this will be published. Team managers have felt that this has gone reasonable well, and will fully brief the group at the next meeting.</p> <p>In terms of Criminal Justice updates, she advised that the service is currently involved in a Prison based social work thematic inspection, first time that anyone has looked at Prison based social work in a number of years and is welcomed locally to identify own improvements, again will report back on at a later date.</p>	
10.	Community Health & Care Services	
	<p>Report contained within agenda.</p> <p>DP highlighted couple of points of note. In relation to OPMH there has been significant upturn in performance as a result of bringing the post diagnosis report service in-house, conversely however there is still issues in terms of medical staffing and psychology access and is having an impact on psychological therapy waits in OPMH, however they are good in CMHT, and on the diagnostic pathway for dementia, Alzheimer’s etc. due to the availability of medical staffing. Will continue to update on at this group. Has also been escalated to the Mental Health Partnership Clinical Governance Group. Have recruited a Clinical Governance Development</p>	

	<p>Fellow, specifically to East Dunbartonshire with funding from the HSCP which should help to address some of these issues.</p> <p>In relation to the inspection that was undertaken at Pineview, the result of which was very good across all the fields that were inspected. Anticipating inspection soon of John Street House, will await the outcome of that. In Adult Community Nursing there are high numbers of individuals on caseloads who are requiring palliative and end of life care, and the issue pertaining to pressure care.</p>	
11.	Commissioned Services	
	<p>Report contained within agenda.</p> <p>DP updated that in relation to commissioned services there are outstanding Care Inspectorate follow ups required with a Care at Home provider and a Care Home both of which delayed at the moment due to operational pressures within the Care Inspectorate as a result to Operational Koper which is the police investigation into COVID deaths in care homes. Have had ongoing intensive work with a care home who were subject to an inspection who have now had grades of adequate applied and now in a period of months monitoring for that care home to determine next steps. The only other aspect is the impact of Safe Staffing legislation, had presentation at SMT meeting from Care Inspectorate in relation to safe staffing within commissioned services which is likely to have considerable impact. Will update when required.</p>	
12.	Joint Adult Services	
	<p>Report contained within agenda.</p> <p>DA updated the group on the Adult Support and Protection Joint Inspection. Split into three key areas, staff survey, file reading period after Christmas and a series of focus groups towards the end of this and should have an indicative view by the end of February and final report published by the middle of March. He asked members to encourage those who have received a copy of the staff survey to complete, it was issued earlier this week and have been sent around approximately 260-270 people across the HSCP, Health, Social Work, Police and Third and Independent Sectors, a wide distribution amongst services and encouraged everyone for their support to ensure that there is a good uptake and high return rate from the HSCP and partners. Preparatory work is currently ongoing, a lot of work going on in the background at the moment also. There will also be a short period of time where the Care Inspectorate advise of the cases that they are going to select for inspection to have those uploaded to the Care Inspectorate Sharepoint site, anticipate getting notification on the 20th November and will have to be decoded as will be a series of reference numbers so will need to find out who the people are the distribute this information to Health colleagues and the Police as their records will also be pulled as part of the inspection. Everything will require to be uploaded to the Care Inspectorate Sharepoint by the 13th December, so a short space of time to get this completed. Social Work records will share their records on a read only basis so will arrange for access to Care First for the Care Inspectorate. First meeting taken place to plan the process for the next few weeks.</p> <p>In terms of the rest of the report he informed that new Peer Support Workers for the Alcohol and Drugs recovery service had taken up post. Worked hard to bring in a Peer Support Team within the ADRS Team. Hopeful that these workers will be able to offer something different in terms of care support and access to treatment offerings. Will look to grow this service into other areas, and help build relationships and build contacts through Recovery Services and SAMH, and Mobile Harm Reduction van and trying to make sure that the team can begin to integrate themselves into the community. Also been a lot of work into developing injecting equipment provision site within East Dunbartonshire, positive place for the ADRS. New cohort of MHO coming into post, and will make a difference to MHO capacity. Working with HR to try to bring in a new structure that will address issues for the longer term.</p> <p>CF thanked DA for his update.</p>	

13.	Oral Health – Primary Care	
	<p>Report contained within agenda.</p> <p>TD highlighted few areas of note. One being the new Dental Payment System Reform, this became live on the 1st November and to date the feedback so far has been positive. Have a system of feeding back issues to Scottish Government via the Board and there is ongoing monitoring of the transition in place. Two main issues have been identified to date, there a number of colleagues who have undertaken enhanced training in domiciliary care, and with the previous payments system they received a more enhanced rate of payment which has not carried forward to determination one, some enhanced domiciliary practitioners have been in contact with the Board to voice their concerns and this has been fed back to SG with an assurance that the CDO will look at this further. The other area of concern relates more the Public Dental Services and there has been an increase in the fees provided to colleagues who provide sedation. This has impacted s this is the main area of work to do everything possible to avoid children and adults having to go forward for general anesthetic services, so the increase in fees has meant that a prior approval limit is reached more readily than would normally have been. Assurances also that the CDO will look at this going forward.</p> <p>The lack of infection control doctor for Oral Health with no obvious solution continues to cause issues. This has been escalated by the Director of Regional Services and the Chief Officer for East Dunbartonshire. Continue to provide contingency clinical services at the Victoria Hospital for services that were previously provided at Stobhill and operational teams are working with an external company to see if water testing and analysis can be carried out to move this issue on.</p> <p>Lastly she highlighted recruitment issues, poor success in recruiting to any vacancies that have been advertised, working with recruitment colleagues in the Board to work out how to improve the situation and how to enhance recruitment drive, and working with colleagues on a national level to highlight the career opportunities that are available within the Public Dental Services.</p> <p>CF thanked TD for the report.</p>	
14.	Specialist Children’s Services	
	<p>Report contained within agenda.</p> <p>KL updated that in terms of client centered services there is an e-health proposal from physiotherapy staff to use a health care app, innovation that will be taken forward that will allow communication between families and clinician to improve the pathway. Secondly she highlighted the gap in service in relation to the diagnosis of learning disability. For a long time Specialist Children’s Services or any health service for children has not taken forward assessment for learning disabilities. The National Neuro Development service specification includes the neuro developmental teams should be able to diagnose where there are cognitive difficulties. Proposing to do a test of change using some of the Mental Health Recovery and Renewal funding associated to increasing capacity to deliver specialist diagnosis. The SBAR is included within the paper detailing the focus on transition for young people and will be supported by psychology services, the test of change will run for 12 months with the funding aligned for it and will review in due course.</p> <p>She also highlighted from the report assurances sought from Chief Nurses in terms of safe and reliable services, and assurances in terms of basic life support. She also advised that she had attended herself a recent basic life support training session.</p> <p>Challenge in relation to community children’s nursing teams, receive majority of referrals for these services from the Glasgow area on paperwork, and looking to carry out another e-health development to refer these patients through Trakcare.</p>	

	<p>Finally in supporting and developing practitioners and newly qualified nurse competency framework across CAMHS and Pediatrics, moving forward to utilise some of the standards in conjunction with both KSF and PDP processes for documentation.</p> <p>CF thanks KL for her update.</p>	
15.	Mental Health	
	<p>Report contained within agenda.</p> <p>LC updated in terms of staffing still in contingency however hopeful that some recruitment and more people applying has been see. In terms of ADHD, Consultant and OT Team lead gave a presentation to the GP Forum recently which was well received, will send a copy of the presentation to the group. Also, she advised that Anna Gray from NAS is currently carrying out a research project around all HSCPs within Scotland to feedback to the Scottish Government around neuro development pathways and approaches. She will send copy of report once complete and LC will forward this to CS and DA.</p> <p>New peer support worker recently recruited with lived experience of ADHD, on her induction presently but will look to involve her in the pathways and information which is positive.</p> <p>In terms of anxiety management talks across teams and offered out across social work and health, talks were attended well and feedback was positive.</p> <p>She also mentioned in terms of SAERs and timescales for completion, and with the test of change within GGC with admin support she informed that this support was really beneficial and very positive.</p> <p>CF thanked LC for her update.</p>	
16.	Business Support	
	<p>Report contained within agenda.</p> <p>VMcL updated that in terms of client centered services continue to provide support for the first point of contact for ED HSCP Board Complaints and Subject Access complaints and Freedom of Information, new format of complaints that JS supports that is returned to the Board. Have set up a generic FOI inbox, email address of which will be published to allow allow for cover in the absence of VMcL, this is for FOI request that relate to Board activity rather than EDC requests. Will look to update the FOI policy following the complaints one.</p> <p>JS continuing to support the service risk register work attending the Heads of Service care group meetings and sending out automated updates asking services to review and advised of any escalations or de-escalations</p> <p>The complaints procedure and protocol is in draft, requires final review and will be sent round for comments.</p> <p>In terms of safe and reliable services, JS continues to support Datix review and will take back to this group and the Health and Safety Board forum to try and capture as many reviewers and approvers as possible and working with them to progress complaints to closure also.</p> <p>Straddling a number of pieces of work ongoing at present, with regard to winvoice and winscribe, particularly with teams who have moved over to the winscribe web version. Ongoing but making some progress.</p> <p>Ongoing review of the shared drive and information asset registers, this has been paused slightly due to the inspections and the COVID enquiry. Information assets are up to date following attendance at the Information IG Group meeting last week, they are containing asset</p>	

	<p>owners or champions individually, will do follow up across shared drives. Also progressing work around digital awareness, have 17 digital champions that will work with JS and the Senior Admin Team and supporting services in terms of training and bringing skills up to date. Have set up Business Support SharePoint site and next step will be to look at as a corporate SharePoint site and is a work in progress.</p> <p>Lastly she advised that there had been some development sessions outwith the business support staff, looking at team working and was really useful in terms of producing a standard charter for the service and invite feedback from people in how well services are supported.</p> <p>CF thanked VMcL for her report.</p>	
17.	Primary Care & Community Partnerships Governance Group update	
	<p>CF advised that the minutes of the last meeting are attached for information. CF was unable to attend the last meeting but happy to take any feedback back to the next meeting. CS asked for the issues of the IPC Doctor and the lack of input and impact on service so it is sighted at this meeting. TD advised that she attend the last meeting and this issue was highlighted and discussed at this meeting.</p>	
18.	Board Clinical Governance Forum update	
	<p>CF advised previous minutes from the Forum will be shared with the group in due course.</p>	
	RISK MANAGEMENT	
19.	Clinical Risk Update	
	<p>No update at present.</p>	
20.	SAE Actions	
	<p>No update at present.</p>	
21.	Corporate Risk Register	
	<p>CS advised that there was nothing to highlight or note at this time and is not due to reported back until the next meeting.</p>	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
22.	Quality Improvement Projects within HSCP	
	<p>LC updated that there are four tests of change running in care homes at present around palliative end of life care. She commented that it would helpful to have a repository of all quality improvement activity on a PowerPoint to have an overview at this meeting, to allow the group to be sighted in and to capture all the quality improvement activity that is going on across all HSCP teams.</p> <p>TD also update on the Q Exchange bid that Oral Health were successful in that was supporting vulnerable children and families to oral care and is ongoing and will give update midpoint in the new year on how the project has been progressing.</p> <p>ACTION: LB to pull together information from services in relation to ongoing Quality Improvement Projects PowerPoint to be shared at this meeting going forward.</p>	
23.	Quality Management Framework	
	<p>Nothing to report at this time.</p>	
	PUBLIC PROTECTION	
24.	Child Protection	
	<p>CC updated that the numbers of the children's names on the child protection register as of today is 20. Has come down since the last meeting however had an analysis on this and determined that this has been an impact of the new Child Protection procedures where timescales have been elongated. On the new procedures she advised that they have now been published and will be discussed at the next Child Protection Committee in the next week or two, there are briefings and training calendars out to staff to attend to these briefings to allow</p>	

	them to be made aware of what the changes are. Have implemented most of the changes so far.	
25.	Adult Protection	
	DA reflected again on the inspection and the preparatory work that is being undertaken at the moment. Nothing to highlight from a practice position at this time.	
26.	PREVENT Counter-terrorism	
	CS advised that it has been busy around issues to do with PREVENT due to the perceived likely upturn in radical activity triggered by the international crises that have been seen, therefore there is a refresh of some of the risk assessment toolkits that are to be used and a considerable number of meetings set up most of which CS has unfortunately been unable to attend presently. In terms of actual case work continue to be at a very low level and continue to work effectively on the one case with a view to closing. The national concern around an upturn is not currently reflected in a local upturn in referrals but a lot of background work being undertaken. Continue to keep on top of this.	
27.	MAPPA / Management of high risk offenders	
	CC updated that the MAPPA arrangements cases sits at an all-time high, there are 80 names registered under MAPPA and MAPPA arrangements pertain to violent and high risk sex offenders. Significant number of names been added to the list since the last meeting. Continued to be monitored jointly by Police and Social Work services in the community. It is determined that the increase is due to the back log of court cases from the COVID pandemic but also noted that there has been an increase nationally in the numbers of people convicted of online sex offences against children, trend is in line with other areas nationally. CF thanked CC for the report.	
28.	MARAC Domestic Violence	
	With regards to MARAC, CC advised that there has been an increase in number of referrals to MARAC. It is a multi-agency meeting and Kirsty Kennedy is the link with MARAC at the moment and in discussion with Kirsty the increase in referrals may be due to the increased awareness of staff as there has been some work done in this area. Does not appear to be an increase in the incidences of domestic abuse rather better at recognising and referring onto the MARAC arrangements.	
	INFECTION CONTROL	
29.	Infection Control Minutes	
	CF advised that the minutes are attached with the agenda for noting.	
	ESCALATIONS	
30.	Items to be escalated to HSCP Board	
	Nothing to be escalated at this time.	
31.	Items to be escalated to NHS GG&C C&CGG	
	Nothing to be escalated at this time.	
	GENERAL BUSINESS	
33.	AWI DD Good Practice Guidance	
	DA advised that attached paper was for noting. This has been circulated by Scottish Government and pulled together strands of good practice from across the country in relation to AWI practice, and its impact on how better to manage delayed discharge and ensuring there are proper pathways that look at AWI practice also.	
34.	GGC Boardwide CTAC Service Development Group	
	CF advised the group of paper attached outlining the supply of dressings and bandages to the CTAC services, and looking to streamline this across the different area. The paper looks at	

	the different models in terms of supply. Preferred option highlighted within the paper is Option 2. Some discussion followed in relation to processes locally. Will look at paper and see what the ask of this group is. CF will follow up on at next meeting.	
35.	DN Pressure Ulcer Incidence Report	
	Discussed at Item 5.	
36.	Clinical Care Governance & Toolkit and SAE Policy	
	Attached for noting.	
37.	Medication Protocol Risks	
	CF advised that this will be deferred to the next meeting, as there are some updates to this that are currently ongoing therefore will discuss at the next meeting.	

Date of next meeting – 17th January 2024, 9.30am via MS Teams

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18TH JANUARY 2024

REPORT REFERENCE: HSCP/180124/18

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

SUBJECT TITLE: HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF 2ND NOVEMBER 2023

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 2nd November 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the HSCP Strategic Planning Group draft minutes of 2nd November 2023

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended is the draft minute of the Strategic Planning Group held on 2nd November 2023.

3.2 The main highlights from the conversations within the meeting related to:

- a) The implications for HSCP registered services and commissioned service providers of the Covid-19 inquiry and ongoing Operation KOPPER in relation to deaths with Covid-19 in care homes.
- b) The important work undertaken by our Public, Service Users and Carers Group regarding Power of Attorney, and the sharing of two recent films about the work of Carers Link.
- c) The launch of the HSCP Community Treatment and Care Service to the Bearsden and Milngavie primary care cluster.
- d) The review of the HSCP Strategic Plan and Integration Scheme.
- e) The HSCPs Winter Plan.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

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

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 **Appendix 1:** Draft Strategic Planning Group Minutes of 2nd November 2023.

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 2nd November 2023 via MS Teams

Present

NAME	Designation
Derrick Pearce	CHAIR – Head of Community Health & Care Services
David Aitken	Head of Adult Services
Karen Albrow	Carers Representative
Alan Cairns	Planning, Performance & Quality Manager
Jean Campbell	Chief Finance & Resource Officer
Andy Craig	Planning, Performance & Quality Officer
Kathleen Halpin	Senior Nurse
Anna Houston	Sector Rep for Care & Support Services
Ann Innes	Third Sector Rep EDVA
James Johnstone	Primary Care Transformation Manager
Fiona Munro	Service Manager/Lead AHP
Dianne Rice	Primary Care Development Officer
Fiona McManus	Carers Representative
Claire McNeil	Strategic and Performance Adviser
Lisa Walsh	Senior Organisational Development Advisor

Minutes: Catriona Burns

1.	Introductions & Apologies	Actions
	<p>DP welcomed all to the meeting and introduced Andy Craig, Planning, Performance & Quality Officer.</p> <p>Apologies: Leanne Connell, Lisa Dorrian, Ian Marshall, Sharon Gallacher, David Radford, Claire Carthy, Dr Laura Coia.</p> <p>Changes to the agenda were noted, item 4 Wellbeing Workers Annual Review will be deferred to January 2024 and replaced by an update on the Adult Support & Protection Inspection.</p>	
2.	Notes of Previous Meeting & Matters Arising	
	<p>The minutes of the previous meeting were reviewed and accepted as an accurate record of the meeting.</p> <p>CMcN advised that she and GP have been in correspondence. Work is progressing on an Autism Resource Pack, along with Hannah Murray, LAC.</p> <p>Noted.</p>	
3.	Updates	
3.1	East & West LPG Update	
	<p>DP advised that work is progressing on the relaunch of the LPG's.</p> <p>Cont'd/....</p>	

	<p>DA commented that work is ongoing to ensure representatives from all external groups are invited to attend. A meeting with an external Consultant has been arranged to assist with improving engagement from groups.</p> <p>Noted.</p>	
3.2	<p>3rd Sector Update</p> <p>AI advised that the ASN Network group are collating information to assist people post diagnosis. Knowledge of available services is patchy and will be made available to GP's and included within the Asset Map.</p> <p>Applications for the Community & Mental Health Wellbeing Fund are still open until end of the month with over 20 received so far. Decisions will be advised by February 2024.</p> <p>Funding is still a challenge for organisations. A Funder Fair will be held on 18th November 2023 to assist with applications etc.</p> <p>Reports of an increased response to recruitment but still not at pre pandemic levels.</p> <p>The EDVA Conference held earlier this week was well received.</p> <p>Noted.</p>	
3.3	<p>Independent Sector Update</p> <p>AH reported business as usual within Care at Home Sector. Engagement with the Sector is still challenging with a recent Local Supervisors & Providers Meeting cancelled. Capacity varies across the Partnership area; work is ongoing to address the imbalance. Scottish Excel have agreed to a small uplift which will be backdated to April 23.</p> <p>ACTION: Local Supervisors & Providers Meeting to be rearranged</p> <p>IM was unable to attend however provided the update below on behalf of Care Home Sector.</p> <p>As the group will be aware, the Scottish COVID-19 inquiry is underway and Scottish Care have provided a statement and yesterday (Tuesday 31st October), Donald MacAskill was asked to attend the inquiry to provide evidence.</p> <p>Following the publication of Scottish Government's Winter Plan there is a broad sense of despair from the social care sector and what is contained within the plan. The reference in which local systems are to prioritise social care and support services for those who need it most and are considered to be at a critical or substantial risk level is concerning. In light of historical social care funding cuts, there is a worry that unless 'you' sit within a 'substantial risk' level, funding will be removed or reduced further for those people who still need support. Will this drive even more people into these high-risk categories?</p> <p>Recruitment remains an issue across the sector and shows no real sign of improvement. Whilst the recent announcement to increase social care staff to £12 per hour from April 2024 is welcomed, it is thought it is too little too late and instead of the intervention bringing real positive change (if it had been brought in</p>	

	<p>earlier), enabling organisations to retain and attract new staff through the summer, autumn, and winter, the reality is that now we will be faced with that come next April there will be no additional benefit, no additional attraction for those thinking of staying or joining a social care organisation.</p> <p>There have been no Scottish Care meetings for the past 2 months due to other competing priorities at Scottish Care level, therefore, unfortunately I have no updates around any discussions with the NCHC from April 2024.</p> <p>Noted.</p>	
3.4	Communications & Engagement	
	<p>FMcM advised that Caroline Sinclair attended the recent meeting. CS gave an update on activities within services but also suggested that Carers Groups can assist with recruitment by making a film about the impact of a good carer. Fiona Munro attended and gave a presentation on Hospital Discharges which links with Power of Attorney. Recruitment of members continues.</p> <p>FM discussed a recent report on Power of Attorney shows an increase of 22% in registrations across East Dunbartonshire in the last 3 years and the background and purpose of the campaign. This will be submitted to the Board. Work is also ongoing to obtain PoA at a reduced fee for certain circumstances. SPG are asked to promote PoA in forums and meetings as appropriate.</p> <p>DP advised that this report will be submitted as part of the PSUC Update to the next Board. An Action Plan is in place to promote PoA across services. DP thanked PSUC for keeping this in the public agenda.</p> <p>FMcM presented 2 short films created by Carers Links.</p> <p>DP thanked FMcM for sharing 2 very powerful films which demonstrates the support available.</p> <p>Discussion followed on ideas for wider publication; primary care newsletter; social media, extended management team and GP practices. KA advised that Carers Link support carers in constructing positive arguments when dealing with services. DP reminded that we are all partners in care.</p> <p>Noted.</p>	
3.5	Housing Update	
	<p>CMcN advised that the Housing Services has undergone a significant transformation. The Service is now split between 4 Services. Some larger projects will be paused until the New Year to allow time for the changes to bed in.</p> <p>The Local Housing Strategy has completed a peer review which was very positive. The next steps are the design of the document and submission to Ministers which should be completed by December 2023. The Allocation Policy is on hold until early next year. CMcN advised that she will be available to address or direct any queries or concerns.</p> <p>Noted.</p>	
3.6	Primary Care Update	

	<p>JJ advised that Scottish Government have requested a financial return by Dec 2023 and not the full tracker return which will be submitted again in Spring 2024. A key focus of PCIP work is Pharmacotherapy. We are the only HSCP in GGC who do not have a Pharmacotherapy Hub however, work is progressing to identify a space in KHCC. An update will be provided for the next SPG meeting.</p> <p>The CTAC treatment room was launched last month in Bearsden Milngavie cluster. Services are being added on a phased basis and the response has been positive.</p> <p>Dr Jude Marshall is the new Clinical Director and will be visiting practices before the end of the year.</p> <p>JJ updated on the work to support the Winter Plan.</p> <p>Dr Alison Blair has retired and actions to identify her replacement as GP Rep is underway but as yet unsuccessful.</p> <p>Noted.</p>	
3.7	Improving the Cancer Journey in East Dunbartonshire	
	No update	
3.8	Performance Update	
	<p>AC advised that the Qu2 report is being submitted to the next Board meeting however is not ready for today's meeting. This will be shared with SPG as soon as possible. There are no exceptions to report.</p> <p>Noted.</p>	
4.	ASP Inspection Update	
	<p>DA shared a brief presentation on the upcoming Joint ASP Inspection by the Care Inspectorate which will focus on Social Work, Health & Police Scotland. There will be limited crossover with Third and Independent Sector. DA explained the structure of the Inspection and the timeline for each stage. Preparation work has already commenced, with the Inspectors onsite in the New Year. Invites to briefing sessions will be issued shortly to all relevant partners. A survey will be issued next week and should you receive this, please complete and return.</p> <p>SPG will be kept advised at the Inspection progresses.</p> <p> ASP Inspection Briefing (09.11.23).pp</p> <p>Noted.</p>	
5.	SBAR - Review of The Strategic Plan	
	<p>ACr presented an SBAR which details the process to be undertaken to review the Strategic Plan. The current East Dunbartonshire HSCP Strategic Plan is due for review by 31 March 2025.</p>	

	<p>A new or refreshed strategic plan will take a year to develop therefore, work on the next Strategic Plan therefore needs to begin in April 2024 and consequently any review and its associated findings on the current plan requires to be finalised by March 2024 to inform this process. The outcome of the review will be presented to the IJB on the 21st March 2024 for approval on how to proceed with the next Strategic Plan. Engagement will take place with all stakeholders.</p> <p>An online survey will be launched on the 20th November and collectively at the group discussion to be held during the January SPG meeting.</p> <p>DP commented that we need to be mindful to look back on what we had intended to deliver via the Strategic Plan to inform moving forward.</p> <p>Noted.</p>	
6.	Scotland's Census 2022 –Stakeholder Newsletter September 2023	
	<p>DP shared a link to the Scotland Census website. A presentation will be arranged for the SPG in due course on the information provided for East Dunbartonshire.</p> <p>Noted.</p>	
7.	Scottish Government Programme for Govt - Sept 2023	
	<p>DP shared a copy of the Programme for Government and highlighted the section on Health & Social Care. This informs what Local Government may consider and has a bearing on the policy context in which we operate.</p> <p>Noted.</p>	
8.	Draft ED HSCP Winter Plan 2023-24	
	<p>DP shared a draft version of the Winter Plan for comments. A working group has reflected on the challenges from last year; the positives of not reducing services; close partnership working with the Independent Sector and available finance. The draft will be presented to the Board in November for approval and implementation will commence.</p> <p>ACTION: Comments to DP</p> <p>Noted.</p>	
9.	Integration Scheme	
	<p>AC explained the background and purpose of the Integration Scheme. This describes the arrangements that apply in East Dunbartonshire, the functions and services, governance, management and workforce and delegated actions to the IJB. The original scheme was set up in 2015 with a legal requirement to be reviewed every 5 years. The review was delayed by Covid with approval of Scottish Government. The changes are minor, AC shared some of the changes and the reasons. The review is almost ready to go to out for public consultation and a paper will be shared with SPG for comments in due course.</p> <p>AC will be available for any questions or concerns.</p> <p>Noted.</p>	

<p>10.</p>	<p>HSCP Budget Consultation</p> <p>JC raised awareness that a part of the budget process this year, a HSCP budget consultation will commence online on 6th November 2023 for 4 weeks. JC shared a paper which provides context and further detail on the financial challenges. Wider public engagement will provide information on areas that may be options for potential disinvestment.</p> <p>DP encouraged all to participate in the consultation.</p> <p>FMcM commented that the questions are quite difficult to answer as most people only know about the services they receive. Discussion included, the colours used in the graph; delivery of services to only those in critical need may result in hospitalisation and impact elsewhere; inhouse/external services; daycare and lunch clubs etc.</p> <p>Feedback will be shared with the SPG is due course. A full update will be submitted to the March Board meeting.</p> <p>Noted.</p>	
<p>11.</p>	<p>AOCB</p> <p>No new business</p>	
<p>12.</p>	<p>Date of Next Meeting</p> <p>11th January 2024 at 10am via MS Teams.</p>	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 18TH JANUARY 2024

REPORT REFERENCE: HSCP/180124/19

CONTACT OFFICER: TOM QUINN, HEAD OF HUMAN RESOURCES
TELEPHONE 07801302947

SUBJECT TITLE: STAFF PARTNERSHIP FORUM MINUTES OF
MEETING HELD ON 27TH SEPTEMBER 2023

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Staff Partnership Forum meeting held on 27th September 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Staff Partnership Forum Meeting held on 27th September 2023.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Staff Partnership Forum minutes highlight:

The staff forum had a varied agenda which covered the array of activity on-going at this time -

- a. The Forum received a very informative presentation from Derrick Pearce and Leanne Connell on “Building our Core”
- b. Jean Campbell, gave an update on the current and expected financial picture for 2023-24
- c. Derrick Pearce spoke to the 2022-23 Clinical & Care Governance Annual Report which highlighted many of our successes throughout the year and some of the challenges we faced.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) –

1. Statutory Duty

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 STATUTORY DUTY – None.

6.2 EAST DUNBARTONSHIRE COUNCIL – None.

6.3 NHS GREATER GLASGOW & CLYDE – Meets the requirements set out in the NHS Reform Act 2002.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 – Staff Partnership Forum Minutes of Meeting of 27th September 2023.

<u>Item</u>	<u>Subject</u>	<u>Actions</u>
1.	<p>Welcome & Confirmation of Attendees</p> <p>Caroline advised that Craig had given apologies for the meeting and asked if she would chair today.</p> <p>Caroline Sinclair, Jean Campbell, Greg Usrey, Allan Robertson, Leanne Connell, David Aitken, Tom Quinn, Derrick Pearce, Lisa Dorrian, Karen Lamb, and Karen Gallacher</p> <p>Apologies: Craig Bell, Brian McGinty, Margaret Hopkirk, Yvonne Allan, Andrew McCready, Caroline Smith, Claire Carthy</p> <p>NB: The meeting was not quorate but agreed to go forward without decision making.</p>	
2.	<p>Minutes of 16 August 2023</p> <p>Minutes agreed as true record</p> <p>Request for H+S minutes to be circulated to this group</p>	
3	<p>Review of Partnership Agreement (agreement / comments received)</p> <p>This item was carried forward</p>	<p>Tom</p> <p>Add to agenda 8 Nov 2023</p>
4	<p>CARH Update</p> <p>Caroline Sinclair spoke to the already circulated action plan, updating on the work undertaken since the last meeting.</p>	
5	<p>Clinical & Care Governance Annual Report</p> <p>Derrick Pearce spoke to the already circulated report, highlighting the quality and quantity of work being undertaken by this group, which was chaired by Paul Treon until November 2022 and then by Carolyn Fitzpatrick. Our newly appointed Clinical Director, Judith Marshall will take over the responsibility from Carolyn in October. Derrick thanked Carolyn for her work in collating and editing the final report and her stewardship of the group.</p>	
6	<p>Finance Report</p> <p>Jean Campbell updated on our Financial position suggesting a likely overspend of 1.46M (Period 4), whilst The current pressure areas for Overspend are Community Care and Adult Social work, some recovery options might need to be consider going forward. Jean will take a month 6 report to the IJB in November 2023, which will hopefully show us in a better position.</p>	
7	<p>Public Health Improvement update:</p>	

	<p>Derrick Pearce gave an overview of the good and inclusive work on-going with the Public Health Improvement Team, both staff and staff side felt included in the discussions and in sharing the information. Derrick advised that they are now on milestone 4 of 6, which is a review of Public Health Improvement Work across the 6 HSCPs. There is a wider staff group meeting next week which was moved due to the public holiday last Monday.</p>	
8	<p>Building our Core</p> <p>Derrick Pearce and Leanne Connell gave a presentation on “Building our Core”, which was presented to Minister for Health & Social Care previously. The presentation looks at our commitment to providing safe, effective and efficient services for both residents of East Dunbartonshire and our staff. The focus was on providing quality services in people’s homes, care homes to minimise admissions to hospital. The presentation highlight the work undertaken in Partnership to recruit a DN ANP and also to extend the hours that our local DN services now operate.</p>	
9	<p>Accommodation Strategy – Comments</p> <p>This was previously circulated. Jean spoke through the main areas and asked for any comments before we present to the IJB in November 2023</p>	<p>Comments to Jean Campbell</p>
10	<p>NHSGGC HR Metrics – Aug 2023</p> <p>Tom spoke to the previously circulated NHSGGC HR Metrics</p>	
11	<p>Alcohol and Drug Partnership Strategy 2023 – 2025</p> <p>David Aitken spoke to the previously circulated paper, advising that we had taken to the IJB. It is focused around National Standards for services and very much a motivational framework to reduce deaths. Need to be approved by the ADP before progressing</p>	
12	<p>Learning Disability Strategy 2024 – 2029 Consultation</p> <p>David Aitken again spoke to this previously circulated strategy, which builds on the good work underway to review and modernise the way we provide services. Allander being the flagship on our success so far. We need to review the accommodation that we use for people with a learning disability. Greg Usrey advised that consultation in December is always problematic. Greg also wanted to be kept updated and engaged on any changes for staff or potential changes for staff</p>	
13	<p>Winter Planning Activity</p> <p>Derrick Pearce gave an update on the work presently on-going at both a Scottish Government and NHSGGC level to have a robust plan. Derrick made a request for staff side nomination to join the local group.</p>	<p>e-mail to be circulated</p>
14	<p>Vaccinations (Staff) – Winter 2023</p> <p>Leanne Connell gave a brief update on the vaccination programme for care home residents and staff, advising that at present there is a low uptake from staff (both Covid and flu). The HSCP will be offering peer vaccination clinics at both KHCC and Milngavie to try and</p>	

	increase the uptake from our own staff. Staff side requested to promote the vaccination as a good way of staying well during winter	
15	AOCB Lisa Dorrian, requested a staff side representative to join the Oral Health Sustainability Group	e-mail to be circulated
16	3 Items for the APF <ul style="list-style-type: none"> - Presentation on “Building our Core” - Staff side support for staff vaccinations - Clinical and Care Governance Annual Report 	
	Date of Next Meeting: 1pm, 8 November 2023 – MS Teams	

DRAFT

**East Dunbartonshire HSCP Board Agenda Planner
January 2024 – March 2025**

Update: 27 December 2023

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Performance Reports
Financial Reports
Notes of Meetings – Performance, Audit and Risk, Strategic Planning Group, Clinical and Care Governance Group, Staff Partnership Forum, Patient Service User and Care Group
Board Agenda Planner (CS)
HSCP Board Agenda Items – Thur 18 January 2024
Corporate Risk Register
Directions Report
Supporting access to primary healthcare in Twechar
Primary Care Tracker 6.5
Unscheduled Care Winter 2023 – 2024 update
Hospital Discharge Delays: Performance and Assurance
Unaccompanied Asylum Seeking Children – Service Development
Community Payback Orders
Alcohol and Drugs Partnership Strategy 2023 - 2025
Workforce Plan & Governance Arrangements
HSCP Digital Strategy
Financial Performance Month 8 2023 – 2024 and Financial Planning 2024 – 2025 Update

HSCP Board Development Seminar – Wed 7 February 2024 - Hybrid–In Person / MS Teams
Review of the Strategic Plan (Jean Campbell / Alison Willacy)
Budget Setting (Jean Campbell)
Commissioning (Gillian Healey) Jean to confirm

HSCP Board Agenda Items – Thur 21 March 2024
Topic Specific Seminar – Mental Welfare Commission for Scotland present to our IJB on their role and how it relates to IJBs.
Developing Primary Care Strategy Project – tbc (Debra Allen)
Consultation and Engagement Strategy Refresh (or March 2024) tbc
Integration Scheme update
Introduction to Public Health and NHS Greater Glasgow and Clyde Directors of Public Health (DPH) refresh of ‘Turning the Tide through Prevention’ 2018 – 28, Public Health Strategy and the results from the Adult Health and Wellbeing Survey 2023 (David Radford / Emillia ? TBC)
Learning Disability Strategy
HSCP Board Development Seminar – Tue 16 April 2024 - Extended 10am – 1pm In Person or MS Teams (No hybrid decision to be made all in person or all on teams?)
Self-Assessment Activity - Barry McLeod and Thomas Boyle Improvement Service Extended session - Checklist first Monday of March (March 4th) and close on March 15th. Barry McLeod and his team at Improvement Service (IS) will then analyse the findings in preparation for the self-assessment session.
HSCP Board Agenda Items – Thur 27 June 2024 tentative
HSCP Board Development Seminar – Tue 20 August 2024 - Hybrid In Person / MS Teams
Health and Care Staffing Progress Update (Leanne Connell)
HSCP Board Agenda Items – Thur 19 September 2024 tentative
Topic Specific Seminar – Suicide Prevention Update (David Aitken, Lynsay Haglington) TBC

HSCP Board Development Seminar – Tue 15 October 2024 - Hybrid In Person / MS Teams
HSCP Board Agenda Items – Thur 14 November 2024 tentative
Topic Specific Seminar –
HSCP Board Agenda Items – Thur 23 January 2025 tentative
Topic Specific Seminar –
HSCP Board Agenda Items – Thur 20 March 2025 tentative

Pre Board Seminar Topic Specific Slots (30mins) – proposed dates
Thur 21 March 2024 – David Radford reports
Thur 19 September 2024 tentative
Thur 14 November 2024 tentative
Thur 23 January 2025 tentative

HSCP Board development session – confirmed dates (2 hours) 10am–12 noon – two topics per session - 45 minutes per topic 4 slots remaining Tue 20 August and Tue 15 October
Wednesday 5 February 2024 – Strategic Delivery Plan / Budgets / TBC Commissioning
Tuesday 16 April 2024 – Extended session(10am-1pm) dedicated to self-assessment activity
Tuesday 20 August 2024 – Health and Care Staffing Progress Update / tbc
Tuesday 15 October 2024 – tbc/ tbc
HSCP Board Development Session – Suggested Topics
National Care Service Update
Primary Care Transformation
Conversations with Government on key challenges: <ul style="list-style-type: none"> • Budget shortfall • Service demand and expectation management
Suicide Prevention Strategy (David Aitken / Lynsay Haglington) (carry over from Oct23) – could this be a 30 min topic presentation? Suggested Sept Board meeting
Commissioning Update (Jean Campbell / Gillian Healey) – Feb 24 session Jean to confirm?
Tom advised no longer able to present – conflict of interest. Contact internal auditors. 06/12/23
Mazars Tom Reid / NES Claire Sweeney (Invite external guest speaker input) – Risk Management, profile, appetite, willingness, public services risks – provisionally February 24 move to Aug/ Oct 24 session asked (2023 carry over)
Strategic Delivery Plan updates – during planning cycle (Alison Willacy requested time throughout the year)
Health and Care Staffing – Progress Update (Leanne Connell)