

Date: 15 March 2024
e-mail: barry.tudhope@eastrenfrewshire.gov.uk
Tel: 0141 577 3023

TO: MEMBERS OF THE EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Dear Colleague

EAST RENFREWSHIRE INTEGRATION JOINT BOARD (IJB)

You are requested to attend a meeting of the East Renfrewshire Integration Joint Board which will be held on **Wednesday 27 March 2024 at 10.30 a.m.**

Please note this is a virtual meeting.

The agenda of business is attached.

Yours faithfully

Anne-Marie Monaghan

**Anne-Marie Monaghan
Chair, East Renfrewshire Integration Joint Board**

Enc.

ACCESSING THE IJB MEETING AND ALTERNATIVE FORMATS OF MEETING PAPERS

For information on how to access the virtual meeting please email
barry.tudhope@eastrenfrewshire.gov.uk or lesleyann.burns@eastrenfrewshire.gov.uk

This document can be explained to you in other languages and can be provided in alternative formats such as large print and Braille. For further information, please contact Customer First on 0141 577 3001 or email
customerservices@eastrenfrewshire.gov.uk

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Wednesday 27 March 2024 at 10.30 a.m.

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

- 1. Apologies for absence.**
- 2. Declarations of Interest.**
- 3. Minutes of Previous Meeting held on 31 January 2024 (copy attached, pages 3 - 10).**
- 4. Matters Arising (copy attached, pages 11 - 12).**
- 5. Rolling Action Log (copy attached, pages 13 - 16).**
- 6. Budget 2024/25 (copy attached, pages 17 - 34)**
- 7. Revenue Budget Monitoring Report (copy attached, pages 35 - 54).**
- 8. Savings, Recovery and Renewal Programme (copy attached pages 55 - 70).**
- 9. East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027 (copy attached, pages 71 - 90).**
- 10. East Renfrewshire Alcohol and Drugs Strategy 2024-2027 (copy attached, pages 91 - 126).**
- 11. Presentation: Delayed Discharge Position.**

DRAFT - NOT YET ENDORSED AS A CORRECT RECORD

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

At a Virtual Meeting of the East Renfrewshire Integration Joint Board held at 10.00 a.m. on Wednesday 31 January 2024.

PRESENT

Anne-Marie Monaghan, NHS Greater Glasgow & Clyde Board (Chair)
 Lynsey Allan, Independent Sector Representative
 Mehvish Ashraf, NHS Great Glasgow & Clyde Board
 Lesley Bairden, Chief Financial Officer (Integration Joint Board)
 Councillor Caroline Bamforth, East Renfrewshire Council
 Councillor Paul Edlin, East Renfrewshire Council
 Dr Claire Fisher, Clinical Director
 Jacqueline Forbes, NHS Greater Glasgow & Clyde Board
 Dianne Foy, NHS Greater Glasgow & Clyde Board
 Anne Marie Kennedy, Third Sector Representative
 Geoff Mohamed, Carers Representative
 Julie Murray, Chief Officer (Integration Joint Board)
 Councillor Owen O'Donnell, East Renfrewshire Council
 Councillor Katie Pragnell, East Renfrewshire Council (Vice-Chair)
 Raymond Prior, Head of Children's Services and Justice (Chief Social Work Officer)
 Lynne Rankin, Staff Representative (East Renfrewshire Council)
 Lynne Siddiqui, Lead Allied Health Professional
 Julie Tomlinson, Chief Nurse, East Renfrewshire HSCP

CHAIR

Anne-Marie Monaghan, NHS Greater Glasgow & Clyde Board.

IN ATTENDANCE

Lesleyann Burns, Assistant Democratic Services Officer, East Renfrewshire Council
 Arlene Cassidy, Children's Services Strategy Manager, East Renfrewshire HSCP
 Pamela Gomes, Governance and Compliance Officer, East Renfrewshire HSCP
 Angie McGregor, Strategic Partnerships Project Officer, East Renfrewshire HSCP
 Lee McLaughlin, Head of Adult Services: Wellbeing & Communities, East Renfrewshire HSCP
 Craig Menzies, Barrhead Locality Manager, East Renfrewshire HSCP
 Steven Quinn, Chief Executive, East Renfrewshire Council
 Steven Reid, Policy, Planning and Performance Manager, East Renfrewshire HSCP
 Barry Tudhope, Democratic Services Manager, East Renfrewshire Council

APOLOGIES FOR ABSENCE

Andrew McCready, Staff Representative (NHS)

BUSINESS

1. OPENING REMARKS AND VALEDICTORY

The Chair welcomed everyone to the meeting and introduced Barry Tudhope, Democratic Services Manager, and Lesleyann Burns, Assistant Democratic Services Officer from East Renfrewshire Council. The Chair highlighted that they would be responsible for clerking future meetings of the Integration Joint Board and Performance and Audit Committee.

The Chair also highlighted that Lynne Rankin, Staff Representative (East Renfrewshire Council) was leaving the HSCP. The Chair expressed her thanks to Lynne for her contribution to the Integration Joint Board and extended best wishes for the future.

4

The Integration Joint Board noted that a new Staff Representative (East Renfrewshire Council) would be identified to attend future meetings.

2. APOLOGIES FOR ABSENCE

Apologies for absence were noted.

3. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

4. MINUTES OF THE INTEGRATION JOINT BOARD HELD ON 22 NOVEMBER 2023

The Integration Joint Board considered and agreed the Minutes of the meeting of the Integration Joint Board held on 22 November 2023 as an accurate record.

5. MATTERS ARISING

The Integration Joint Board considered a report by the Chief Officer which provided updates on matters which arose at the meeting of the Integration Joint Board held on 22 November 2023.

a) Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028

The Chief Officer confirmed that the production of an easy read version of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028 would be taken forward by the Greater Glasgow and Clyde Mental Health Programme Board.

b) Covid Vaccinations

The Chief Officer reported that in terms of vaccinations delivered by the Health and Social Care Partnership for care home and housebound patients, there was a 98% uptake.

The Chief Officer also reported that as at November 2023, the staff vaccination rate was around 33% in health and 10% in social care.

Board Members expressed concern regarding the low staff vaccination rates and enquired about the reasons behind the low figures and what was being done to encourage staff to get vaccinated.

It was emphasised that the Health and Social Care Partnership cannot enforce staff to take the vaccine, but regular communications are being shared with staff to highlight the benefits of the vaccine. It was also highlighted that discussions on uptake of the vaccine are taking place at every level of public health.

Board Members enquired about the uptake of flu vaccinations and were advised that information would be circulated on this. Board Members also enquired about the uptake of childhood vaccinations.

The Integration Joint Board agreed a) to note the report; and b) that information on the uptake of childhood vaccinations in East Renfrewshire should be presented to a future meeting.

6. ROLLING ACTION LOG

The Integration Joint Board considered a report from the Chief Officer on all open actions and those that had been completed since the last meeting.

The Integration Joint Board agreed to note the report.

7. MINUTES OF PERFORMANCE AND AUDIT COMMITTEE HELD ON 22 NOVEMBER 2023

The Integration Joint Board considered and noted the Minutes of the Performance and Audit Committee meeting held on 27 September 2023.

8. FINANCIAL RECOVERY PLANNING AND BUDGET SETTING 2024/25

The Integration Joint Board considered a report by the Chief Financial Officer on financial recovery in the current year and an overview of the potential impact in 2024/25 resulting from the Scottish Government budget announced on 19 December 2023.

The Chief Financial Officer advised that following the meeting of the Integration Joint Board in November 2023, the Chief Officer wrote to both East Renfrewshire Council and NHS Greater Glasgow and Clyde Board to set out the Integration Joint Board's position and the additional actions the Board agreed to mitigate cost pressures in the current financial year.

The Integration Scheme sets out the approach that should be taken for financial recovery and paragraphs 12 to 14 of the report sets out the relevant extracts along with a summary of the actions already taken. Health and Social Care Partnership officers are now actively involved in discussions with both partners, recognising the Council's commitment to support the Health and Social Care Partnership on a non-recurring basis this year, including the increase in year Covid funding set out in the monitoring report.

The Chief Financial Officer further highlighted that paragraph 15 of the report sets out the approach to dispute resolution. However, based on discussions with partners and the continued drive to reduce costs, it is not considered that this will be required.

She further reported that paragraphs 16 to 25 of the report provide updates on the latest budget monitoring position with a modest £0.2 million reduction in costs since November 2023, which means that overspend moves from £5.8 million to £5.6 million. This is then reduced by the in-year £0.7 million additional funding from East Renfrewshire Council for Covid recovery and the £0.3 million of reserves which the Integration Joint Board is being asked to release as part of the Revenue Budget report at Agenda Item 9. This means that the Health and Social Care Partnership is sitting with a projected £4.6 million overspend for the year, before any support from partners is finalised.

She stressed that there remains a significant risk as there was an assumption of £1.2 million in this year from the changes to care criteria and this has not been delivered at the pace that had modelled. The Chief Officer and her management team continue to look at every option to reduce other costs to try and compensate in the current year, but it is likely the overspend will increase.

An additional layer of scrutiny is has been put in place and this initial work suggests that the level of savings from the Supporting People Framework should be higher than the current level. She expects to have sufficient numbers from the scrutiny of reviews in the next 2 weeks to allow us to assess if the modelled savings total across 2023/24 and 2024/25 needs to change.

The Chief Financial Officer also reported that when you look to 2024/25, it is fair to say that it is expected to be another very difficult year and whilst the Health and Social Care Partnership are facing similar levels of pressures to colleagues across the country this does make the local decisions we will need to take any more palatable.

The Health and Social Care Partnership are aware that funding will be available for the pay uplift for our NHS staffing costs, that the uplift for free personal and nursing care will be funded as will the Government's policy decision on the £12 per hour living wage for care providers. Whilst this is clearly welcome there will be no flexibility as the funding will meet the associated cost increases.

Where we will gain for 2024/25 and 2025/26 is from the reduction in the contribution to the Strathclyde Pension Fund for our council employed staff, with a modest ongoing reduction thereafter.

6

The Chief Financial Officer highlighted that paragraph 30 of the report shows a modelled scenario for 2024/25 for social care costs and funding based on a flat cash plus policy funding and the potential gap could be £6.3 million with areas identified to make associated savings to close this gap.

She further highlighted that this position would change between now and March 2024, as the assumptions are refined, and our share of funding is known. The legacy savings will also change depending on what we can deliver in the rest of this year and the modelled savings to come from the supporting people framework may need to be revised.

The table at paragraph 31 of the report shows the savings already in train from the current year, the full list of proposals will be agreed in March 2024, reflecting plans currently being worked on.

The table at paragraph 32 also shows a modelled position for NHS funded activity and includes the 3% saving target level as expected in the Government's budget settlement letter of 19 December. There is no funding for non-pay inflation, and this is a different approach to that in prior years from the Government.

Prescribing is the main variable and the biggest level of risk as any pressure here needs to be funded from reductions in other services in order to balance our budget. Local actions are modelled to include a reduction in costs of c.£0.4 million and it is hoped that there will be gains from national work to reduce this cost pressure.

Again, between now and March 2024, work will continue to refine the assumptions and impacts as far as possible, and work is ongoing to identify redesign and savings options. There is additional challenge in delivering staffing savings within our NHS workforce with the national terms and conditions of employment.

The Chief Financial Officer highlighted a numerical error in the table and that the final line of the savings target £0.510 million was not picked up in the remaining gap, so this is overstated. The £1.948 million should read £1.438 million.

This also means that at paragraph 35 of the report should read we are working on a further £1.7 million savings options, rather than the £2.2 million stated.

She further highlighted the risks associated with current and future financial position are summarised at paragraphs 36 and 37 of the report and Auditors have been provided with the latest information.

She outlined that a revised Medium Term Financial Plan will be brought to the March 2024 or June 2024 meeting of the Integration Joint Board depending on the number of issues that still need to be clarified.

Board Members thanked the Chief Financial Officer for the very detailed report and acknowledged the difficulties in financial modelling while demands for services continue to rise. Board Members thanked East Renfrewshire Council for the non-recurring funding and enquired if discussions were taking place with NHS Greater Glasgow & Clyde Board regarding similar support. The Chief Officer confirmed that discussions were ongoing and had been positive. NHS Greater Glasgow and Clyde Board are sympathetic and supportive and there will be further meetings prior to the March meeting of the Integration Joint Board.

The Integration Joint Board agreed to note the report.

9. REVENUE BUDGET MONITORING REPORT

The Integration Joint Board considered a report by the Chief Financial Officer on the Revenue Budget 2023/24 as at November 2023.

The Chief Financial Officer advised that this was the fourth Revenue Budget Monitoring Report for the current financial year. She highlighted that she had already updated the Board on the latest projection and risk around the supporting people framework savings as part of the discussion around Agenda Item 8.

The Chief Financial Officer reminded the Board of previous discussions regarding the potential to un-hypothecate any remaining reserves and that £0.327 million had previously been identified. She formally requested that the Board agree to release this funding.

She further highlighted that she had held back £50k within the repairs and renewals reserve to supplement any capital funding that may be received and to allow for local work, mainly in learning disability inpatient units.

7

She further highlighted that while East Renfrewshire Council have indicated their support in year, the level of overspend within the Health and Social Care Partnership is likely to increase. She stressed that the Chief Officer and Heads of Service are doing everything they can to mitigate delays and shortfall with the supporting people framework.

The Chief Financial Officer highlighted that the overspend position by each Service area along with movement since the last report was included in report. She further requested that the Board approve the budget virements set out in Appendix 7 to the report.

The Board were advised that discussions on funding were ongoing with both East Renfrewshire Council and NHS Greater Glasgow & Clyde Board and that a further update on these discussions would be provided at the IJB meeting in March 2024.

The Chair stressed that the current situation was not due to financial mismanagement but was the result of increasing demand for services combined with limited resources. She also thanked East Renfrewshire Council for their support in the current financial year. Various Board Members commended officers for their great work in very difficult circumstances.

The Integration Joint Board agreed to a) note the projected outturn for the 2023/24 Revenue Budget; b) note that the Chief Officer and her management team continue to work on actions to mitigate costs pressures in the current year; c) note that East Renfrewshire Council has indicated support to the IJB for social care cost pressures on a non-recurring basis this financial year; d) note that East Renfrewshire Council has allocated a further £0.758 million non-recurring Covid reserve funding to the IJB this financial year; e) approve the release of £0.327 million earmarked reserves identified to support financial recovery; and f) approve the budget virement requested within the report.

10. HEALTH AND SOCIAL CARE SAVINGS, RECOVERY AND RENEWAL PROGRAMME

The Integration Joint Board considered a report by the Chief Financial Officer on the Health and Social Care Partnership Savings, Recovery and Renewal Programme.

The Chief Financial Officer advised that the Programme has continued to progress since the last meeting of the Integration Joint Board in November 2023, and that Appendix 1 to the report provides a detailed update on individual projects.

She highlighted that following the tender evaluation process, there is now a preferred bidder for the replacement of the Case Recording System and detailed planning for the implementation of the system is now underway.

The Income Generation Short Life Working Group met in early December and considered a range of case studies, with further action identified. However, there has been a delay in this group meeting again due to capacity issues, but a further meeting will be held as soon as possible in the coming weeks.

She further highlighted that the planned projects would consider telephony and a new project is being scoped to look at savings that can be gained from transport and use of fleet.

The Integration Joint Board agreed a) to note the report; and b) receive further updates at future meetings.

11. EAST RENFREWSHIRE ADULT CARERS STRATEGY 2024 – 2026

The Integration Joint Board considered a report by the Head of Adult Services: Communities and Wellbeing on the East Renfrewshire Adult Carers Strategy 2024-26.

Local authorities have a legal responsibility in terms of the Carers (Scotland) Act to publish a Carers Strategy every three years, demonstrating how they plan to work with partners to improve the lives of carers. The new strategy is the result of a review of the Carers Strategy 2021-2022 and it links to the East Renfrewshire Health and Social Care Partnership's Strategic Plan as well as the National Care Strategy published by the Scottish Government in December 2022.

The new strategy sets out a number of priority activities and actions designed to meet the needs of carers and improve their lives. It also highlights how the Health and Social Care Partnership will promote the use of self-directed support to meet carers' eligibility needs, particularly in relation to carers' short breaks.

It was highlighted that the East Renfrewshire Carers Centre will have a key role in leading many of the activities that will deliver the strategic priorities of the Carers Strategy. However, the strategy also recognises other third sector organisations that support carers, and it promotes the use of the Talking Points Network.

Board Members welcomed the fact that the new strategy had been co-produced with carers. They also enquired about what could be done to support those where needs are considered to be low or moderate. Assurances were given that where needs are low or moderate that the HSCP would be as creative as possible in identifying support.

There was also discussion on the possibility of the Health and Social Care Partnership providing funding to the Carers Centre. Again, assurances were given that the Health and Social Care Partnership would continue to work closely with the Carers Centre to attract funding.

Board members also highlighted that there could be benefit in producing an easy read version of the Strategy

The Integration Joint Board agreed a) to approve the Adult Carers Strategy 2024-2026; b) that due to the co-production of the strategy, the foreword should be jointly written by the Chair, Chief Officer and the Carers Representative; and c) that an easy read version of the strategy should also be produced.

12. EAST RENFREWSHIRE #KEEPTHEPROMISE BOARD AND DELIVERING OUR CORPORATE PARENTING RESPONSIBILITIES

The Integration Joint Board considered a report by Head of Children's Services and Justice (Chief Social Work Officer) on the East Renfrewshire #KeepThePromise Board and Delivering Our Corporate Parenting Responsibilities.

On 5th February 2020 a promise was made to the infants, children, young people, adults and families who have experience of the care system in Scotland. The Promise and its commitments were clear that by 2030 the following would be delivered:

- Love will no longer be the casualty of the 'care system,' but the value around which it operates
- Wherever safe to do so, Scotland will make sure children stay with their families and families will be actively supported to stay together
- Children, young people, and their families will be listened to, respected, involved and heard in every decision that affects them.

In order to ensure that the obligations outlined in The Promise are met an East Renfrewshire #KeepThePromise Board will be established. The proposed model for the Board was attached to the report and will aid discussion among senior officers. The model is completely new way of working in partnership with children and families who have used East Renfrewshire Council and HSCP service. It will be reviewed during the first year to ensure its fit for purpose and is having the desired impact.

To accompany this a three tier Promise Workforce Learning Programme has been developed and is attached to the report. The programme will support the Promise Keepers, their workforce and all Corporate Parents understand purpose and intent.

Board Members welcomed the new model. They also asked if the model would be presented at an upcoming meeting of the East Renfrewshire Council, with an assurance that it would be presented to the Council meeting in April 2024. Additionally, the Board Members enquired about running costs and funding of events, it was confirmed that there was dedicated Promise funding available, and costs would be met within current provisions.

Furthermore, they inquired about the continued involvement of young people who were on the Champions Board and Mini Champions Board. It was confirmed that the Mini Champions would transition to the Champions Board and collaborate closely with the Promise Board.

The Integration Joint Board agreed to a) approve the proposed East Renfrewshire *#KeepThePromise Board* model, which includes the recommendation to appoint Promise Keepers to the Board and use a co-production approach to support children, young people, families and carers, with lived experience of the care system, to be equal partners with decision-makers; and b) approve the new three tier *#KeepThePromise* Workforce Learning Programme and promote attendance and engagement across the partnership in East Renfrewshire.; and c) Note the response to the letter from Fiona Duncan Chair/Independent Strategic Adviser to The Promise dated 21st December 2023, requesting a progress update on implementation of The Promise in East Renfrewshire. This response is to inform the national development of the Promise Plan 2024-30

13. SPECIALIST LEARNING DISABILITY SERVICES – RESETTLEMENT OF PEOPLE FROM LONGER STAY FACILITY – NETHERTON

The Integration Joint Board considered a report by the Head of Adult Services: Learning Disability and Recovery on the resettlement of people from longer stay facility Netherton.

The plans to resettle people with learning disability who have been living in our NHS facilities have been well known and established for a number of years. Netherton has been earmarked for closure since 2012 when the redesign of Inpatient services was completed.

In 2015, East Renfrewshire became the host partnership for this service. At that time 13 patients lived in the longer stay units. Good progress was made in the following 18 months which led to the resettlement of six people in 2017 and the closure of Waterloo. Further work has continued to establish suitable community support for the remaining people, who all originate from Glasgow City HSCP.

Although it has taken longer than hoped the Service is aiming to discharging the remaining longer stay patients to a new supported living service by April 2024. This will mark the end of long-term institutional NHS care for people with learning disabilities in NHS Greater Glasgow and Clyde.

Despite this positive progress, officers are concerned about the potential for delay and therefore contingency arrangements are in place, including Blythswood House. While the preference would be for people to have only one move from Netherton, teams are confident that an interim transfer to Blythswood would not negatively impact those involved.

Board Members highlighted that this was a positive step that was to be welcomed.

The Integration Joint Board agreed to note the progress of resettlement plans and the contingency plan to be implemented if required.

14. HEALTH AND SOCIAL CARE PARTICIPATION AND ENGAGEMENT STRATEGY 2023-2025

The Integration Joint Board considered a report by the Policy, Planning and Performance Manager on the Health and Social Care Partnership Participation and Engagement Strategy 2023-2025.

The Participation and Engagement Strategy builds on the previous strategy for 2020-23. The revised strategy for 2023-2025 has been developed by the Performance and Engagement Partnership (PEN) in conjunction with a range of partners, service users and community groups.

The purpose of the revised strategy is to ensure effective engagement with East Renfrewshire's diverse community, including residents, statutory services, third sector and community groups to support active participate on and engagement; and to commit to ongoing partnership working, evaluation and learning.

10

Board Members thanked all those who had been involved in producing the new strategy. It was highlighted that the addition of a telephone number for Voluntary Action would be beneficial for those reading the strategy.

The Integration Joint Board agreed that, subject to a telephone number for Voluntary Action being included, to approve the Health and Social Care Participation and Engagement Strategy 2023-25.

15. DELAYED DISCHARGE POSITION

The Integration Joint Board received a presentation from the Head of Adult Services: Wellbeing and Communities on delayed discharges.

It was highlighted that East Renfrewshire was ranked 2nd in Scotland for standard delays and ranked 13th in Scotland for code 9 delays.

The key issues affecting performance are consistently higher than average code 9 delays, housing delays, a continued increase in people requiring two carers and four visits daily as well as late referrals. The Health and Social Care Partnership continues to work with providers around market reshaping.

The Integration Joint Board agreed to note the presentation.

16. APPOINTMENT OF STANDARDS OFFICER

The Integration Joint Board considered a report by the Chief Officer regarding the appointment of a Standards Officer.

In terms of the Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003, the Integration Joint Board is required to have a Standards Officer. The previous Standards Officer was East Renfrewshire Council's Democratic Services Manager, who left the Council in November 2023. It was proposed that Barry Tudhope, the current Democratic Services Manager at East Renfrewshire Council, be appointed as Standards Officer.

The Integration Joint Board agreed to appoint Barry Tudhope as Standards Officer.

17. DATE OF NEXT MEETING

The next meeting of the East Renfrewshire Integration Joint Board will be held on Wednesday 27 March 2024 at 10.30 a.m.

The meeting ended at 12.17 p.m.

CHAIR



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 March 2024
Agenda Item	4
Title	Matters Arising
Summary	
<p>The purpose of this paper is to update IJB members on progress regarding matters arising from the discussion which took place at the meeting of 31 January 2023.</p>	
Presented by	Julie Murray, Chief Officer
Action Required	
<p>Integration Joint Board members are asked to note the contents of the report.</p>	

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**27 March 2024****Report by Chief Officer****MATTERS ARISING****PURPOSE OF REPORT**

1. To provide the Integration Joint Board with an update on progress regarding matters arising from the discussion that took place at the last IJB meeting.

RECOMMENDATION

2. Integration Joint Board members are asked to note the contents of the report.

REPORT**Vaccination Programme**

3. At the last meeting the IJB asked for an update in relation to children's vaccinations and we are pleased to report that uptake is good overall and is above both NHS Greater Glasgow and Clyde and NHS Scotland averages across all vaccinations and age cohorts.
4. For children in the 4 age cohorts between 12 months and 6 years, uptake ranges from 95-99%, with an average uptake of 97% across the primary immunisations which includes MMR, Meningitis, Diptheria and others.
5. Uptake of secondary school age vaccinations are also good with an average uptake of the HPV vaccination being 90% and 85% for the meningitis vaccinations and the tetanus, diptheria and polio booster.
6. Further detail on flu and covid vaccination uptake across Health and Social Care Partnerships with Greater Glasgow and Clyde has been shared with Board members.

Adult Carers Strategy

7. The foreword has been jointly written by the Chair, Chief Officer and Carers Representative as agreed at the last meeting. The final strategy will be published once we have the designed version and we are also developing an easy read version.

RECOMMENDATIONS

8. Integration Joint Board members are asked to note the contents of the report.

REPORT AUTHOR AND PERSON TO CONTACT

IJB Chief Officer: Julie Murray

5 March 2024



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 March 2024
Agenda Item	5
Title	Rolling Action Log
Summary	
The attached rolling action log details all open actions, and those which have been completed since the last IJB meeting on 31 January 2024.	
Presented by	Julie Murray, Chief Officer
Action Required	
Integration Joint Board members are asked to note progress.	

BLANK PAGE

Action No	Date	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
434	31-Jan-24	4. Matters Arising	Statistics on the uptake of children's vaccinations to be shared with members.	CN	OPEN	Mar-24	Update on covid and flu uptake shared by email.
433	31-Jan-24	10. East Renfrewshire Adult Carers Strategy 2024-2027	Easy read summary version of the strategy to be developed	HAS-CW	OPEN	Mar-24	
432	31-Jan-24	10. East Renfrewshire Adult Carers Strategy 2024-2027	Foreword to be written jointly between Chair, Chief Officer and Carers Representative	CO	CLOSED	Mar-24	Foreword added to strategy.
431	31-Jan-24	10. East Renfrewshire Adult Carers Strategy 2024-2027	Voluntary Action phone number to be included on page 12 of the strategy	PPPM	CLOSED	Mar-24	Phone number added to strategy.
430	22-Nov-23	4. Matters Arising	Arrange in-person/hybrid meeting after spring	CO	OPEN	Jun-24	
420	27-Sep-23	9. Charging for Services	Further discussion on the 5% increase to charging policy to deferred to SLWG with invitations extended to all interested IJB members	CFO	OPEN	Mar-24	The SLWG continues to meet and it is intended that proposals be included as part of the budget setting report in March 2024
418	27-Sep-23	11. Clinical and Care Governance Annual Report	Consideration to be given to amending format of future Clinical and Care Governance Annual reports to include index and executive summary	CD	OPEN	Sep-24	This will be included in future reports
376	21-Sep-22	8. Chief Social Work Officer Annual Report	Arrange for a report on all neurodivergent activity taking place to be added to the rolling action log for presentation at a future meeting	CSWO	CLOSED	Nov-23	Report included on IJB agenda (27.03.24)

Abbreviations

CCGC	Clinical and Care Governance Committee
IJB	Integration Joint Board
PAC	Performance and Audit Committee

CD	Clinical Director
CO	Chief Officer
CFO	Chief Finance Officer
CN	Chief Nurse
CSWO	Chief Social Work Officer
DSM	Democratic Service Manager
GCO	Governance and Compliance Officer

HAS - C&W	Head of Adult Services - Communities and Wellbeing
HAS - LD&R	Head of Adult Services - Learning Disability and Recovery
HRBP	HR Business Partner
LP (RS)	Lead Planner (Recovery Services)
PPPM	Policy, Planning & Performance Manager
SPPCM	Strategic Planning, Performance and Commissioning Manager
SSLO	Strategic Services Lead Officer (ERC)

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 March 2024
Agenda Item	6
Title	Revenue Budget 2024/25
<p>Summary</p> <p>To provide the Integration Joint Board (IJB) with a proposed 2024/25 Revenue Budget. The IJB is asked to note that some of the assumptions within this budget are subject to future revision and refinement based on the caveats identified in the report.</p>	
Presented by	Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Accept the budget contribution of £72.794 million from East Renfrewshire Council • Accept the £0.616 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding. • Accept the delegated budget for aids and adaptations of £0.530 million. • Accept the indicative budget contribution of £85.091 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board. • Accept the indicative set aside budget contribution of £28.430 million from NHS Greater Glasgow and Clyde. • Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget. • Agree the continued implementation of the Real Living Wage uplift to our partner providers. • Agree to receive charging proposals at a future meeting of the IJB, resulting from the working group. 	
<p>Directions</p> <p><input type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input checked="" type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input checked="" type="checkbox"/> Workforce</p> <p><input checked="" type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 March 2024

Report by Chief Financial Officer

REVENUE BUDGET 2024/25

PURPOSE OF REPORT

1. To provide the Integration Joint Board with a proposed revenue budget for 2024/25.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
 - Accept the budget contribution of £72.794 million from East Renfrewshire Council
 - Accept the £0.616 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding.
 - Accept the delegated budget for aids and adaptations of £0.530 million.
 - Accept the indicative budget contribution of £85.091 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board.
 - Accept the indicative set aside budget contribution of £28.430 million from NHS Greater Glasgow and Clyde.
 - Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget.
 - Agree the continued implementation of the Real Living Wage uplift to our partner providers.
 - Agree to receive charging proposals at a future meeting of the IJB, resulting from the working group.

BACKGROUND

3. This report is a continuation of regular revenue budget and revenue budget monitoring reports to the IJB to inform the board of its financial position. This report sets out a proposed budget for 2024/25 in line with the budget update paper presented to the IJB in January and at the budget seminar on 6th March 2024.
4. The Scottish Government set out its proposed budget position for 2024/25 on 19th December 2023 which confirmed we are facing a particularly difficult and challenging year ahead.
5. The main messages, relevant to the IJB, from the proposed budget settlement along with the associated letters to the NHS Boards and to Local Authorities were included in the January report to the IJB. To recap:
 - NHS pay uplift to be funded, no other uplifts or growth
 - ERC flat cash plus policy funding for:
 - i. Uprating of Free Personal & Nursing Care
 - ii. £12p/h funding for Living Wage for providers
 - Superannuation gain for next 2 years included both recurring and non-recurring

6. The NHS funding settlement confirms the commitment that pay award will be funded once known. Our current assumption is this also includes any other changes associated with agenda for change. In prior years the settlement has included an uplift for non-pay costs and the move away from this adds to our pressures.
7. There remains the ongoing issue around timing of the notification for funding allocations such as PCIP, Mental Health Action 15 and Alcohol & Drugs Partnership allocations. The later these allocations the more difficult forward planning becomes, particularly as we have no flexibility locally to underwrite any risk. Planning for these allocations therefore remains per the 2023/24 allocations and assumes no flexibility around reserves.
8. The funding pass through for the free personal care uplift is reflected in the budget contribution agreed by East Renfrewshire Council on 28th February. The distribution of the funding for the £12 per hour Living Wage for care providers has subsequently been confirmed. The Council committed to looking at any consequential funding from the UK budget that may further support social care.
9. Both partner contributions are compliant with the conditions set out by the Scottish Government. In summary:
 - The contribution from East Renfrewshire Council is on a flat cash basis, allowing for the pass through of funding towards the cost of the provider living wage and uplift to free personal and nursing care.
 - The indicative contribution from NHSGGC reflects a nil non-pay uplift to the eligible elements of the recurring base budget and in terms of pay, funding arrangements for Boards will be revisited by the Scottish Government following the outcomes of the pay negotiations in the new financial year. It should be assumed that additional funding will be allocated to support a deal.
10. For context, the challenges in setting this budget are not unique to East Renfrewshire as the budget settlement is resulting in difficult decisions across the country, not only for HSCPs but also for our respective partners. We are however one of the first IJBs to utilise reserves and we entered financial recovery during 2023/24. Those legacy challenges are reflected in the budget proposed for 2024/25.
11. Work remains ongoing at a national level through Chief Officers and Chief Financial Officers to demonstrate the impact that the ongoing financial challenges will have on the collective services we deliver.
12. We undertook extensive budget engagement work for the 2023/24 budget which recognised the challenges for future years. Given the outlook has not significantly changed our recent engagement has focussed on the difficult but transparent conversations with our wider partners.
13. A refreshed Medium Term Financial Plan will be presented to the IJB in June, following any decision taken on the 2024/25 proposed budget.
14. As discussed and agreed at the budget seminars we have absorbed the existing multi-year savings from our Savings, Recovery and Renewal programme to reflect all savings in this report. Given that savings will regularly monitored and reported to the IJB as part of the revenue monitoring report the IJB may wish to consider reverting the Recovery & Renewal Programme reports to focus on project activity. There will always be some crossover but this may streamline any duplication.

15. We are taking just over £3.8 million legacy savings into 2024/25 (£1.9 million was planned and £1.9 million from under achievement) along with pressures of £1.5 million within Intensive Services, £2.1 million prescribing and £0.5 million special observation costs; all of which has been reported in detail during 2023/24.
16. Scrutiny work undertaken supports that the modelled savings from the Supporting People Framework are deliverable. The shortfall in 2023/24 reflects that changes in culture and in practice have taken longer than we hoped for and this saving has been revised and re-profiled in 2024/25.
17. We have received the commitment of non-recurring support from both partners in relation to financial recovery for 2023/24, which is greatly appreciated.

REPORT

18. East Renfrewshire Council agreed its budget, including the proposed contribution to the IJB on 28th February 2024; as detailed at Appendix 1. At the time of the Council agreeing its budget the Scottish Government had not confirmed the distribution of the funding for the £12 per hour Living Wage for care providers, this has subsequently been confirmed.
19. The council approach to setting the IJB contribution was the same as last year i.e. a flat cash approach. This meant no funding for uplifts and pressures, nor any savings allocated. The Scottish Government budget conditions determined that contributions should be no less than recurring budget plus share of policy funding and on that basis the minimum contribution has been met.
20. The NHSGGC contribution has been agreed with our partner colleagues and is subject to due governance by the health board, with details at Appendix 2. This reflects the 0% uplift on the relevant elements of the non-pay budget and recognition of the Scottish Government commitment to fund the pay award is also confirmed in the usual letter from NHSGGC included at Appendix 5. For context 1% of our current pay bill equates to c£0.2 million.
21. The ultimate recurring budget for the current year may change by 31 March 2024, depending on any late Scottish Government allocations, but will not significantly impact the figures reported.
22. The set aside budget offer is also included and reflects the 0% uplift per the Scottish Government budget settlement. This will be revised in due course to reflect any pay award changes
23. This proposed budget for IJB consideration recognises cost pressures relating to pay, inflation and demographic demand, although this element is limited to a full year cost of all care packages in place. For every 1% increase to purchased care new demand would cost c£0.5 million and will need to be managed from within the agreed budget for the year. The cost pressures also make allowance for the Living Wage to be paid by our partner providers, increase to the National Care Home Contract and uplifting Free Personal and Nursing Care allowances per the Scottish Government budget.
24. The Aids and Adaptations budget within ERC is £0.530 million and comprises two key areas; Care and Repair £0.193 million and Adaptations £0.337 million. This excludes any housing related capital spend. We know that demand for the service is increasing as are costs relating to adaptation work and this budget is finite.

25. In summary the proposed budget contributions to the IJB are:

	Opening Budget £m	Uplifts & SG Funding Confirmed £m	Contributions Identified with Partners £m	Further Funding Expected £m	Proposed Budget to IJB £m	Net Change £m
NHSGGC Revenue	82.050	3.041	85.091	tbc	85.091	3.041
NHSGGC Set Aside	28.430	0	28.430	tbc	28.430	0
ERC Revenue	67.040	1.824	68.864	3.930	72.794	5.754
ERC Aids & Adaptations	0.408	0.122	0.530	0	0.530	0.122

Note: Criminal Justice grant funded at £0.616m subject to grant increase for inflation. NHS pay award funding to be confirmed.

26. The table below sets out a summary of our cost pressures, as detailed in the supporting appendices, the funding available to meet these pressures and the savings challenge to close the remaining funding gap.

Revenue Budget	ERC £m	NHS £m	Total £m
1. Cost Pressures			
Pay	1.043		1.043
Inflation & Living Wage	4.736		4.736
Demographic & Demand	1.997		1.997
Legacy Savings	3.843		3.843
Service Pressures	1.500	0.600	2.100
Prescribing		3.304	3.304
	13.119	3.904	17.023
2. Funding available towards pressures			
Recurring	4.894		4.894
Non-Recurring	2.312		2.312
	7.206	0	7.206
3. Unfunded Cost Pressures	5.913	3.904	9.817
4. Proposals to Close the Funding Gap			
Savings complete	0.871	0	0.871
Savings prioritised 1 to 4	7.021	1.889	8.91
Redesign proposals in development		2.015	2.015
	7.892	3.904	11.796

Pay award funding to be confirmed; every 1% equates to c£0.2m

27. The assumptions for each area of cost pressures include:

Pay

28. The costs of the pay award are on the same planning and reporting assumptions as our partners; i.e. 3% on ERC and for NHSGGC no increase is included but recognising the commitment from the Scottish Government in the budget settlement to fund this cost.

Inflation and Living Wage

29. Provision is included for the National Care Home Contract including allowance for any nursing pay increase linked to NHS pay award should the rate be revised in year. The contract rates also include an element relating to the Living Wage increase.
30. The Scottish Living Wage increases from £10.90 to £12.00 per hour (10%) and as with prior years this will be applied to the pay element of the contract hourly rate as directed by Scottish Government. Whilst the Living Wage funding in the settlement refers specifically to adult social care we have made provision for those partner providers who support both children and adults in our communities. The split of this provision, particularly around learning disability and complex needs would be somewhat artificial. We have also included grant funded activity on the same basis. This is the same approach we have used in prior years.
31. Free Personal and Nursing Care allowances have increased by 7% as set by the Scottish Government.
32. Inflation relating to running costs needs to be contained within existing budgets.
33. Increases in Kinship and Fostering allowances are included.

Demographic and Demand

34. These cost pressures recognise the impact of our increasing population, including carers and the increased complexity of care needs post pandemic particularly in our community based services. This also includes costs for young adults transitioning from childrens services to adult care.
35. We have included a full year cost for every person with a care package (at a snapshot point), with allowance for attrition and the impact of the Supporting People Framework. An allowance has been included within Intensive Services recognising the demand pressures in line with national assumptions around demand at 4%.

Legacy Savings

36. We expected to bring c£1.9 million into 2024/25 reflecting the use of the budget phasing reserve during 2023/24. However the shortfall in savings delivery in 2023/24, particularly the Supporting People Framework means the legacy balance is just over £3.8 million.
37. This remains the biggest risk to the HSCP in terms of savings delivery with expected savings of £4.6 million over the next two years. The saving is currently profiled at £2.3 million in 2024/25 and the same in 2025/26. A detailed review timetable, along with a monthly dashboard for reporting progress is being finalised and the intention is to escalate as much of the saving as possible into 2024/25.
38. The original modelling showed that a 25% reduction in non-residential care would result in a total saving of £5.8 million and £3.6 million was the target saving set for 2023/24 however only £0.341 million full year effect so far, or 9.5% of the target has been delivered from 365 completed reviews. Another 111 reviews are ongoing, with the outcome still to be determined.
39. The scrutiny work undertaken (on c10% of the completed reviews) supports that the modelled savings and suggest that a 26% reduction is achievable. We have allowed

for a “buffer” of 5% for changes between reviews and the new saving of £4.6 million represents a 20% reduction in non-residential care costs.

Service Pressures

40. Reporting throughout 2023/24 has highlighted the challenges within Intensive Services and in particular our Care at Home Service where we saw a significant increase in costs throughout the year. This underlying pressure has been included in the proposed budget and the savings proposals show a number of actions that will reduce the cost during 2024/25.
41. Special Observation costs within the Learning Disability in-patient units continue to present a challenge and the 2024/25 budget recognises a reduced level of pressure going forward as the service will mitigate much of this following a move from Netherton.
42. We are also seeing increasing pressure on the demand for equipment.

Prescribing

43. This budget continues to present significant challenge and risk with the cost pressures currently projected to increase from the £2.1 million current reported for 2023/24 to £3.3 million in 2024/25, as a result of both cost and volume. The lack of a non-pay uplift from the Scottish Government means there is no offset against this pressure so the only options to fund this pressure are reducing prescribing costs and making savings from operational budgets.
44. We used the last of the smoothing reserve that was in place to help manage demand during 2022/23.
45. We still do not know how much of the demand and volume challenge is a post Covid legacy and whether will we see any longer term reduction. Our Clinical Director is leading on a number of local and system wide initiatives to try and reduce our costs and benchmark our performance.
46. The funding we have to offset the pressures discussed above totals £7.206 million however it is important to note that £2.312 million of this is non-recurring from the pension gain, from a reduced contribution level, over the next 2 years.
47. The remaining funding gap is £9.817 million and savings are required to close this gap. The savings identified so far total £9.781 (please see Appendix 4) with a further c£2.1 million of redesign proposals being worked on. The approach we have used is to rank each savings option from 1 to 5 with 1 being the “easiest” through to 5 being the most difficult. At present the options up to a ranking of 4 have been included as these are required to meet the level of savings needed.
48. The savings identified so far include £0.871 million of savings that are achieved and considered complete as part of work undertaken in 2023/24.
49. The table below shows the savings by type and by ranking and also the position against partner funding contributions. We are still working on c£2.1 million further redesign options within our health services, so that our savings against each partner are sufficient and allow for a degree of slippage and / or under recovery to ensure we remain within budget during 2024/25 and beyond.

Summary of Savings so Far	ERC	NHS	Total
	£'m	£'m	£'m
Care Cost Reductions	4.420	-	4.420
Staffing Proposals	1.465	0.574	2.039
Service Activity Cessation or Reduction	1.082	-	1.082
Accommodation Review	0.020	-	0.020
LD In-Patients Service Redesign	-	0.050	0.050
Prescribing	-	0.825	0.825
HSCP Wide Other	0.905	0.440	1.345
Proposals so Far	7.892	1.889	9.781
Complete	0.871	-	0.871
Prioritisation 1	0.399	0.131	0.530
Prioritisation 2	2.328	1.047	3.375
Prioritisation 3	2.884	0.071	2.955
Prioritisation 4	1.410	0.640	2.050
Proposals So Far	7.892	1.889	9.781

A further £2.1m redesign savings are being worked on.

50. The different staffing terms and conditions mean there is less flexibility within our NHS workforce as we cannot undertake any voluntary severance exercise so the focus is on service redesign and redeployment. We are also exploring opportunities for wider shared services with other partnerships.
51. The working group looking at charging options will meet again in the coming weeks to look at proposals to inform 2024/25 and beyond. A sum of £0.2 million has been included as a saving option at present.
52. We continue to have a very good working relationship with our trade union colleagues and engage regularly. We will continue to work through our savings programme and service redesign proposals alongside colleagues.
53. The challenge in delivering a balanced budget whilst trying to minimise the impact on the people we support has never been more difficult and where possible we continue to try and mitigate through the invaluable work of our third sector partners.
54. The Chief Officer and Chief Financial Officer recognise the funding constraints and pressures that our partners are facing and along with the IJB are fully committed to continued partnership working to support whole system financial planning.
55. If any further funding becomes available in year we will address this and revise our planning assumptions, reporting through the revenue budget monitoring to the IJB in line with our routine financial governance.

CONSULTATION AND PARTNERSHIP WORKING

56. The Chief Financial Officer has consulted with our partners and will continue to work in partnership with colleagues to develop the budget setting and financial planning process for future years.

IMPLICATIONS OF THE PROPOSALS

Finance

57. The proposed 2024/25 budget, associated risks and assumptions is set out in this report. The IJB have recognised that we are breaching our reserves policy and our longer term aspiration is to rebuild reserves once we are on a firmer financial footing.

Risk

58. The most significant risk to the IJB remains financial sustainability and delivering a balanced budget in 2024/25 and beyond.
59. Successful implementation of the Supporting People Framework and the Prescribing Action Plan savings will be fundamental elements of savings delivery.
60. We may not meet our population's demand for services.
61. The implications relating to the National Care Service remain unclear at this stage.
62. Workforce capacity reductions and maintaining morale are a clear challenge. Reduced capacity may impact on the delivery of universal services and pathways.
63. Managing the expectations of the people we support and their families may result in reputational damage.

Workforce

64. The proposed 2024/25 budget assumes funding for staff pay award and provides funding for care providers to meet the increase in the Scottish Living Wage.
65. We will not achieve the required level of savings without impact on our workforce. We aim to mitigate the impact as far as possible and hope we can achieve the majority, if not all, staff changes through turnover and attrition. However service redesign and redeployment will be required.

Equalities

66. We will complete full equalities and fairness impact assessments for all redesign and savings for the IJB to consider alongside proposals and associated implementation. This should ensure that no individual or groups are adversely impacted and that implementation of change is equitable.
67. We will need appropriate engagement and communication and we will need to be mindful of any multiple impacts on any group or individual.

DIRECTIONS

68. The directions to our partners will be issued upon agreement of the 2024/25 budget set out in this report and rolling updates will be included in the revenue monitoring report throughout the year. The indicative directions are summarised at Appendix 3.

CONCLUSIONS

69. The 2024/25 proposed budget will allow the IJB to set a budget that is balanced, but clearly includes significant risk in delivering services whilst achieving the required level of savings. Full implementation of the Supporting People Framework and delivery of the Prescribing Action Plan savings are fundamental to this.

70. The decisions taken on the 2024/25 budget will inform our Medium-Term Financial Plan, allowing the IJB to assess progress and to take risk based informed decisions for 2024/25 and beyond. A refreshed plan will be brought to the IJB in June.
71. The report recognises the need to continue to engage with all our partners for future financial planning.

RECOMMENDATIONS

72. The Integration Joint Board is asked to:
 - Accept the budget contribution of £72.794 million from East Renfrewshire Council
 - Accept the £0.616 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding.
 - Accept the delegated budget for aids and adaptations of £0.530 million.
 - Accept the indicative budget contribution of £85.091 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board.
 - Accept the indicative set aside budget contribution of £28.430 million from NHS Greater Glasgow and Clyde.
 - Agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget.
 - Agree the continued implementation of the Real Living Wage uplift to our partner providers.
 - Agree to receive charging proposals at a future meeting of the IJB, resulting from the working group.

REPORT AUTHOR

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)

lesley.bairden@eastrenfrewshire.gov.uk

0141 451 0746

14 March 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB Paper: 31.01.2024 – Item 7. Financial Recovery 2023/24 and Budget Setting 2024/24

https://www.eastrenfrewshire.gov.uk/media/9958/IJB-Item-07-31-January-2024/pdf/IJB_Item_07_-_31_January_2024.pdf?m=1705939878610

IJB Paper: 29.03.2023 – Item 7. Revenue Budget 2023/24

https://www.eastrenfrewshire.gov.uk/media/8926/IJB-Item-07-29-March-2023/pdf/IJB_Item_07_-_29_March_2023.pdf?m=1679055060820

EAST RENFREWSHIRE COUNCIL: PROPOSED BUDGET CONTRIBUTION 2024/25

	ERC £'000	CJ Grant £'000	Total £'000
2023/24 Approved Opening Budget	67,040	616	67,656
In Year Adjustments			
Pay Award 2023/24 Funding Adjustments	1,066		1,066
Fostering & Adoption Funding per SG	232		232
Central Support Charges	16		16
Criminal Justice Grant Funding		(616)	(616)
Restated 2023/24 Base Budget	68,354	0	68,354
Allocations as part of ERC Budget per Government Settlement			
Free Personal & Nursing Care Uplift	510		510
2 Criminal Justice Grant Funding			0
1 2024/25 Contribution to the HSCP (agreed by ERC 28/2/24)	68,864	0	68,864
Real Living Wage - 2024/25 Full Year Impact of £12 now confirmed	3,930		3,930
2024/25 Revised Contribution to the HSCP	72,794	0	72,794
Cost Pressures Expected for 2024/25:			
Inflationary Pressures			
Pay Award and Increments	1,043		1,043
National Care Home Contract , Living Wage, Free Personal & Nursing Care etc.	4,736		4,736
Demographic Pressures			
Increase in Demand for Services - Residential & Nursing Places	320		320
Increase in Demand for Services - Community based Adults & Older People	796		796
Increase in Client Assessed Need - Transitions to Adulthood	927		927
Increase in Demand for Services - Childrens	(46)		(46)
Capacity Pressures			
Legacy Savings	3,843		3,843
Intensive Services	1,500		1,500
Total Cost Pressures 2023/24	13,119	0	13,119
Total Funding Available towards Cost Pressures			
Settlement per Scottish Government Budget (see section 1 above)	4,440		4,440
Superannuation Gain Recurring	354		354
Superannuation Gain Non-Recurring	2,312		2,312
Fostering Funding - policy already applied in part	100		100
	7,206	0	7,206
Funding Gap	(5,913)	0	(5,913)
Savings detailed proposals at March 2024	7,892		7,892

1 Settlement conditions; must be a minimum of flat cash plus share of new funding

2 Subject to uplift and any grant changes in 2023/24

NHSGGC - INDICATIVE BUDGET CONTRIBUTION

	Recurring Opening Budget £'000	Recurring in Year Adjustments £'000	Revised Recurring Budget £'000	Eligible to Uplift £'000	Expected % Uplift £'000
2023/24 Opening Recurring Budget					
1 Pay	20,461	1,443	21,904	21,904	TBC
2 Non Pay excluding Resource Transfer	3,069	133	3,202	3,202	0
Prescribing	17,100		17,100	17,100	0
Resource Transfer	13,327	46	13,373	13,373	0
Family Health Services	30,380	1,153	31,533	0	0
Recurring Expenditure	84,337	2,775	87,112	55,579	0
Family Health Services Income	(983)	(1)	(984)		
Other Income	(1,304)	267	(1,037)	(1,037)	0
2024/25 Recurring Base Budget	82,050	3,041	85,091	54,542	0

Add:

Inflation Uplift - zero uplift on non-pay per SG settlement

0

Pay award expected to be funded in full once agreed

TBC

Expected 2024/25 Budget Contribution excluding Set Aside**85,091****Cost Pressures Expected for 2024/25:**

1 Pay Award	TBC
Prescribing	3,304
2 Non Pay Inflation; will have to contain as no uplift from SG	0
Equipment	100
3 Learning Disability In Patient Observations	500
Total Cost Pressures and therefore Funding Gap	3,904

Savings detailed proposals at March 2024

1,889

4 Savings Gap Required to balance budget	2,015
---	--------------

- 1 Scottish Government have advised pay award should be fully funded, every 1% equates to £0.2m
- 2 Inflation and price related pressures will need to be contained within existing budgets as the Scottish Government had a nil non-pay uplift as part of the budget settlement.
- 3 Pressure is net of mitigation in observation costs relating to Netherton
- 4 Further savings options being worked on and will come from service redesign and where possible prescribing

Indicative Directions 2023/24

	NHS £000	ERC £000	Total £000
Funding Sources to the IJB			
Original Revenue Budget Contributions	85,091	68,864	153,955
Living Wage Funding confirmed after ERC budget set		3,930	
Criminal Justice Grant Funded Expenditure		616	616
Criminal Justice Grant Income		(616)	(616)
Funding Outwith Revenue Contribution			
Housing Aids & Adaptations *		530	530
Set Aside Budget	28,430		28,430
Total Proposed IJB Resources	113,521	73,324	182,915
Directions to Partners			
Revenue Budget	85,091	68,864	153,955
Criminal Justice Grant Funded Expenditure		616	616
Criminal Justice Grant Income		(616)	(616)
Resource Transfer and other recharges	(13,327)	13,327	0
Carers Information Strategy	58	(58)	0
Sub Total Direct Revenue Budget	71,822	82,133	153,955
Housing Aids & Adaptations *		530	530
Set Aside Budget	28,430		28,430
Total Proposed IJB Resources	100,252	82,663	182,915

* excludes any capital spend

Prioritised Savings as at March 2024

		ERC £m	NHS £m	Total £m
1	Current Business Support Vacant Posts	0.037	0.059	0.096
1	Childrens Services Redesign	0.320	0.072	0.392
1	Crisis Stabilisation maximise funding	0.042		0.042
	Total Prioritisation 1	0.399	0.131	0.530
2	Care at Home Supporting People Framework	1.700		1.700
2	Care at Home price efficiency	0.300		0.300
2	Care at Home Review Phase 2 (Was SRR)	0.150		0.150
2	Increase Turnover targets reflecting pause in recruitment	0.067	0.372	0.439
2	Redesign Learning Disability & Recovery	0.041		0.041
2	Family Group Decision Making Service	0.050		0.050
2	St Andrews House running costs part of wider accommodation review	0.020		0.020
2	Prescribing - GGC wide initiatives – drug switches		0.340	0.340
2	Prescribing - Polypharmacy reviews		0.150	0.150
2	Prescribing - PIGLET savings		0.010	0.010
2	Prescribing - Treatment room formulary/ Optometry / Care Home		0.050	0.050
2	Prescribing - Drugs of Low Clinical Value Initiative		0.125	0.125
	Total Prioritisation 2	2.328	1.047	3.375
3	Supporting People Framework	2.300		2.300
3	Learning Disability ongoing review of care packages (Was SRR)	0.120		0.120
3	Voluntary Severance /Early Retiral Phase 2	0.300		0.300
3	Intensive Services posts and running costs (Was SRR)	0.064		0.064
3	Adult Planning & Service Redesign		0.071	0.071
3	Summer play schemes / activity	0.075		0.075
3	Shared Services	0.025		0.025
3	Transport Strategy			-
	Total Prioritisation 3	2.884	0.071	2.955
4	Grant Funding (Was partly SRR)	0.530		0.530
4	Learning Disability university funded activity		0.050	0.050
4	Prescribing - further saving programme		0.150	0.150
4	Topslice supplies budgets 20%	0.480	0.440	0.920
4	Income / Charging for Services	0.200		0.200
4	Review Council Support Cost Charges and activity	0.200		0.200
	Total Prioritisation 4	1.410	0.640	2.050
C	VS/ER Phase 1	0.781		0.781
C	Localities posts and associated running costs (was SRR)	0.025		0.025
C	Review of Connor Road funding (was SRR)	0.065		0.065
	Total Complete	0.871	-	0.871
	Total 1 to 4 and Complete	7.892	1.889	9.781
	Redesign Work in Progress		2.100	

Ranking 1 to 5 with 1 being easiest and 5 being most difficult, with C denoting work Complete

Greater Glasgow and Clyde NHS Board

JB Russell House
Gartnavel Royal Hospital
1055 Great Western Road
GLASGOW
G12 0XH
Tel. 0141-201-4444
www.nhsggc.org.uk

Date: 14th March 2024
Our Ref: FMcE

Enquiries to: Fiona McEwan
Direct Line: 07957638165
E-mail: fiona.mcewan@ggc.scot.nhs.uk

Dear Julie

2024/25 Indicative Financial Allocation to East Renfrewshire Health and Social Care Partnership

Further to initial informal discussions with Chief Officers and Chief Finance Officers, I am writing to you with an indicative budget proposal for 2024/25. An update to this letter formally confirming your final allocation for 2024/25 will be issued on behalf of the Board after the Board's financial plan has been approved at the April board meeting and when the Board's financial out-turn is confirmed along with further clarification on the totality and distribution of the pay awards have been determined.

Annual uplift to NHSGGC

The Scottish Government's budget letter issued on 19th December 2023 states that "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." In real terms this means a pay uplift of 3.6% for NHSGGC.

In terms of pay, funding arrangements for Boards will be revisited by the Scottish Government following the outcomes of the pay negotiations in the new financial year. It should be assumed that additional funding will be allocated to support a deal.

The annual general uplift provided by the Scottish Government to support Boards in meeting expected additional costs related to supplies (which includes prescribing growth and utilities charges) and capital charges for 2024/25 is 0%.

The HSCP Settlement

The funding in relation to the pay award for 2023/24 has already been included in the baseline allocations to the HSCP's. Further detail is anticipated to be received with regards to the additional elements in relation to the 2023/24 pay award namely protected learning

time, band 5- 6 and reduced working week. When clarity has been provided on funding arrangements for these elements this will be communicated and allocated in due course.

Once the pay deal has been negotiated for 2024/25 and the funding agreed this will be passed over to the HSCP.

Due to no uplift being provided for suppliers and capital charges as noted above there is therefore no further uplift for 2024/25.

An indicative allocation based on Month 11 figures is included in **Appendix 1**.

Set Aside Budget

This is initially based on the estimated set aside budget for 2023/24 and will be revised when the Board's final out-turn is confirmed. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation.

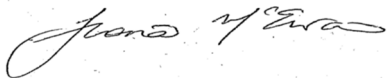
Recharges to HSCPs

The following items will continue to be charged to the HSCP during 2024/25:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost;
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17; and
- The HSCP's share of Office 365 costs based on the number of licences in use.

Meetings will be arranged before the end of the financial year to allow us to formalise the funding and processes that are required for 2024/25. In the meantime, this letter enables the HSCP to produce its financial plans for 2024/25.

Yours sincerely



Fiona McEwan

Assistant Director of Finance- Financial Planning & Performance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2024/25 (based on month 11 figures)

Spend Categories		East Renfrewshire Hscp
		£000s
Family Health Services		31,533
Fhs Income		(984)
Family Health Services Budget (Net)		30,549
Prescribing & Drugs		17,100
Non Pay Supplies		3,202
Pay		21,904
Other Non Pay & Savings		13,373
Other Income		(1,037)
Budget - HCH incl Prescribing		54,542
Total Rollover budget - NET		85,091
Budget Eligible for HCH & Prescribing uplift		54,542
<u>Uplifts</u>		
Scottish Government allocation 24.25	0%	0
Pay uplift - tbd	0%	0
Total Uplift		0
Revised Budget		85,091
<u>Set Aside Budget</u>		
2023.24 Value		28,430
Uplift @ 0%	0%	0
2023/24 Set Aside Value		28,430

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 March 2024
Agenda Item	7
Title	Revenue Budget Monitoring Report 2023/24; position as at 31st January 2024
<p>Summary</p> <p>To provide the Integration Joint Board with financial monitoring information in relation to the revenue budget, as part of the agreed financial governance arrangements.</p>	
Presented by	Lesley Bairden, Chief Financial Officer
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • note the projected outturn for the 2023/24 revenue budget • note that the Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year • note that East Renfrewshire Council has indicated support to the IJB for social care cost pressures on a non-recurring basis this financial year • approve the budget virement requested within the report 	
<p>Directions</p> <p><input type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input checked="" type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input checked="" type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input checked="" type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 March 2024

Report by Chief Financial Officer

REVENUE BUDGET MONITORING REPORT 2023/24

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the projected outturn position of the 2023/24 revenue budget. This projection is based on ledger information as at 31st January 2024 and allows for latest intelligence.

RECOMMENDATIONS

2. The Integration Joint Board is asked to note:
 - note the projected outturn for the 2023/24 revenue budget
 - note that the Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year
 - note that East Renfrewshire Council has indicated support to the IJB for social care cost pressures on a non-recurring basis this financial year
 - approve the budget virements requested within the report

BACKGROUND

3. This report is part of the regular reporting cycle for ensuring that the HSCP financial governance arrangements are maintained. This is the fifth report for the financial year 2023/24 and provides the projected outturn for the year based on our latest information recognising we remain in a very challenging financial position.
4. The projected outturn shows a potential overspend for the year of £4.674 million, after allowing for the additional Covid funding from the Council of £0.687 million and the application of all earmarked reserves.
5. Whilst the increase of £0.125 million is not in itself significant when compared to the £4.549 million reported in January, this does allow for the further shortfall in supporting people framework savings we had signalled of £1.1 million. However much of this is offset by further cost reductions as we strive to contain costs.
6. The Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year and remain engaged in ongoing discussions with both partners as part of the financial recovery process.
7. As we last reported our council partner has agreed to support us on a non-recurring basis in the current year with our projected social care cost pressures and this will continue to be monitored and discussed throughout the year. This support is very much welcomed, including the additional Covid pressure funding towards pressures this year.

8. The projected costs against budget will continue to be reviewed as we move toward the end of the financial year and every action taken where possible to contain or minimise the projected overspend, whilst continuing to deliver our significant savings, recovery and renewal programme. The current year pressures inform the budget proposed for the coming financial year 2024/25.

REPORT

9. The consolidated budget for 2023/24 and projected outturn position, shows a possible overspend of £4.674 million against a full year budget of £159.094 million (2.94%).
10. The HSCP ongoing costs relating to Covid-19 now need to be contained within our budget as Scottish Government funding has now ceased, with exception of £2k to support PPE for carers. The additional support from the council is welcomed in the current financial year.
11. As previously reported, East Renfrewshire Council has agreed funding to support a number of Covid recovery activities along with £0.687 million towards service pressures and the detail is included at Appendix 11.
12. The consolidated revenue budget and associated financial direction to our partners is detailed at Appendix 4. This is reported to each Integration Joint Board and reflects in year revisions to our funding contributions and associated directions.
13. The reserves position is set out at Appendix 5 and shows the planned in-year use of reserves and the committed spend to take forward.
14. The main projected operational variances are set out below, based on known care commitments, vacant posts and other supporting information from our financial systems as at 31st January 2024 and allows for the latest intelligence.
15. **Children & Families and Public Protection £522k underspend;** vacancy management and maximising reserves give a projected underspend of £964k, however this is offset in the main by unachieved savings from supporting people framework of £384k. The projected cost pressure from unaccompanied asylum seekers is £65k.
16. This is a decrease in projected costs of £416k since we last reported, due a number of factors including; unaccompanied asylum seekers £147k reduction in residential care; new pathfinders grant income £71k; applying the health visitor reserve funding of £82k previously omitted in error and reduction in a number of operational budgets. There is also an increase in unachieved savings of £170k since last reported.
17. We are currently holding a reserve of £466k for Whole Family Wellbeing and have reviewed how we have been reporting this. This was treated as an earmarked but not as a ring-fenced reserve. On further discussion with the Chief Social Work Officer this is ring-fenced as if it is not spent per funding conditions then unspent monies would require to be returned to the Scottish Government and therefore re-categorised on Appendix 5.
18. The reserve was reported as being spent in the current financial year, however this should have reflected the funding was committed and the actual spend will be in 2024/25, so the reserve has been revised to carry forward this funding. In addition, there has been slippage in the current financial year from recruitment and normal

practice would be to carry this forward as part of the year end process. However, given our financial recovery position it is important we are transparent and recognise this slippage now and that this will increase the reserve by c£180k. The funding will still be spent, but this will span financial years 2023/24 and 2024/25.

19. **Older Peoples Services £135k overspend;** There has been an increase in costs of £114k since January from a further increase in unachieved savings of £206k, partly offset by a number of operational underspends. The main variances to budget:
 - Residential and nursing care underspend of £136k.
 - Staffing costs are underspent by £450k mainly from turnover and recruitment challenges, particularly within community based health services.
 - In localities directly purchased care at home and direct payment commitments show a projected overspend of £185k.
 - Unachieved savings from our Supporting People Framework give a cost pressure of £628k.
20. **Physical & Sensory Disability £254k overspend;** this is due to a combination of factors as previously reported; care package projected costs £60k; equipment contract £51k and unachieved savings from supporting people of £308k. These pressures are offset in part by staff turnover of £123k and additional income of £58k. This is an increase in projected costs of £207k since last reported mainly due to further unachieved savings from the Supporting People Framework.
21. **Learning Disability Community Services £940k overspend;** due to unachieved supporting people savings of £689k along with care package costs projected to overspend by £464k. This is offset in part by staffing vacancies and reduced supply costs of £212k from Community Pathways and the Community Autism team. This is an increase in costs of £251k since last reported, of which £220k is further unachieved Supporting People Framework savings.
22. When we look at the collective position across the three adult care groups above (in paragraphs 19 to 21 this gives a projected overspend across Barrhead and Eastwood localities of £1,329k mainly from unachieved Supporting People Framework savings. The locality split is shown as an extract in Appendices 1 to 3 as an alternative presentation of these budgets and projected costs.
23. **Intensive Services £2,369k overspend;** the most significant cost pressures remain staffing and the purchase of care, with the main projected variances:
 - £1,779k Care at Home from continued capacity constraints along with increased demand and complexity (both purchased and the in-house service). This position is inclusive of £250k Covid support from the council.
 - £282k Telecare Responders based on staffing and working patterns.
 - £146k Bonnyton House predominately from staffing and agency costs.
 - £617k unachieved savings from our Supporting People Framework
 These overspends are offset in part by:
 - £455k staff turnover and vacancies within Day Services and Home from Hospital.
24. This is an increase in projected costs of £615k since last reported mainly due to further unachieved savings of £434k from the Supporting People Framework and £179k increased costs mainly within Care at Home.
25. As part of the Savings, Recovery and Renewal programme the Care at Home service redesign is considering staffing and purchased care, with a view to delivering savings

as well as containing costs in the current year. The review of care packages has been prioritised to deliver savings and early indications are positive.

26. **Learning Disability Inpatients £1,366k overspend;** this continues to reflect the ongoing pressure from increased observation costs and maintaining staff ratios within the inpatient units. The projected costs have increased by £366k since last reported. Given this cost pressure relates to specific patient needs this will constantly change. Going forward this should be mitigated to some degree by the redesign of the service.
27. **Augmentative and Alternative Communication £nil variance;** it is still anticipated that spend will be to budget for this service. The reserve (£104k) that was in place to smooth any future pressures has been released to support the bottom line as part of our recovery measures to minimise costs.
28. **Recovery Services Mental Health & Addictions £867k underspend;** due to turnover of £259k and operational underspends of £568k against our core budgets. We had been holding costs here whilst awaiting a number of system wide charges and final funding confirmations, this was the most prudent approach. We are now able to allocate costs against the relevant funding streams, so our costs have reduced by £739k since last reported.
 - £228k of costs allocated to MH Action15 programme
 - £61k from the previous release of reserves
 - £109k Dementia reserve fully applied
 - £170k ADP programme costs
 - £109k further turnover
29. **Prescribing £2,138k overspend;** is based on the latest cost and activity and has improved since last reported by £262k, due to price reductions. The Clinical Director is leading on the development and implementation of the local plan to deliver savings across a range of local and GGC wide initiatives.
30. **Finance & Resources £452k underspend;** is a reduction in projected costs of £488k since last reported mainly from applying £377k reserves released in January and further net cost reductions across a number of centrally held budgets of £111k. This budget meets a number of HSCP wide costs, including charges for prior year NHS pension costs that we expect to diminish over time.
31. **Primary Care Improvement Plan, Alcohol and Drugs (Local Improvement Fund) and Mental Health Action 15;** we have now received confirmation from the Scottish Government of our current year allocation for Mental Health Action 15 and this has allowed us to reallocate some costs previously held against our core budget. The balance of funding we are projecting to carry forward within the Alcohol and Drugs funding remains ring-fenced to support a recovery hub premises.
32. Appendices 8 to 10 give a summarised position against each funding stream, showing the planned activity against each initiative.

Other

33. The projected outturn shows a potential overspend for the year of £4.674 million, inclusive of the additional Covid funding from the Council of £0.687 million and the application of reserves.

34. We have signalled since 2021/22 budget that funding may not be sufficient to meet the increasing demand for services, recognising the historic level of savings delivered and despite best efforts we will not be able to contain costs in the current financial year, with the complexities and demand of the post Covid landscape.
35. We recognise the risk to the ongoing deliverability of the Supporting People Framework, which will continue to be closely monitored. The scrutiny work in place supports the modelling, the impact of implementation and the associated culture shift have taken longer than anticipated. This scrutiny work also supports that savings can be delivered and this is reflected in the proposed budget for 2024/25.
36. We continue to look at every action where it could be possible to minimise cost pressures and continue close monitoring our Savings, Recovery and Renewal programme. For ease of reference Appendix 6 in this report also provides a position statement on savings progress. This remains incredibly challenging in the current environment given the capacity constraints and focus on service delivery, recognising the tensions when trying to reduce costs and deliver change and savings.
37. The support cost charge from the council is currently projected to budget and reflects the saving of £219k. We will not be able to ratify this as delivered until the final accounts for the year are closed. However discussion with colleagues and intelligence on budgets suggest this assumption should hold.
38. The budget virement requests are detailed at Appendix 7 and the IJB is asked to approve the adjustments relating to allocation of pay award funding via ERC and a small re-alignment of activity across children and justice services.
39. 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 during each year and will inform forward financial planning.

IMPLICATIONS OF THE PROPOSALS

Finance

40. The financial implications are detailed in the report and financial recovery discussions remain ongoing with our partners.

Risk

41. Delivering services and the savings recovery and renewal programme within existing funding is clearly our most significant risk and we remain concerned about the Supporting People Framework.
42. There are other risks which could impact on the current and future budget position; including:
 - Maintaining capacity to deliver our services
 - Achieving all existing savings on a recurring basis and containing the current projected overspend
 - The ongoing impact of Covid-19 on our partner providers and the care service market
 - Prescribing costs and the ability to accurately model and project the position, particularly in the early part of the year
 - Observation and Out of Area costs
 - The impact of current year pressures on forward financial planning

DIRECTIONS

43. The running budget reconciliation which forms part of financial directions to our partners is included at Appendix 4.
44. The report reflects a projected overspend of £4.674 million after the planned use of reserves and the additional Covid funding from the Council.
45. Financial recovery discussions are ongoing with both partners and the council's support for in-year pressures will be reflected for our final outturn.

CONSULTATION AND PARTNERSHIP WORKING

46. The Chief Financial Officer has consulted with our partners.
47. This revenue budget reflects the consolidation of funding from both East Renfrewshire Council and NHS Greater Glasgow and Clyde. The HSCP operates under the Financial Regulations as approved by the Performance and Audit Committee on 18 December 2015 and reviewed March 2020; the latest review of the financial regulations and reserves policy were agreed by the Performance and Audit Committee on 22nd September 2022.

CONCLUSIONS

48. The report reflects a projected overspend of £4.674 million after the planned use of reserves and the additional Covid funding.
49. Financial recovery discussions are ongoing with both partners and the Chief Officer and her management team continue to try and minimise the budget deficit in the current financial year. The support for in-year pressures from the council along with the additional Covid support funding is very much welcomed.

RECOMMENDATIONS

50. The Integration Joint Board is asked to note:
 - note the projected outturn for the 2023/24 revenue budget
 - note that the Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year
 - note that East Renfrewshire Council has indicated support to the IJB for social care cost pressures on a non-recurring basis this financial year
 - approve the budget virement requested within the report

REPORT AUTHOR

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)

lesley.bairden@eastrenfrewshire.gov.uk

0141 451 0749

11 March 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

IJB 31.01.2024 – Revenue Budget Monitoring Report

https://www.eastrenfrewshire.gov.uk/media/9959/IJB-Item-08-31-January-2024/pdf/IJB_Item_08_-_31_January_2024.pdf?m=1705939879050

East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24

Consolidated Monitoring Report

Projected Outturn Position as at 31st January 2024

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	13,775	13,256	519	3.77%
Public Protection - Criminal Justice	74	71	3	4.05%
Adult Localities Services				
Older People	25,802	25,937	(135)	(0.52%)
Physical & Sensory Disability	6,225	6,479	(254)	(4.08%)
Learning Disability - Community	18,978	19,918	(940)	(4.95%)
Learning Disability - Inpatients	10,144	11,510	(1,366)	(13.47%)
Augmentative and Alternative Communication	76	76	-	0.00%
Intensive Services	15,775	18,144	(2,369)	(15.02%)
Recovery Services - Mental Health	6,171	5,432	739	11.98%
Recovery Services - Addictions	1,969	1,841	128	6.50%
Family Health Services	30,870	30,870	-	0.00%
Prescribing	17,315	19,453	(2,138)	(12.35%)
Finance & Resources	11,920	11,468	452	3.79%
Net Expenditure	159,094	164,455	(5,361)	(3.37%)
Contribution to / (from) Reserve	-	-	-	-
Net Expenditure	159,094	164,455	(5,361)	

Projected overspend by Partner	£'000	
Health	(1,659)	
Social Care	(3,702)	
Projected Deficit	<u>(5,361)</u>	
To be funded by:		
Net Contribution To / From Reserves **	0	
Funding from East Renfrewshire Council for ongoing COVID pressure	687	
Financial Recovery Action Planning Required to balance budget	<u>4,674</u>	2.94%
	<u>5,361</u>	

** will be reviewed as year progresses

Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	24,819	25,752	(933)	(3.76%)
Localities Services - Eastwood	26,188	26,584	(396)	(1.51%)
Net Expenditure	51,007	52,336	(1,329)	(2.61%)

East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24
Council Monitoring Report
Projected Outturn Position as at 31st January 2024

Subjective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	29,552	31,638	(2,086)	(7.06%)
Property Costs	976	959	17	1.74%
Supplies & Services	2,837	3,991	(1,154)	(40.68%)
Transport Costs	305	316	(11)	(3.61%)
Third Party Payments	50,424	57,227	(6,803)	(13.49%)
Support Services	2,455	2,236	219	8.92%
Income	(18,211)	(24,327)	6,116	(33.58%)
Net Expenditure	68,338	72,040	(3,702)	(5.42%)

Contribution to / (from) Reserve	-		0	-
Net Expenditure	68,338	72,040	(3,702)	-

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Public Protection - Children & Families	10,850	10,494	356	3.28%
Public Protection - Criminal Justice	74	71	3	4.05%
Adult Localities Services				
Older People	15,528	16,074	(546)	(3.52%)
Physical & Sensory Disability	5,465	5,719	(254)	(4.65%)
Learning Disability	12,625	13,677	(1,052)	(8.33%)
Intensive Services	14,660	17,029	(2,369)	(16.16%)
Recovery Services - Mental Health	1,953	1,871	82	4.20%
Recovery Services - Addictions	282	216	66	23.40%
Finance & Resources	6,901	6,889	12	0.17%
Net Expenditure	68,338	72,040	(3,702)	(5.42%)

Contribution to / (from) Reserve	-		0	
Net Expenditure	68,338	72,040	(3,702)	

Notes

1. Projected Deficit	(3,702)
To be funded by:	
Net Contribution To / From Reserves **	0
Funding from East Renfrewshire Council for ongoing COVID pressure	687
Financial Recovery Action Planning Required to balance budget	3,015
	<u>3,702</u>

** will be reviewed as year progresses

2. In addition to the above addition spending from reserves is detailed at Appendix 5

3. Additional information - Adult Localities

Objective Analysis	Full Year			
	Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	17,513	18,516	(1,003)	(5.73%)
Localities Services - Eastwood	16,104	16,953	(849)	(5.27%)
Net Expenditure	33,617	35,469	(1,852)	(5.51%)

East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24

NHS Monitoring Report

Projected Outturn Position as at 31st January 2024

Subjective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Employee Costs	22,684	22,316	368	1.62%
Non-pay Expenditure	58,524	60,551	(2,027)	(3.46%)
Resource Transfer/Social Care Fund	12,389	12,389	-	0.00%
Income	(2,840)	(2,840)	-	0.00%
Net Expenditure	90,757	92,416	(1,659)	(1.83%)
Contribution to / (from) Reserve	-	-	-	-
Net Expenditure	90,757	92,416	(1,659)	-

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Childrens Services	2,818	2,655	163	5.78%
Adult Community Services	6,728	6,317	411	6.11%
Learning Disability - Community	1,218	1,106	112	9.20%
Learning Disability - Inpatients	10,144	11,510	(1,366)	(13.47%)
Augmentative and Alternative Communication	76	76	-	0.00%
Family Health Services	30,870	30,870	-	0.00%
Prescribing	17,315	19,453	(2,138)	(12.35%)
Recovery Services - Mental Health	3,408	2,751	657	19.28%
Recovery Services - Addictions	1,104	1,042	62	5.62%
Finance & Resources	4,687	4,247	440	9.39%
Resource Transfer	12,389	12,389	-	0.00%
Net Expenditure	90,757	92,416	(1,659)	(1.83%)
Contribution to / (from) Reserve	-	-	-	0.00%
Net Expenditure	90,757	92,416	(1,659)	0.00%

Notes

Resource Transfer and the Social Care Fund is re allocated across client groups at the consolidated level as detailed below:

	£'000
Public Protection - Children & Families	107
Adult Localities Services	
Older People	3,546
Physical & Sensory Disability	760
Learning Disability	5,135
Intensive Services	1,115
Recovery Services - Mental Health	810
Recovery Services - Addictions	583
Finance & Resources	332
	<u>12,388</u>

Localities Resource Transfer - alternative presentation

Localities Services - Barrhead	5,360
Localities Services - Eastwood	4,082

1. Projected Deficit	<u>(1,659)</u>
To be funded by:	
Net Contribution To / From Reserves **	0
Financial Recovery Action Planning Required to balance budget	<u>1,659</u>
	<u>1,659</u>

** will be reviewed as year progresses

In addition to the above addition spending from reserves is detailed at Appendix 5

Additional information - Adult Localities

Objective Analysis	Full Year			
	Full Year Budget £'000	Projected Outturn £'000	Variance (Over) / Under £'000	Variance (Over) / Under %
Localities Services - Barrhead	1,946	1,876	70	3.59%
Localities Services - Eastwood	6,000	5,547	453	7.55%
Net Expenditure	7,946	7,423	523	6.58%

**East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24
Budget Reconciliation & Directions**

	NHS £000	ERC £000	IJB £000	Total £000
Funding Sources to the IJB				
1 Expected Revenue Budget Contributions per March 2022 Budget	82,051	67,040		149,091
Funding confirmed in opening budget but not received at March 2022	(1,023)			(1,023)
Criminal Justice Grant Funded Expenditure		616		616
Criminal Justice Grant		(616)		(616)
CAMHS - transfer to East Dun HSCP	(745)			(745)
Prescribing - including Apremilast and share of £20m	165			165
Health Visitors - Central Training Allocations	36			36
Pay Award	3,056	1,066		4,122
Winter Planning Band 2-4 Funding Tranche 1 and 2	553			553
ADP - Programme for Government	268			268
ADP - Tranche 1 and 2	575			575
District Nursing	235			235
PCIP - Tranche 1 and 2	2,245			2,245
Winter Planning - Multi Disciplinary Team Funding	811			811
School Nursing	188			188
Learning Disability Inpatients Services	21			21
District Nursing Adjustment	(66)			(66)
Thrive under 5 Funding	49			49
Smoking Prevention	43			43
Open University Funding	15			15
Care Home Funding - Lead Nurse	57			57
Care Home Support Winter Challenge Funds	32			32
COVID - Vaccination Funding	197			197
FHS GMS Adjustment	1,463			1,463
Scottish Recommended Allowance - Fostering and Adoption		232		232
Mental Health - Action 15	458			458
Effective Prevention	29			29
Community Food Framework	13			13
Interim Care Beds	11			11
Community Engagement	20			20
	90,757	68,338	-	159,095
Funding Outwith Revenue Contribution				
* Housing Aids & Adaptations		438		438
Set Aside Hospital Services Opening Budget	28,430			28,430
Total IJB Resources	119,187	68,776	-	187,963
Directions to Partners				
Revenue Budget	90,757	68,338	-	159,095
Criminal Justice Grant Funded Expenditure		616		616
Criminal Justice Grant		(616)		(616)
1 Resource Transfer & Recharges	(12,146)	12,146		0
Carers Information	58	(58)		0
	78,669	80,426	-	159,095
* Housing Aids & Adaptations		438		438
Set Aside Hospital Services Budget	28,430			28,430
	107,099	80,864	-	187,963

* includes capital spend

1. Includes Social Care Fund, Cross Charges, COVID funding adjustments as well as historic resource transfer etc.

Earmarked Reserves	Reserve Brought Fwd from 2022/23 £'000	2023/24 Projected spend £'000	2023/24 Potential Release £'000	Projected balance 31/03/24 £'000	comment
Scottish Government Ring-Fenced Funding					
Mental Health - Acton 15	118	118		0	0 Based on latest projections
Alcohol & Drugs Partnership	851	362		489	Projected balance is funding for recovery hub premises and work is ongoing
Primary Care Improvement Fund	628	628		0	0 Based on latest projected costs, however subject to SG revision to allocation
Primary Care Transformation Fund	33	33		0	0 Applied in full
GP Premises Fund	181	171		10	Supports committed spend and release of balance
Whole Family Wellbeing	466	(184)		650	Timing revised to support longer term service redesign and slippage from current year included in carry forward as funding is ring-fenced
COVID-19	2	2		0	To support Carers PPE
Scottish Government Ring-Fenced Funding	2,279	1,130	0	1,149	
Bridging Finance					
Budget Savings Reserve	1,434	1,434		0	Will be required to cover savings at risk
In Year Pressures Reserve	165	165		0	Will be required to cover savings at risk
Current Year Projected Overspend	0	0		0	
Prescribing	0	0		0	
Bridging Finance	1,599	1,599	0	0	
Children & Families					
Health Visitors	82	82		0	Applied in full
School Counselling	382	382		0	Projected costs for Family wellbeing project Year 2, request release of balance
Mental Health Recovery Monies	473	473		0	Committed for system wide programme and local care cost
Trauma Informed Practice	100	0		100	Balance of 2 year funding for committed for post, slippage against original start date
Unaccompanied Asylum Seekers Children	9	9		0	Applied in full
Children & Families	1,046	946	0	100	
Transitional Funding					
Community Living Change Fund	254	0		254	To support redesign programme
Total Transitional Funding	254	0	0	254	
Adult Services					
Mental Health Officer/Community Psychology/Capacity	61	61		0	Released to mitigate cost pressures
Care Home Oversight Support and Lead Nurse	77	77		0	Released to mitigate cost pressures
Augmentative & Alternative Communication	104	104		0	Released to mitigate cost pressures
Addictions - Residential Rehabilitation	37	37		0	Released to mitigate cost pressures
Learning Disability Health Checks	32	9		23	Recruitment slippage, committed against posts
Armed Forces Covenant	13	13		0	Applied in full
Wellbeing	45	45		0	Applied in full
Dementia Support	109	109		0	Released to mitigate cost pressures
Telecare Fire Safety	18	0		18	Supports equipment per funding rationale
Total Adult Services	496	455	0	41	
Repairs & Renewals					
Repairs, Furniture and Specialist Equipment	100	50		50	Remaining balance being held to supplement anti-ligature programme and other premises works
Repairs & Renewals	100	50	0	50	
Total All Earmarked Reserves	5,774	4,180	0	1,594	
General Reserves					
East Renfrewshire Council	109	109		0	Released full balance to mitigate cost pressures
NHSGCC	163	163		0	Released full balance to mitigate cost pressures
Total General Reserves	272	272	0	0	
Grand Total All Reserves	6,046	4,452	0	1,594	

East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24
Analysis of Savings Delivery

Saving	2023/24					2024/25	
	Funding Gap £'000	Savings Achieved £'000	On Track £'000	Funded from Reserves £'000	(Over) / Under Achieved £'000	Saving Achieved £'000	(Over) / Under Achieved £'000
HSCP Wide Savings							
Review of Commissioned Services	225	82	-	-	143		143
Further Funding Expected on Pay Award	261	261	-	-	-		-
Living Wage on Pay element of contracts rate only	148	148	-	-	-		-
Limit Use of Support Services to contain cost pressures	219	-	219	-	-		-
Supporting People Framework to Moderate	3,400	209	-	831	2,360	134	3,057
Structure Proposals	928	435	-	493	0	121	372
Allocate Turnover Target 1%	200	200	-	-	-		-
Learning Disabilities							
Sleepover Review	150	150	-	-	-		-
Supported Living	130	67	-	-	63	63	-
Intensive Services							
Efficiencies from Care at Home Scheduling System	75	5	-	70	-		70
Care at Home Review Phase 2	200	-	-	200	-		200
Review of Vacant posts and Associated running costs	179	90	-	107	(18)		89
Children and Families							
Review of Connor Road funding	60	-	-	60	-	60	-
Family Functional Therapy	52	52	-	-	-		-
Residential Costs - review of Care options	226	219	7	-	-		-
Health Improvement - review of service to rationalise	50	-	-	50	-		50
Trauma Informed Practice	-	50	-	-	(50)		(50)
Finance and Resources							
Review of Structure and Processes	296	296	-	-	-		-
Localities							
Rehab Team Mini Restructure	61	-	-	-	61		61
Eastwood localities Team - Mini Restructure	53	-	-	-	53		53
Review of Vacant posts and associated Running Costs	28	150	-	-	(122)		(122)
District Nursing - Vacancy Management	50	-	-	50	-	50	-
New - Tech Enabled Care	-	80	-	-	(80)		(80)
Mental Health and Addictions							
Review of Structure and Care Packages	65	65	-	-	-		-
Total	7,056	2,559	226	1,861	2,410	428	3,843
		36%	3%	26%	34%		

East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24
Budget Virement - ERC Contribution Only

Subjective Analysis	2023/24 Budget Virement					
	Ledger as Last Reported £'000	(1) £	(2) £	(3) £	2023/24 Budget £'000	Total Virement £'000
Employee Costs	28,483	1,069	-		29,552	1,069
Property Costs	975				975	-
Supplies & Services	2,837				2,837	-
Transport Costs	305				305	-
Third Party Payments	50,396	(2)	30		50,424	28
Support Services	2,456	(1)			2,455	(1)
Income	(18,180)		(30)		(18,210)	(30)
Net Expenditure	67,272	1,066	-	-	68,338	1,066

Objective Analysis	2023/24 Budget Virement					
	Ledger as Last Reported £'000	(1) £	(2) £	(3) £	2023/24 Budget £'000	Total Virement £'000
Public Protection - Children & Families	10,780	101	(30)		10,851	71
Public Protection - Criminal Justice	29	14	30		73	44
Adult Health - Localities Services						
Older People	15,487	40			15,527	40
Physical & Sensory Disability	5,400	65			5,465	65
Learning Disability	12,558	67			12,625	67
Adult Health - Intensive Services	14,188	473			14,661	473
Recovery Services - Mental Health	1,943	10			1,953	10
Recovery Services - Addictions	267	15			282	15
Finance & Resources	6,620	281			6,901	281
Net Expenditure	67,272	1,066	-	-	68,338	1,066

Note:

1. Pay Award funding
2. Re-alignment of budget to reflect activity

**East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24
Primary Care Improvement Plan**

Service	Budgeted Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Pharmacy Support	1,064	1,064	-
Advanced Nurse Practitioners - Urgent Care	183	183	-
Advanced Practice Physiotherapists	204	204	-
Community Mental Health Link Workers	85	85	-
Community Healthcare Assistants / Treatment Room *	589	589	-
Vaccine Transformation Programme	628	628	-
Programme Support / CQL / Pharmacy First	241	241	-
Total Cost	2,994	2,994	-
Funded by:			
In Year Maximum Funding Allocation		2,366	
Reserve - Opening Balance		628	
Total Funding		2,994	
Surplus/Deficit		-	

**East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24
Mental Health Action 15**

Service	Budgeted Programme Costs	Projected Programme Costs	Projected Variance
	£'000	£'000	£'000
Staff costs - Board wide including Nursing, Psychology and Occupational Therapy	293	293	0
Programme Support	29	29	0
Staff Costs East Ren HSCP including Psychology, CAMHS and Occupational Therapy	207	207	0
Other - Peer Support Delivery Service	47	47	0
Total Cost	576	576	0
Funded by:			
In Year Maximum Funding		458	
Reserve - Opening Balance		118	
Total Funding		576	
Potential reserve at year end based on current projection		0	

NB Plans to utilise existing reserve being refined, subject to any SG conditions, most prudent assumption until confirmed

**East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24
Alcohol & Drugs Partnership & Local Improvement Funding only**

Service	Budgeted Programme Costs £'000	Projected Programme Costs £'000	Projected Variance £'000
Additional Peer support and Staffing Provision	317	317	-
Additional National Mission uplift	207	207	-
Residential Rehab	189	189	-
MAT Standards	173	173	-
Whole family Approach framework	55	55	-
Lived and Living Experience	24	24	-
Taskforce Response Fund	84	84	-
Alcohol Brief Interventions	25	25	-
Early Intervention - Youth Outreach	30	30	-
Whole Family Support Activity	45	45	-
Recovery Hub Development	500	11	489
Total Cost	1,649	1,160	489
Funded by:			
In Year Maximum Funding		798	
Reserve - Opening Balance		851	
Total Funding		1,649	
Potential reserve at year end based on current projection		489	

NB Plans to utilise existing reserve are in place and include committed spend for future years - also includes Programme for Government spend which has now been baselined

East Renfrewshire HSCP - Revenue Budget Monitoring 2023/24
ERC Funded Covid Reserves Activity

Appendix 11

Initiative	2023/24 Funding £'000	Comments
Development of Talking Points	48	Post recruited
Recovery Café spaces in health centres	10	In place
HSCP winter staff to cover frontline service continuity	250	In place
Go-bags for Domestic Abuse Survivors	2	In place
Support to Fostering households	11	Payments to support foster carers have been made
HSCP staff wellbeing programme - extension	24	Programme in place to March 2024, post extended per November funding
Justice Social Work - reducing backlog of Unpaid Work Hours	5	In place
Justice Social Work - materials for Unpaid Work Service to increase output	4	In place
Carers Support	80	Post recruited and other supports in place
Housing Support for young people	43	Post recruited
Mental Health Support for Children	50	In place
Healthier Minds Hub - Children & Young People's Mental & Emotional Wellbeing	74	In place
Recovery support for Domestic Abuse Survivors	37	Programme being delivered with partner
Additional Support Needs - transition to adulthood	91	Posts recruited
Young people affected by drugs and alcohol	43	Post recruited
Social Work support to vulnerable families at Christmas	10	In place
Further funding agreed by East Renfrewshire Council in November 2023:		
Extend wellbeing officer post to March 2024	15	In place
Social Work support to vulnerable families at Christmas	2	Increased from £10k to £12k, in place
Aftercare Christmas support for young people	9	In place
Childrens Occupational Therapist post for 12 months	45	Recruitment process started
Sub Total Initiatives	853	
Wider Covid pressure support	687	To support ongoing challenges across services
Total All Funding	1,540	

Please note that where project activity or recruitment started later in the year the balance will be taken forward in order to deliver the full programme.

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board	
Held on	27 March 2024	
Agenda Item	8	
Title	HSCP Savings, Recovery and Renewal Programme	
Summary		
The purpose of this report is to update the Integration Joint Board on the HSCP Savings, Recovery and Renewal Programme.		
Presented by	Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)	
Action Required		
Members of the Integration Joint Board are asked to note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme.		
Directions	Implications	
<input checked="" type="checkbox"/> No Directions Required	<input checked="" type="checkbox"/> Finance	<input checked="" type="checkbox"/> Risk
<input type="checkbox"/> Directions to East Renfrewshire Council (ERC)	<input type="checkbox"/> Policy	<input type="checkbox"/> Legal
<input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)	<input type="checkbox"/> Workforce	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Directions to both ERC and NHSGGC	<input type="checkbox"/> Equalities	<input type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD**27 March 2024****Report by Chief Officer****HSCP SAVINGS, RECOVERY AND RENEWAL PROGRAMME****PURPOSE OF REPORT**

1. The purpose of this report is to update the Integration Joint Board on the HSCP Savings, Recovery and Renewal Programme.

RECOMMENDATION

2. It is recommended that the Integration Joint Board note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme.

BACKGROUND

3. The Savings, Recovery and Renewal programme provides information to the IJB across three levels:
 - Strategic: projects that cover HSCP wide activity
 - Service: projects specific to one area/service
 - Operational Deliveries: activities at a service level not related to significant change.

REPORT

4. Since the last report to the IJB in January the programme has continued to progress. Appendix 1 provides a detailed update on individual projects. By exception the updates are detailed below.
5. **Supporting People Framework** – as advised at the recent seminar the progress in 2023/24 was not as expected, hence the red project status. We believe the scrutiny work supports that savings can be delivered as modelled and the lack of saving was a result of implementation and culture changes taking longer than hoped for. The saving has been profiled for 2024/25 and progress will be reported to the IJB throughout the year.
6. **Case Recording Replacement System project** – the contract for this activity has now been awarded and the Mosaic system implementation work has commenced. The implementation timetable for this project is challenging but still considered achievable by the project end date.
7. **Care at Home Review Phase 2** – this project continues to progress however recruitment remains a significant challenge and this is reflected in the timelines and project deliverables, hence the amber rating. There remains continued focus on delivering key workstream activities including frontline staff recruitment and external provider engagement. Review activity has also increased. Weekly meetings remain in place to review progress, given the significant financial and operational challenges this service is experiencing.

8. **Income Generation** - the short life working group will continue to consider income generation opportunities for the HSCP and will meet again in the coming weeks. The group last met on 4 December 2023 and a paper has recently been issued which will form the basis of the next discussion.
9. **Planned Projects** – the project briefs and initial scoping for telephony works and the review of transport are complete and will be taken through the agreed governance process. Both projects tie in with invest to save initiatives that will be considered to support the delivery of recurring savings.
10. The project team are supporting a short life piece of work for prescription management assistance in our Recovery Services.
11. **Financial Implications** - the savings target for 2023/24 is £7.056 million, Appendix 2 provides a breakdown of the detail showing progress by saving. As previously agreed a broad de-minimus of £50k has been used so that smaller savings are amalgamated.
12. The appendix can be summarised as follows:

Savings Progress	£ million	%
Achieved to date	2.559	36%
On track to be achieved	0.226	3%
Funded from reserves	1.861	26%
Under Achieved in 2023/24	2.410	35%
Total	7.056	

13. The shortfall has not changed significantly since last reported in the current year, with the shortfall in supporting people being the most significant factor. When we consider the level of planned reserves supporting the programme in the current year this shortfall from under achievement adds additional pressure to 2024/25.
14. As reported elsewhere the outcome of the initial scrutiny work on supporting people framework reviews has shown that the modelled savings should still be achieved but now re-profiled.
15. The final outturn for the year will determine the absolute shortfall and the current expectation is a pressure of c£3.8 million in the 2024/24 budget.

CONSULTATION AND PARTNERSHIP WORKING

16. Representation from staff, those who use our services, staffside representatives and partner providers will continue to be invited onto projects as appropriate.

IMPLICATIONS OF THE PROPOSALS

Finance

17. The unachieved savings from 2023/24 have been factored into the 2024/25 proposed budget.

Equalities

18. We will undertake Equality, Fairness and Rights Impact Assessments where required.

Risk

19. There remains significant financial risk from the supporting people savings not being achieved on a recurring basis by 31 March 2024. This will continue to be monitored at the most detailed level during 2024/25.

Workforce

20. There are no specific workforce issues arising as result of this paper and savings relating to staffing are discussed through our HR Sub-Group, Joint Staff Forum and other appropriate governance.

21. There are no legal, policy or infrastructure implications arising as a result of this paper.

DIRECTIONS

22. There are no directions arising from this report.

CONCLUSIONS

23. The Savings, Recovery and Renewal Programme is continuing to progress and will be reported to each meeting of the IJB.

RECOMMENDATIONS

24. It is recommended that the Integration Joint Board note and comment on the progress of the HSCP Savings, Recovery and Renewal Programme

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)

Lesley.Bairden@eastrenfrewshire.gov.uk

0141 451 0749

Chief Officer, IJB: Julie Murray

12 March 2024

BACKGROUND PAPERS

IJB Paper: 31 January 2024 – Item 8 Savings, Recovery and Renewal Programme

https://www.eastrenfrewshire.gov.uk/media/9960/IJB-Item-09-31-January-2024/pdf/IJB_Item_09_-_31_January_2024.pdf?m=1705939879397

Appendix 1 - Project Timelines and Summaries as at 14 March 2024

LIVE PROJECTS				
Project	Project Owner	Project Start Date	Project End Date	RAG Status
L1: Learning Disability Development	Tom Kelly	August 2022	December 2024	AMBER
L2: Case Recording System (CareFirst) Replacement	Lesley Bairden	April 2022	April 2025	GREEN
L3: Information Governance and Data Cleansing	Raymond Prior	November 2022	October 2024	GREEN
L4: Review of Commissioned Services	Margaret Phelps	November 2022	November 2026	GREEN
L5: Care at Home Review Phase 2	Julie Murray	July 2023	June 2024	AMBER
L6: Supporting People Framework	Tom Kelly, Lee McLaughlin, Raymond Prior	April 2023	March 2024	RED
L7: HSCP Transport/Vehicle fleet review	Lesley Bairden	March 2024	September 2024	GREEN

PLANNED PROJECTS				
P1: EMIS / Prescription Management Assistance	Mary Wilson	March 2024	TBC	

FUTURE PROJECTS				
Project	Project Owner	Expected Project Start Date	Project End Date	RAG Status
F1: Review of Telephony Systems	Mairi-Clare Armstrong	April 2024	November 2024	

LIVE PROJECTS SUMMARY

Project Title	L1 – Learning Disability Development
Project Owner	Tom Kelly
Purpose - what do we want to achieve	<ul style="list-style-type: none"> To undertake an extensive review of our current approach to supporting those who use our Learning Disability support services and introduce a modern integrated service that puts the needs of those who use our services at the heart of what we do, whilst identifying viable and sustainable options for creating efficiencies in service provision. The project will encompass a review of the overnight support service ('sleepovers'), facilitating a fresh assessment of overall support needs, and looking at ways of utilising modern technology to provide personalised support alternatives, introducing less intrusive and more efficient methods of meeting assessed need and managing more successful and fulfilling outcomes. The project will also build upon the work carried out in relation to Phase 1 of the remobilisation of day opportunities following the enforced COVID-19 service suspension of these services. The review will provide the opportunity to assess how the reintroduction of both building based and outreach services can be individualised and provide a better fit with a modernised integrated Learning Disability support service.
Expected Outcomes – Non financial	<ul style="list-style-type: none"> Ensuring those that who use our learning disability service are supported and encouraged to thrive with enhanced day opportunities The creation of a modern, integrated and efficient support service
Expected Outcomes – financial	<p>Indicative savings are:</p> <ul style="list-style-type: none"> 2022/23: £200k (not achieved) 2023/24: £300k (£217k achieved to date) 2024/25: £100k (£63k additional full year effect)
Current Update	<ul style="list-style-type: none"> Option 1 reviews to continue. 25% of reviews are completed and can be redone from January 2024. 43 reviews currently allocated to staff. Delay in progress for overnight support reviews due to lack of resources and other issues within SOL. Consultation underway regarding the SOL framework rates. Exploration of alternative service provision is underway Community Pathways: <ul style="list-style-type: none"> Training for pool plant operators has stalled and plans to agree how this will operate have been postponed. Rooms set up on the system and terms and conditions to be submitted to DMT for approval 6/3/24, will proceed with implementation and use of system.
Next Steps	<ul style="list-style-type: none"> Reviews will continue to be undertaken Training continues for Community Pathways Team for SSSC registrations Ongoing liaison with partner provider regarding monitoring and future use Exploration of alternative solutions for replacing SOL Connect
RAG Status	AMBER
Timeline	18 August 2022 – 16 December 2024

Project Title	L2 - Case Recording System Replacement
Project Owner	Lesley Bairden
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • The HSCP Case Management solution is the mechanism by which HSCP staff record and capture information relating to those who use our services. • To procure and implement a new comprehensive case management solution for the recording and management of service user information and case recording within all aspects of Social Work managed by the HSCP
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • A system that can be accessed and updated from anywhere on any device • Lean and person-centred recording processes • Data as an asset- using data available to drive future service improvement
Expected Outcomes – financial	<p>Indicative savings are:</p> <ul style="list-style-type: none"> • 2024/25: £75k • 2025/26: £75k
Current Update	<ul style="list-style-type: none"> • Evaluation of both supplier bids received from ITT closed on 31 October 2023 – Timescale for evaluation over-ran by 8 weeks – due to amount of work involved and resultant staff time commitment to this work. • Project Board approved preferred bidder status for The Access Group on 12 January 2024, following recommendation from ERC Procurement as a result of the outcome of the tender evaluation exercise. • Project Board has also now approved timeline change caused by delay in tender evaluation. ‘Go-live’ date deadline now extended to 01 April 2025. • Contract offer letter issued, and ‘regret’ letter sent to unsuccessful bidder. • Work has now commenced on ‘bulk deletion’ of all records on CareFirst system no longer required in line with ERC data retention policy and GDPR. • Liaison work continuing with BO&P colleagues with regards to the simultaneous deletion of related obsolete data contained within the Information at Work records management system. • Work commenced on agreeing implementation team resource– proposal will be put to next Project Board meeting for approval and will be monitored by the Social Work Practice sub-group, which continues to act as project assurance from a practitioner/system user perspective.
Next Steps	<ul style="list-style-type: none"> • Planning for implementation now underway. • New supplier will be invited to join Project Board as Senior Supplier. • Conclude discussions on Project Implementation Team resource, and commence implementation work.
RAG	GREEN
Timeline	20 April 2022 – 30 April 2025

Project Title	L3: Information Governance and Data Cleansing
Project Owner	Raymond Prior
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Implement a robust approach to information governance across the HSCP ensuring statutory duties are met • Embed good information governance practices into business-as-usual activity • Ensure staff have the training and information to manage associated risk accordingly • Fully prepared for a transition to a new case recording system and online collaboration tools such as One Drive.
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • HSCP has a defined approach to information governance • HSCP processes are reviewed to ensure information governance requirements are adhered to • Reduced risks of data breaches and potential Information Commissioner fines
Expected Outcomes – financial	<ul style="list-style-type: none"> • There are no expected financial outcomes as a result of this project.
Current Update	<ul style="list-style-type: none"> • Review of physical files at Thornliebank now completed except Finance (resource issue) • Review of files on DVDs and CDs now complete • Work in progress with both NHS and Council files at St Andrews Houses • Home Care Dairies are being scanned into Information at Work system while backlog of old dairies is being sorted for easy access • Work is in progress with electronic files. This includes Scan files saved on old system • First chat/training on Record management/IAR completed • Review of access databases completed
Next Steps	<ul style="list-style-type: none"> • Complete review of Thornliebank physical files related to Finance • Complete Phase 2 review work (electronic files) • Save and review Scan files on I-Drive • Complete the review of files at St. Andrew's House • Complete work on Indexing and logging old Home Care dairies location for destruction in line with retention policy • Review issues of staff shortage impacting scanning of Home Care Dairies • Agree action on Record Management/IAR training as this may impact work process
RAG	GREEN
Timelines	16 November 2022 – 31 October 2024

Project Title	L4: Review of Commissioned Services
Project Owner	Margaret Phelps
Purpose - what do we want to achieve	<ul style="list-style-type: none"> To review a number of arrangements to ensure we are maximising all framework and contractual opportunities
Expected Outcomes – Non-financial	<ul style="list-style-type: none"> Resilience in local partnership working
Expected Outcomes – financial	<p>An indicative saving of:</p> <ul style="list-style-type: none"> 2022/23 - £75k (achieved) 2023/24 - £225k (£82k achieved to date) and balance will come from supporting people activity 2024/25 – nil target recognising crossover with supporting people framework
Current Update	<ul style="list-style-type: none"> Reviews of grants are continuing Working group established to liaise on grants reviews Grant funding review underway in two stages initial universal reduction and further service specific discussions to support savings delivery.
Next Steps	<ul style="list-style-type: none"> Refocus of work streams in light of Supporting People Framework continues Continue with work around grant funding
RAG	GREEN
Timelines	November 2022 – November 2026

Project Title	L5: Care at Home Review Phase 2
Project Owner	Julie Murray
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Structure redesign • Defined offering to the external marketplace • An operating model that is effective and efficient • Care at Home and Telecare services aligned, and cross service opportunities maximised
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • A sustainable, resource and cost-efficient operating model
Expected Outcomes – Financial	<p>Indicative savings are:</p> <ul style="list-style-type: none"> • 2022/23 - £100k (not achieved) • 2023/24 - £200k (not achieved to date) • 2024/25 - £200k potential re-profile proposed as part of 24/25 budget
Current Update	<ul style="list-style-type: none"> • Jobs evaluation activity completed • Frontline staff recruitment and induction focus continues - planning for new recruitment campaign with fresh message and imagery is being progressed • Engagement underway with local colleges to promote our frontline care vacancies and support students with applications and interviews • Data gathering exercise conducted with external providers to support prioritisation of reviews of care packages • Experienced team of reviewers recruited, and they are progressing the external provider package reviews in alignment with Supporting People Framework criteria
Next Steps	<ul style="list-style-type: none"> • Continue frontline staff interviewing and on-boarding activities • Develop and implement new recruitment promotion campaign • Continue to drive progression of the external provider review activity • Finalise agreement of proposed structure and cost calculations • Agree approach for implementation of new structure in conjunction with key stakeholders
RAG	AMBER
Timeline	July 2023 to June 2024

Project Title	L6 – Supporting People Framework
Project Owner	Tom Kelly, Lee McLaughlin, Raymond Prior
Purpose - what do we want to achieve	<ul style="list-style-type: none"> To adopt a formalised eligibility criteria for social care in response to the highly challenging current financial position facing the HSCP To carry out reviews of care packages across all services to identify savings and efficiencies where possible
Expected Outcomes – Non financial	<ul style="list-style-type: none"> Streamlined and uniformed approach to assessment and service provision based on need.
Expected Outcomes – financial	<ul style="list-style-type: none"> 2023/24 - £3.4m (£209k to date with £343k full year effect)
Current Update	<ul style="list-style-type: none"> Developed a professional peer review group and extended the membership to include Voluntary Action and talking points. This group considers outcomes of all reviews and provides a place for colleagues to get advice and support. Refresher training commenced on SPF for substantial and critical needs. Head of service to chair weekly REG to provide oversight and scrutiny. New review team set up to oversee recent cases where no change has been made. RAG responses received from providers and review work allocated within Homecare review team on the basis of the RAG allocation Work is underway to develop an online self-assessment resource, based upon the SPF, to help direct individuals to early interventions in the community and manage expectations.
Next Steps	<ul style="list-style-type: none"> A full review of the adult assessment and procedures is planned to address any areas of improvement required. The project group continue to work with individual teams and service managers to address the impact of the new forms and identify any improvements and changes required to support practice.
RAG	RED
Timeline	April 2023 to March 2024

Project Title	L7 – HSCP Transport/Vehicle Fleet Review
Project Owner	Lesley Bairden
Purpose - what do we want to achieve	<ul style="list-style-type: none"> • Working in conjunction with ERC Environment services and NHS transport, carry out a full review of all vehicles used by HSCP. This work will also form part of a wider ERC review of all ERC vehicle usage following on from a recent report approved by ERC CMT. • Benchmark with comparable partnerships across NHSGGC to pick up on any lessons learned. • Assess potential for reduction of vehicles and rationalising the split of usage between purchased and leased vehicles. • Carry out process analysis on use of vehicles by Care at Home staff to assess where more efficient use of vehicles could increase productivity in terms of visits capacity. • Review vehicle requirements for Bonnyton Care Home and Telecare staff and assess as to whether we currently have the best fit in these areas. • Assess current lifecycle and running costs of existing HSCP vehicle fleet and • Inform future planning of how to best replace ‘internal combustion’ vehicles with electric vehicles in line with ERC ‘Get to Zero’ commitment, whilst ensuring the most economical transition for the partnership. • Assess the viability of minibus use for the Learning Disability service.
Expected Outcomes – Non financial	<ul style="list-style-type: none"> • Currently still being scoped, but expected to create a more viable and economical use of HSCP vehicle fleet that best meets the needs of the partnership and those who use our services.
Expected Outcomes – financial	<ul style="list-style-type: none"> • Potential savings not known at this stage
Next Steps	<ul style="list-style-type: none"> • Provide a report on scoping exercise and initial progress to Savings, Recovery & Renewal Programme Board/DMT
RAG	GREEN
Timelines	March 2024 –August 2024

PLANNED PROJECTS

Project Title	P1 – EMIS / Prescription Management Assistance
Project Owner	Mary Wilson
Purpose - what do we want to achieve	<ul style="list-style-type: none"> Review and capture end to end process for Prescription Management Provide support and guidance for Business Support staff to assume the task of Prescription Management Ensure guidance and guide for process is readily available to cover any staff absence
Expected Outcomes – Non financial	<ul style="list-style-type: none"> Re-defined end to end process for Prescription Management Business Support take ownership of process
Expected Outcomes – financial	<ul style="list-style-type: none"> Potential savings not known at this stage
Next Steps	<ul style="list-style-type: none"> Kick-off meeting with team who has taken on Prescription Management process. Date provisionally set for 11 March 2024.
Timelines	March 2024 – TBC

FUTURE PROJECTS

Project Title	F1 – Review of Telephony Systems
Project Owner	Mairi-Clare Armstrong
Purpose - what do we want to achieve	<ul style="list-style-type: none"> Delivery of a unified telephony system that supports and enhances service delivery A telephony system that supports hybrid working and future technological developments Access to telephony and communications data reports
Expected Outcomes – Non financial	<ul style="list-style-type: none"> A modern, flexible telephony and communications system Technology that supports hybrid working and enables further integration across health and social care A solution that enables HSCP to provide a better experience for those who contact the partnership Access to data which enabling HSCP to understand telephony data, demands and trends that can be used to influence future service redesign
Expected Outcomes – financial	<ul style="list-style-type: none"> Potential savings not known at this stage
Next Steps	<ul style="list-style-type: none"> Project Mandate submitted to SR&R Programme Board for consideration – await response.
Timelines	April 2024 – October 2024

BLANK PAGE

Saving	2023/24					2024/25	
	Funding Gap £'000	Savings Achieved £'000	On Track £'000	Funded from Reserves £'000	(Over) / Under Achieved £'000	Saving Achieved £'000	(Over) / Under Achieved £'000
HSCP Wide Savings							
Review of Commissioned Services	225	82	-	-	143		143
Further Funding Expected on Pay Award	261	261	-	-	-		-
Living Wage on Pay element of contracts rate only	148	148	-	-	-		-
Limit Use of Support Services to contain cost pressures	219	-	219	-	-		-
Supporting People Framework to Moderate	3,400	209	-	831	2,360	134	3,057
Structure Proposals	928	435	-	493	0	121	372
Allocate Turnover Target 1%	200	200	-	-	-		-
Learning Disabilities							
Sleepover Review	150	150	-	-	-		-
Supported Living	130	67	-	-	63	63	-
Intensive Services							
Efficiencies from Care at Home Scheduling System	75	5	-	70	-		70
Care at Home Review Phase 2	200	-	-	200	-		200
Review of Vacant posts and Associated running costs	179	90	-	107	(18)		89
Children and Families							
Review of Connor Road funding	60	-	-	60	-	60	-
Family Functional Therapy	52	52	-	-	-		-
Residential Costs - review of Care options	226	219	7	-	-		-
Health Improvement - review of service to rationalise	50	-	-	50	-		50
Trauma Informed Practice	-	50	-	-	(50)		(50)
Finance and Resources							
Review of Structure and Processes	296	296	-	-	-		-
Localities							
Rehab Team Mini Restructure	61	-	-	-	61		61
Eastwood localities Team - Mini Restructure	53	-	-	-	53		53
Review of Vacant posts and associated Running Costs	28	150	-	-	(122)		(122)
District Nursing - Vacancy Management	50	-	-	50	-	50	-
New - Tech Enabled Care	-	80	-	-	(80)		(80)
Mental Health and Addictions							
Review of Structure and Care Packages	65	65	-	-	-		-
Total	7,056	2,559	226	1,861	2,410	428	3,843
		36%	3%	26%	34%		

BLANK PAGE

AGENDA ITEM No. 9



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	27 March 2024
Agenda Item	9
Title	East Renfrewshire Suicide Prevention Strategy and Action Plan 2024- 2027
<p>Summary</p> <p>Presentation of East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027.</p> <p>Following the publication of the national Suicide Prevention Strategy and Action Plan 2022-2032 “Creating Hope Together”, national requirements for local authority areas to develop and implement their own local strategy and action plan were initiated.</p> <p>Local consultation was completed in Autumn 2022 to both promote Creating Hope Together and consult on local priorities for East Renfrewshire communities in relation to mental health and wellbeing and suicide prevention.</p> <p>This report presents the outcome of local consultation and data analysis via our local suicide prevention principle, priorities and action plan.</p>	
Presented by	Tom Kelly, Head of Adult Service: Learning Disability and Recovery Services
<p>Action Required</p> <p>The Integration Joint Board is asked to approve the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027.</p>	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input type="checkbox"/> Finance <input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Policy <input type="checkbox"/> Legal</p> <p><input checked="" type="checkbox"/> Workforce <input type="checkbox"/> Infrastructure</p> <p><input checked="" type="checkbox"/> Equalities <input checked="" type="checkbox"/> Fairer Scotland Duty</p>

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

27 March 2024

Report by Chief Officer

East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027

PURPOSE OF REPORT

1. The purpose of this report is to present the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027 to Integration Joint Board members for approval.

RECOMMENDATION

2. The Integration Joint Board is asked to approve the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027.

BACKGROUND

3. East Renfrewshire Suicide Prevention Strategy and Action Plan 2024 - 2027 has been developed following the publication of the national strategy and action plan "Creating Hope Together"; a joint strategy between Scottish Government and COSLA. This national strategy leads the way for development of local strategies and action plans across all local authority areas in Scotland. Locally our strategy and action has been developed following analysis of both local, board wide and national evidence based data including reviews of local Sudden Adverse Events (SAER). This data alongside engagement and consultation with partners, stakeholders and community members has provided insight and evidence into the local priorities and needs for East Renfrewshire in relation to suicide prevention activity and action. Data collation, analysis and evaluation alongside community engagement are integral to this plan both now and for future planning.

REPORT

4. The delivery of this strategy and action plan is integral to our role as a Health and Social Care Partnership (HSCP), supporting local individuals and communities as well as the wider NHS Greater Glasgow and Clyde (NHSGGC) board and national outcomes. This is East Renfrewshire's first suicide prevention strategy in ten years and is the first strategy to jointly support mental health and wellbeing, self-harm and suicide prevention across East Renfrewshire.
5. This strategy and action plan will reinstate longer term planning approaches to support our suicide prevention work. With this in mind our local plan will be guided by local data, continued monitoring and evaluation and will follow an all age, all stage approach.
6. East Renfrewshire has the lowest number of deaths by suicide across Scotland, although this is positive, every death is a tragedy and reminder of the work to be done to support

suicide prevention. Local analysis of suicide deaths over the five year period from 2018 to 2022, highlights males to be an at risk group with 80% of the individuals who died over this period being male. Adults, specifically older adults aged 55-75 years are shown in local data to be an at risk group. Locally, there is no consistent trends in relation to the Scottish Index of Multiple Deprivation (SIMD) of those who have died, highlighting poor mental health and suicide can impact all individuals regardless of SIMD status.

7. The long term vision for this strategy is: **Good Mental Health and Wellbeing for All**. We aim to achieve via our principle of **Collaboration** and main priorities including:
 - Development of Suicide Prevention Network
 - Education
 - Communications
 - Community Development / Lived Experience
 - Data Collection / Analysis
8. As mentioned above, the principle of collaboration and partnership working will be key in driving this work forward. Our HSCP Community Mental Health Team and Alcohol and Drugs Recovery Services supported 1,842 local residents during the period April 2022 to March 2023. Our local services provide quality care and support for those in need and whom may be at increased risk of suicide. This being said, local data highlights that only one third of individuals who have died by suicide have been known to services and therefore confirms our principle of collaboration and partnership working. The need for a community wide approach is critical in relation to awareness raising, training and capacity building.
9. The East Renfrewshire Suicide Prevention strategy and action plan will also align closely with the NHSGGC Mental Health Strategy 2023-2028 and supports the same principles and priorities such as partnership working, workforce education and prevention focus. Locally we will continue to work in partnership with NHSGGC and wider partners to achieve the best outcomes for East Renfrewshire residents and communities. As we aim to increase community access and support while embracing significant financial challenges we require improved collaboration and partnership working to allow us to deliver quality services while improving health and wellbeing across East Renfrewshire.
10. Progress reports on the strategy and action plan will be provided on a six monthly and annual basis to IJB, Cabinet, Community Planning and HSCP SMT amongst others.

CONSULTATION AND PARTNERSHIP WORKING

11. Following the launch of “Creating Hope Together”, East Renfrewshire hosted two suicide prevention consultation workshops where 60 staff and partners engaged on local priorities in relation to mental health and wellbeing and suicide prevention. The workshops were facilitated by the HSCP Recovery service and national partner, Scottish Action for Mental Health (SAMH). Partners attended from a variety of organisations including social work, education, police, Carer’s Centre and RAMH as well as some lived experience members.

12. It is acknowledged that ongoing data analysis and consultation is required through the course of this plan to ensure local voices are heard and local need met. Consultation events have continued over the last few months with RAMH Recovery group, young people via Education and plans are in place to consult with local veterans in the coming months. Data will continually be analysed from multiply partners such Public Health Scotland, NHSGGC, British Transport Police as well as local services such as employment and mental health services to allow trends to be monitored.
13. Locally a multi-disciplinary suicide prevention network has been established with 35 members who meet on a bi monthly basis to discuss local development and progress. Following the agreement of the five priority areas, three sub groups with multi-disciplinary partners were established to lead and deliver on the following areas:
 - Education / Training
 - Communication Planning
 - Community Development

IMPLICATIONS OF THE PROPOSALS

Finance

14. There are no financial implications to the Suicide Prevention Strategy and Action Plan. The actions and outcomes will be achieved in collaboration between partners across East Renfrewshire utilising existing resources. Nationally the Scottish Government committed to doubling their funding for Suicide Prevention to £2.8 million; it is understood discussions are ongoing in relation to the distribution of funding.

Workforce

15. Workforce development and training has been highlighted as a priority area.

Equalities and Fairer Scotland Duty

16. An Equalities, Fairness and Rights Impact Assessment (EFRIA) was undertaken as part of the strategy development. This process found that the strategy seeks to have a positive impact across all population groups who may be at risk of suicide or poor mental health while recognising those groups at increased risk (e.g. due to socio-economic deprivation, other health conditions, age or gender). Some targeted initiatives will be required to support the health and wellbeing of at risk groups and ensure projects take into account the needs of equalities groups.
17. There are no policy, legal, infrastructure or risk implications associated with this strategy.

DIRECTIONS

18. There are no directions arising from this report.

CONCLUSIONS

19. The purpose of the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-27 is to set out our vision and strategic priorities for the reduction of deaths by suicide across East Renfrewshire, improving the mental health and wellbeing of residents and communities and creating a suicide safe area with well-informed staff and communities.
20. The strategy will support HSCP strategic objectives as well as NHSGGC policy and national priorities and will include a robust approach to monitor delivery and measuring outcomes and impacts.
21. The principle of collaboration and partnership working amongst multiple, cross agency partners will allow action and outcomes to be achieved with no financial funding; critical to improving health and wellbeing and reducing inequalities in health across East Renfrewshire in the current financial climate.
22. Following approval, the Strategy and Action Plan will be published and widely promoted and shared across HSCP, Council and wider partners in East Renfrewshire. A bi-annual and annual report will be produced to share progress and mark outcomes against the action plan.

RECOMMENDATIONS

23. The Integration Joint Board is asked to approve the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027.

REPORT AUTHOR AND PERSON TO CONTACT

Claire Blair, Health Improvement Lead - Mental Health and Recovery
claire.blair@eastrenfrewshire.gov.uk ; 0771783287

Chief Officer, IJB: Julie Murray

5 March 2024

BACKGROUND PAPERS

Creating Hope Together- National Suicide Prevention Strategy 2022-2032

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/09/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/documents/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/govscot%3Adocument/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032.pdf>

Creating Hope Together Suicide Prevention Action Plan 2022-2025

<https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-action-plan-2022-2025/>

Equality, Fairness and Rights Impact Assessment (EFRIA) March 2024

<https://www.eastrenfrewshire.gov.uk/article/6446/Suicide-Prevention-Strategy-Equality-Fairness-and-Rights-Impact-Assessment>

BLANK PAGE



East Renfrewshire Suicide Prevention Strategy & Action Plan 2024 - 2027

Creating a Suicide Safe East Renfrewshire, free of stigma through awareness raising, education and community based partnership working.

Creating Hope Together Across East Renfrewshire

Some of the content in this strategy may have an emotional impact on you. Support is always available; please see below some sources of support.

Mind to Mind

If you're feeling anxious, stressed or low, or having problems sleeping or dealing with grief, find out how you can improve your mental wellbeing by hearing what others have found helpful by visiting <https://www.nhsinform.scot/mind-to-mind/>

Breathing Space

Breathing Space is Scotland's free, confidential listening service for individuals over 16 experiencing symptoms of low mood, depression or anxiety. You can contact them on **0800 83 85 87** Monday to Thursday from 6pm to 2am and 24 hours a day at weekends (from 6pm Friday to 6am Monday).

Samaritans

Samaritans provide confidential, non-judgemental emotional support 24/7 for people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning **116 123** or emailing jo@samaritans.org

NHS 24 Mental Health Hub

NHS 24 mental health services are available to everyone in Scotland. The services available include listening, offering advice and guiding you to further help if required. The Mental Health Hub is open 24/7 and you can contact them on **111**.

Introduction

The last few years have been unprecedented times with the Covid-19 pandemic, and much of our work over the last few years has been in response to the local impact. Adapting our communications and training delivery to more online formats, supporting partner organisations, raising awareness of the variety of support available for mental health while acknowledging the impact that Covid-19 has had on the wellbeing of our communities. As we move away from our reactive response initiated by Covid, we aim to reinstate longer term planning approaches to support our suicide prevention work. With this in mind, our action plan will be guided by local data, local consultation and continued monitoring and evaluation, while being supported by NHS Greater Glasgow and Clyde (NHSGGC) and national partners such as Public Health Scotland and COSLA.

Three years on the Covid pandemic is over, however the impact on mental health and wellbeing will be long lasting and it should be noted that the current socio-economic issues and the cost of living crisis is exacerbating many of the risk factors that we know contribute to poor mental health and suicidal thoughts.

East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027, has been developed following the publication of the national strategy and action plan “**Creating Hope Together**” - a joint strategy between Scottish Government and COSLA. This national strategy leads the way for development of local strategies and action plans across all local authority areas in Scotland. Locally our strategy and action plan has been developed following analysis of both local, board-wide and national evidence-based data including reviews of local Sudden Adverse Events (SAER). This data alongside engagement and consultation with partners, stakeholders and community members has provided insight and evidence into the local priorities and needs for East Renfrewshire in relation to suicide prevention activity and action. Data collation, analysis and evaluation alongside community engagement are integral to this plan, both now and for future planning. Therefore, it is acknowledged we have more to do to understand local need and will continue to seek an ongoing dialogue throughout the course of this plan.

East Renfrewshire Profile:

Understanding, analysing and mapping the changes, needs and priorities of our communities will be an integral part of this strategy and our ongoing planning. The information below highlights some of the key factors in the East Renfrewshire Community Profile:

Population

- East Renfrewshire has a population of 96,060 which consists of 52% female, 48% male.
- Adults make up 79% of the population – 20% being older adults who are 65 years and over.

- East Renfrewshire population has grown faster than predicted and faster than the Scottish average as a whole. As more houses are built, more families move into the area and the demand on services is continually increasing.

Locality

- East Renfrewshire has two locality areas: Barrhead and Eastwood. Seventy five percent of residents live within the Eastwood locality.
- East Renfrewshire has 7 data zones out of 122 in the most deprived 20% of Scotland. 5,352 individuals live in these data zones.

Education

- East Renfrewshire has nineteen Early learning Centres, 24 primary schools, 7 secondary schools and 1 Additional Support Needs school.
- The demand for education services increases as more families move into the area and the number of children and young people increases.

Faith

- East Renfrewshire is one of the most ethnically and cultural diverse areas in Scotland with significant Muslim and Jewish communities.

Economy

- 74% of residents are economically active.
- 83% of residents own their own home and 69% have their own car.

Health

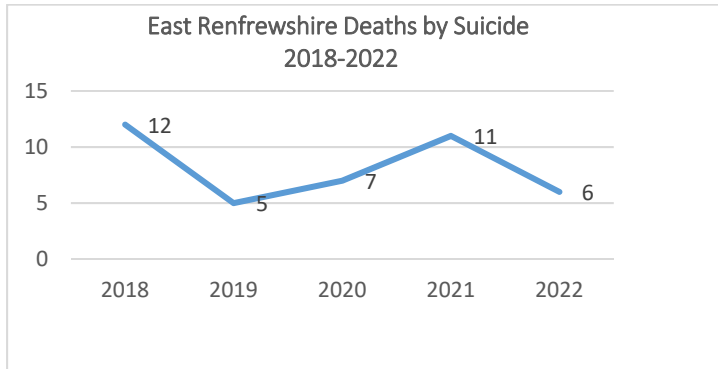
East Renfrewshire has the highest life expectancy in Scotland for women at 84 years and the fourth highest for males at 80 years.

East Renfrewshire Suicide Death Data

East Renfrewshire has the lowest number of deaths by suicide across Scotland. Although this is positive, every death is a tragedy and a reminder of the work to be done to support suicide prevention and enable individuals to maintain and develop positive mental health and wellbeing.

Over the five year period from 2018 to 2022, there were forty one suicides across East Renfrewshire (see annual breakdown in graph one). We know that from the forty one individuals who died over this five year period, eighty percent were male. This local data reflects national data which highlights the rate of male suicide mortality to be 2.9 times as high as that for females. This is also reflective of evidence based data which informs us that males are less likely to attend their GP to seek support. Historically, suicide deaths amongst females in East Renfrewshire have always been low/no deaths, however during the past few years, these numbers have increased. Data from Public Health Scotland has also highlighted an increase in the age range of individuals dying by suicide, specifically males aged 55–75 years, which is also reflected in local data. The impact in terms of deprivation varies locally with no consistent trends, highlighting poor mental health and suicide can impact all areas and populations regardless of socio-economic status. Locally, we will continue to monitor this data closely and update the action plan as and when required to reflect changes in local need.

Graph 1: East Renfrewshire Annual Deaths by Suicide 2018- 2022

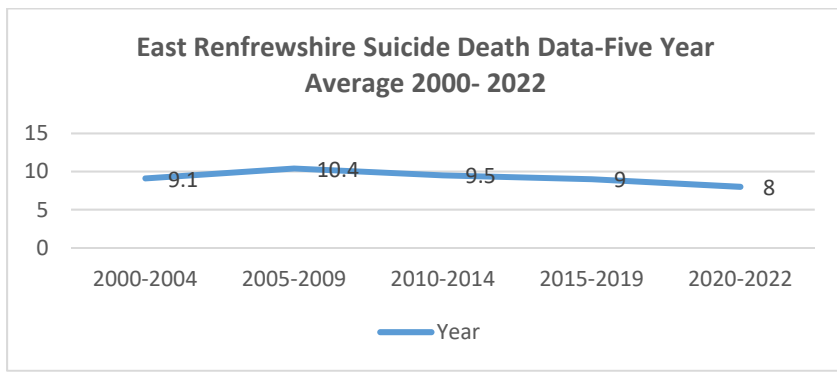


Source *(NRS) National Records Scotland

East Renfrewshire Deaths by Suicide-: Five year Average 2000-2022

Graph two below displays the East Renfrewshire death data in five year averages over a twenty year period from 2000- 2022, our most current data. Analysis of the data over five year periods shows following an increase in the period 2000/2004- 2005/2009 deaths by suicide have consistently reduced. Please note the suicide death data for 2020-2022 is for a three year average as the data for 2023 had not yet been published.

Graph 2: East Renfrewshire Deaths by Suicide – 5 year average 2000- 2022



National Strategy: *Creating Hope Together*

The Scottish Government and COSLA published a joint ten year suicide prevention strategy and three year action plan “**Creating Hope Together**” in September 2022. The national strategy has four priority outcomes: **Environment, Communities, Support and Collaboration**, locally we will aim to meet these outcomes within our local action plan, see breakdown of national outcomes below:

National Outcomes

- 1.) **Environment:** The environment we live in promotes conditions, which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.
- 2.) **Communities :** Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.
- 3.) **Support:** Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely **support** – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
- 4.) **Collaboration:** Our approach to suicide prevention is well-planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

East Renfrewshire Long Term Vision: Good Mental Health and Wellbeing for All

Our vision for this action plan and beyond is to:

1. Reduce the number of suicide deaths in East Renfrewshire.
2. Support the mental health and wellbeing of East Renfrewshire residents at every age and stage of life.
3. Improve partnership working with communities to tackle the inequalities that contribute to poor mental health and suicide.

East Renfrewshire Suicide Prevention: Principle and Priorities

Following consultation, the Suicide Prevention Working Group have identified **Collaboration** as the main principle with five priority areas for the action plan. Our plan advocates suicide prevention as everyone’s business and is therefore a partnership role, which requires awareness, support and contribution by all. Partners and organisations jointly take ownership for the delivery of the plan, involving local communities and individuals with lived experience at all stages where possible.

East Renfrewshire Priority Areas

- 1.) Establish Local Suicide Prevention Network
- 2.) Education / Training
- 3.) Communications
- 4.) Community Development / Lived Experience
- 5.) Data Collection / Analysis

Our initial priority is to establish a multi-disciplinary suicide prevention working group alongside three sub-groups that will lead on three of our priority areas: **Education**, **Communication** and **Lived Experience**. These sub-groups will focus on priority actions and will feed into the main suicide prevention-working group and action plan.

Lived Experience

Following the launch of the national strategy, local workshops were delivered involving staff, partners and community members from across East Renfrewshire to consult on local needs, priorities, services and future planning. Lived Experience involvement and community outreach will be an integral part of this plan and engagement and consultation will be continually sought, analysed and evaluated to aid our action plan delivery. Recent consultation has included five RAMH Recovery Groups and focus groups with young people in education. Consultation with local veterans is planned for the coming months. Locally, we will utilise our local partners such as Voluntary Action East Renfrewshire, RAMH and Barrhead Housing Association to build relationships and engage with and support communities.

NHSGGC Partnership

This action plan will focus on suicide prevention via promotion and improvement of mental health and wellbeing and associated determinants. The action plan will align with national, board wide and local plans such as:

- NHSGGC Mental Health strategy
- Scottish Government Mental Health & Wellbeing strategy
- National Self-Harm strategy
- East Renfrewshire HSCP Strategic Plan (2022-2025)
- East Renfrewshire Children's Plan

The East Renfrewshire Suicide Prevention strategy and action plan aligns closely with the *NHS Greater Glasgow and Clyde Mental Health Strategy - 2023-2028*, and supports the same principles and priorities such as:

- Partnership working and collaboration to create whole systems approach

- Prevention Focused
- Lived Experience – Co Production
- Inequalities Focus
- Workforce Education/ Capacity Building

Locally we will continue to work in partnership with NHSGGC and wider partners to achieve the best outcomes for East Renfrewshire residents and communities. As we aim to increase community access and support while embracing significant financial challenges we require improved collaboration and partnership working to allow us to deliver quality services while improving health and wellbeing across East Renfrewshire.

Age and Stage Approach

This strategy and action plan will support an all age and stage approach, with a range of activity to target individuals at different ages and stages of their lives, from early years to older adults. The Suicide Prevention working group will also aim to target individuals and groups at increased risk of suicide. At-risk groups, although not exhaustive, include: men, people who have previously self-harmed, people with mental illness, those in the criminal justice system, veterans, individuals who identify as LGBTQ+ and people bereaved by suicide.

Finance and Resources

The actions and outcomes will be achieved through collaboration between partners across East Renfrewshire utilising existing resources as well as collaboration across HSCPs on areas such as training.

Governance

Local leadership and accountability for this action plan sits with the local Suicide Prevention Lead, Suicide Prevention Working group, Mental Health and Planning Recovery Planning Group as well as support from NHSGGC, Public Health Scotland, Scottish Government and COSLA. Accountability for suicide prevention as stated within the new national action plan sits with Chief Officers for Public Protection in line with public protection guidance. Annual reports on the action plan will be delivered to the Integration Joint Board, Chief Officer's Public Protection Group and East Renfrewshire Community Planning Partnership Board.

East Renfrewshire Suicide Prevention Action Plan 2024- 2027

Priority Area	Outcomes	Area of Actions
1: Establish Local Suicide Prevention Network	<ul style="list-style-type: none"> • Establish local Suicide Prevention network to develop and lead on East Renfrewshire local suicide prevention plan: 2024 - 2027. • Improve partnership working across multi sectors to create a whole systems approach to support East Renfrewshire local suicide prevention work. • Establish three sub groups with cross sectoral partners to collaborate and coordinate actions over three priority actions : <ul style="list-style-type: none"> ◦ Training / Education ◦ Communications ◦ Community Development / Lived Experience 	<p>Establish a local Suicide Prevention working group with cross sector partners to allow better collaboration and co-ordination of suicide prevention activity and move to a whole systems working model.</p> <p>Through collaboration and joint working with cross sector partners representing the Suicide Prevention working group – explore, develop and increase partnership-working opportunities.</p> <p>Establish sub group with staff / partners from across East Renfrewshire who have specialist skills / knowledge and expertise to support priority areas and outcomes.</p> <p>Review local network representation for both the working group and sub groups on an annual basis to ensure staff with specialist knowledge and skills have opportunity to support the network.</p>
2: Training / Education	<ul style="list-style-type: none"> • Establish Suicide Prevention Training / Education sub group. • Development of Suicide Prevention Training calendar by Suicide Prevention training sub group. • Our staff, partners and communities have a clear understanding of suicide, risk factors and prevention. • Our staff, partners and communities are confident to provide a compassionate and timely response. 	<p>Source representatives with knowledge and expertise in education and training to establish active training sub group.</p> <p>Mapping, scoping and development of Suicide Prevention training calendar which provides training / education opportunities for individuals at all stages of life and with varying skill level.</p> <p>Develop a tailored and targeted learning approach to achieve the greatest system-wide impact.</p> <p>We will raise awareness of suicide prevention and offer learning opportunities and training to a wide audience, including community members.</p>

	<ul style="list-style-type: none"> • Increase confidence of staff, partners and communities in responding to suicidal behaviour and risk. • Provide Education to children and young people via curricular activity which promotes positive mental health, resilience building and coping strategies • Promote local Veteran health and wellbeing supports and resources. • Strengthen partnership working opportunities with national partners such as Scottish Association for Mental Health (SAMH), Samaritans and See Me. • Increase suicide awareness and supports for vulnerable / target groups. 	<p>Develop public awareness of actions to reduce suicide via public awareness training at informed level.</p> <p>Promote and raise awareness of curricular and community early years, primary and secondary wellbeing programmes.</p> <p>Develop Partnership working with HSCP and NHSGG&C Veteran Support Officer to promote and develop local health and wellbeing supports / opportunities for local veterans.</p> <p>Develop partnership working opportunities with national partners to increase collaboration and local opportunities for training and awareness raising.</p> <p>Through training and partnership working with HSCP Trauma Coordinator we will aim to provide a trauma informed approach to suicide prevention.</p>
<p>3: Communications</p>	<ul style="list-style-type: none"> • Establish Suicide Prevention Communications sub group. • Improve and establish regular and consistent local communications/campaigns promoting health and wellbeing resources and supports. • Promote and increase awareness of suicide and mental health activity and resources to support and reduce stigma. • Create compassionate / trauma informed communities. • Improve targeted campaigning via social media and marketing. 	<p>Source representatives with knowledge and expertise in education and training across HSCP to establish active training sub group.</p> <p>Mapping to create Suicide Prevention Directory of local, board wide and national resources.</p> <p>Develop annual communications plan, including priority campaigns such as Suicide Prevention week. This will ensure local campaigns are coordinated national campaigns to maximise reach and impact.</p> <p>Create local communications and campaigns that are consistent and clear, supporting a primary prevention approach. Promoting sources of support for people both in crisis and for promoting good mental health and wellbeing.</p>

	<ul style="list-style-type: none"> • Improve variations of communication methods and in different formats. • Increase community engagement and local promotion of services and supports directly with communities. 	<p>Through our communications and social media work, promoting information, resources and activities that are universally available.</p> <p>Promotion of suicide bereavement supports- local and national</p> <p>Share national updates widely across partners and communities such as new strategies, resources and opportunities.</p> <p>Provide easy-read/ pictorial supports on suicide and suicide prevention to assist with communication needs.</p> <p>Collaborate with local organisations supporting vulnerable/ target groups to increase awareness and knowledge on local and national supports for mental health, suicide prevention and wider determinants.</p>
<p>4: Community Development/ Lived Experience</p>	<ul style="list-style-type: none"> • Establish Suicide Prevention Community Development / Lived Experienced sub group. • Improve our partnership working and engagement across East Renfrewshire in relation to the programme of work for Mental Health Improvement and Suicide Prevention. • Improve engagement and partnerships working with individuals who have lived experience. • Reduce stigma associated with mental health / suicide. • Promote and improve social prescribing across East Renfrewshire. • Develop mentally healthy communities and environments across East Renfrewshire. 	<p>Source representatives with knowledge and expertise in community development / lived experience to establish active sub group.</p> <p>Identify opportunities to work in partnership and advocate for a Public Mental Health approach that include Mental Health in All Policies.</p> <p>Increase engagement and partnership working with partners and communities across East Renfrewshire, utilising third sector link to reach communities.</p> <p>Develop a local network of suicide prevention champions, Including individuals with lived experience where possible.</p> <p>Increase / normalise conversations/ support on mental health as we do physical health through education and increased visibility of mental health services and supports amongst communities.</p> <p>Engage and involve partners and communities to promote “bottom up”, social prescribing approaches via increased community engagement and consultation.</p>

	<ul style="list-style-type: none"> Partnership working with national lived experience panel to support development of local lived experience networks / support. 	<p>Support partners and communities to access funding and support to create / provide health and wellbeing prevention activity.</p>
<p>5: Data Collection / Analysis</p>	<ul style="list-style-type: none"> Complete annual reviews of Sudden Adverse Event Reviews (SAER) Improve our prevention activity and planning through regular monitoring, evaluation and review. Monitor data and trends related to suicide, self-harm both nationally and locally, and liaise with national, regional and local contacts. Provide regular reports to aid current and future priorities and planning. Improve Learning about suicidal behaviour from the National Academic Advisory Group. Explore Data Sharing Agreement with Police Scotland Improve evaluation and learning from local and national best practice. 	<p>Complete annual local analysis of Sudden Adverse Event Reviews (SAER) to support local planning and learning from best practice.</p> <p>Collate data related to both mental health and the wider determinants of health in East Renfrewshire to monitor and identify trends, to support our future planning and adjust actions accordingly.</p> <p>Map local trends to aid planning and future prevention activity.</p> <p>Create quarterly and annual data reports on suicide deaths using data provided by Public Health Scotland, Police Scotland and British Transport Police.</p> <p>Create local annual report in line with National Records Scotland annual Suicide Death Publications.</p> <p>Provide bi annual and annual updates to Mental Health & Recovery group (Steering group), DMT and IJB on progress of the local action plan and priority areas.</p> <p>Link with the National Academic Advisory Group increase understanding the connection between suicide and mental health and wellbeing; risk and protective factors; and, effective interventions for reducing suicide – including for specific groups.</p> <p>Partnership working to develop local data sharing agreement with Police Scotland to support collection, analyses, management and sharing of data.</p>

	<ul style="list-style-type: none"> • Improve use of data, using an all age and stage approach. 	<p>Complete local consultation and evaluation of services / supports and link with the national lived experience Panel and the Youth Advisory Group – to support the design, delivery, communications and evaluation across our work.</p> <p>Bring together data sources on suicide to inform our priorities, actions and public information. This will include routine data, suicide reviews, more timely data, Scottish Suicide Information Database (ScotSID), and management / evaluation data.</p> <p>Collate and analyse data relating to children and young people’s needs from CAMHS, Healthier Minds, Schools, Police and Social work.</p> <p>Link with the National Mental Health Research Advisory Group for new research / evidence based data to support local planning and action.</p>
--	---	--

References

- Suicide Prevention Strategy 2022-2032 (Creating Hope Together), Published September 2022: Scottish Government & COSLA : [Creating Hope Together 2022- 2032](#)
- Mental Health & Wellbeing Strategy, Published June 2023: Scottish Government : [Mental health and wellbeing strategy 2023](#)
- Self-Harm Strategy, Published November 2023: Scottish Government : [Scotland’s Self Harm Strategy 2024-2027](#)
- East Renfrewshire Children Services Plan, 2023 :[Childrens Services Plan 2020 to 2023.pdf \(eastrenfrewshire.gov.uk\)](#)
- Probable Suicides, Published September 2022 : National Records Scotland(NRS):[National Records Scotland: NRS 2022 Suicide Death Data](#)
- Planning for the Future of East Renfrewshire, Updated May 2022 : [Planning for the future.pdf \(eastrenfrewshire.gov.uk\)](#)
- A refresh of the Strategy for Mental Health Services in NHSGG&C,2023-2028 : [NHSGGC 5Y MH Strategy Refresh 2023-2028.pdf](#)

BLANK PAGE



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	Wednesday 27 March 2024
Agenda Item	10
Title	East Renfrewshire Alcohol and Drugs Strategy 2024-2027
Summary	
<p>This report summarises the work undertaken to develop the new East Renfrewshire Alcohol and Drugs Strategy 2024-2027 and invites the Integration Joint Board to consider the strategy for approval and publication.</p>	
Presented by	Tom Kelly, Head of Adult Service: Learning Disability, Mental Health and Recovery Services
Action Required	
<p>The Integration Joint Board is asked to consider and approve the East Renfrewshire Alcohol and Drugs Strategy 2024-2027.</p>	
Directions	Implications
<input checked="" type="checkbox"/> No Directions Required <input type="checkbox"/> Directions to East Renfrewshire Council (ERC) <input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC) <input type="checkbox"/> Directions to both ERC and NHSGGC	<input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Equalities <input type="checkbox"/> Risk <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Infrastructure <input checked="" type="checkbox"/> Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

WEDNESDAY 27 MARCH 2024

Report by Chief Officer

East Renfrewshire Alcohol and Drugs Strategy 2024-2027

PURPOSE OF REPORT

1. The purpose of this report is to seek approval from the Integration Joint Board of the East Renfrewshire Alcohol and Drugs Strategy covering the period 2024 to 2027.

RECOMMENDATION

2. The Integration Joint Board is asked to approve the East Renfrewshire Alcohol and Drugs Strategy 2024-2027 in Annex 1.

BACKGROUND

3. The Scottish Government requires all Alcohol and Drug Partnerships (ADPs) to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. The East Renfrewshire Alcohol and Drugs Partnership has developed the strategy for 2024-2027 to build on the work of the previous strategy and align with the Scottish Government's National Mission to prevent deaths due to alcohol and drugs. It also aligns with other strategic plans such as the Health and Social Care Partnership Strategic Plan, Community Justice Outcome Improvement Plan and the Children and Young People's Plan – At Our Heart: The Next Steps. All ADP partners contributed to the development of the strategy. The involvement of people with lived and living experience to influence the strategic priority areas within the plan has been integral to the development of the strategy through the East Renfrewshire Lived Experience Panel and involvement of community led recovery groups and service users.
4. The National Mission to reduce drug and alcohol deaths and improve lives was launched in 2021. It complements and builds upon Rights, Respect and Recovery (2018), Scotland's alcohol and drug strategy. A series of significant national workstreams have followed, supported by Drugs Mission funding allocations to local ADPs, including the implementation of the Medication Assisted Treatment Standards, residential rehabilitation developments and non-fatal overdose pathways. These national requirements have also driven the activity of the ADP and its partners.

5. The previous strategy was developed and implementing during very challenging times for health and social care in a global pandemic as well as a drugs death emergency. Many positive programmes of work have been delivered that the new strategy will build upon, including:
- Full implementation of the first five standards for Medication Assisted Treatment (for opiate use)
 - Embedding access to peer support services within alcohol, drugs and mental health services
 - Supporting the recovery community to remobilise and develop further
 - Ensuring local voices of lived and living experience are heard and influence priorities and services by:
 - Establishing and supporting the Alcohol and Drugs Lived Experience Panel.
 - Supporting a peer research training programme and two peer research studies on Opiate Substitution Treatment and Alcohol and Drugs Community Needs Assessment
 - Developing trauma informed practice skills within alcohol and drugs services
 - Engaging with young people through community learning and development worker outreach to build relationships with young people, as well as informing the delivery of programmes in schools based on the issues identified
6. Since the previous strategy was launched in September 2020, the number of drug related deaths reduced from 10 in 2020 to 7 in 2022. Alcohol specific deaths have overall reduced from 13 in 2020 to 9 in 2022. These figures are going in the right direction however the aim is for a continued and sustained year on year decrease in deaths due to alcohol and drugs.

REPORT

7. The East Renfrewshire Alcohol and Drugs Strategy 2024-2027, presented for consideration in Annex 1, outlines the evidence that underpins the strategic priority areas identified – including the priorities identified through a range of community involvement activities, robust analysis of a wide range of data sources related to alcohol and drug harms, as well as consideration of national strategy and priorities.
8. The local vision of the strategy is based on the national vision set out within the national strategy Rights, Respect and Recovery and reflects the aims of local lived and living experience communities and ADP partners: *East Renfrewshire is a place where we live 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.*
9. The outcomes adopted within the strategy are those of the National Mission to prevent alcohol and drugs harms and deaths:
- Fewer people develop problem drug use
 - Risk is reduced for people who take harmful drugs
 - People at most risk have access to treatment and recovery
 - People receive high quality treatment and recovery services
 - Quality of life is improved for people who experience multiple disadvantage
 - Children, families and communities affected by substance use are supported

10. The local strategy will also support the cross-cutting priorities of the National Mission:

Lived experience at the heart	Surveillance and data informed
Equalities and human rights	Resilient and skilled workforce
Tackle stigma	Psychologically informed

11. The proposed strategy is for the period 2024-2027, covering the remainder of the National Mission, which will run to 2026. This allows time for strategy refresh work during 2026/27 when it is anticipated the Scottish Government may extend or refresh the National Mission, depending on the overall progress made across Scotland. This allows the Alcohol and Drugs Partnership to continue to align to national priorities while also responding to local needs.
12. The East Renfrewshire ADP has set out eight priority areas for action, based on the national and local evidence. These are summarised below and outlined in full on pages 19-22 of the strategy document:
- We will work with lived and living experience communities, and partners across the public and third sector, to create a thriving and supportive recovery community.
 - We will ensure the voices of lived and living experience are heard and included in the Alcohol and Drugs Partnership and in services
 - We will tackle stigma to reduce barriers to accessing services and wider community supports and activities
 - We will develop and implement a partnership approach to prevention and early intervention to reduce alcohol and drug harms in the longer term
 - We will strive to provide high quality treatment and recovery services that are accessible, person-centred and responsive to the needs of different population groups, including people at high risk.
 - We will work together across services and organisations to ensure families affected by alcohol and drugs have access to holistic whole family support that meets their needs
 - We will continue to develop integrated working across alcohol, drugs and mental health settings to provide mental health supports that meet the needs of people affected by harmful alcohol and / or drug use
 - We will develop, strengthen and support a skilled, multi-disciplinary workforce across all partner agencies who support people affected by alcohol and drug harms
13. The Integration Joint Board is asked to note the significant delivery plans that will flow from this strategy. One of the issues raised most consistently through lived and living experience conversations was the need to grow and develop the recovery community and in particular have a dedicated space for recovery activity, separate from statutory services, where people in recovery can access peer support, build their confidence and their wellbeing. The Alcohol and Drugs Partnership set out a business case to the Scottish Government, supported by lived experience testimonials, to retain funding in ADP reserves for the design and implementation of a recovery hub in Barrhead. This business case was approved and work is already underway, including establishment of a community steering group and draft building designs. The community steering group will continue throughout the project, including the design of programming and activity within the hub. The longer term vision is that the hub would be community-led.

14. The approach to measuring the success of the strategy will be focused on a small suite of quantitative measures that are currently reported to Scottish Government, monitoring and reporting on the progress of strategic priority actions, including lived and living experience feedback. Current national measures include:
- Medication Assisted Treatment Standards – Red/Amber/Green Assessment scores, including a wide range of process, numerical and experiential data
 - Substance use treatment targets – for alcohol and drugs
 - Access to services - % people accessing alcohol and drug treatment within three weeks

CONSULTATION AND PARTNERSHIP WORKING

15. Strengthening the involvement of people with lived and living experience was a key priority during the implementation of the previous Alcohol and Drugs Strategy, and key developments are outlined in paragraph 5. Partnership working has been integral to the delivery of the strategy to date. The wide range of ways in which people with lived and living experience, partners and frontline staff have been involved in the development of strategic priorities is outlined within the strategy. The priority themes identified have directly influenced the strategic priorities. This involvement work will continue throughout the implementation of the strategy, to ensure the shape and design of services and activities meets local needs.
16. Cross-partnership working with the Community Justice Partnership and Improving Outcome for Children and Young People Partnership has taken place due to the increased risks for people within and leaving the justice system and the impacts on children and young people of family substance use as well as prevention and early intervention around alcohol and drug use amongst young people.

IMPLICATIONS OF THE PROPOSALS

Finance

17. The Alcohol and Drugs Partnership receives funding from a range of sources, including ring fenced funding from the Scottish Government to tackle alcohol and drug harms. The Partnership also holds funding in reserves which will be fully spent once the recovery hub is complete. Spending is closely monitored, taking account of the challenging financial climate. In addition, the relevant mainstream resources of partners will support the delivery of the strategy. The investment of funding to reduce alcohol and drug related harms and improve quality of life for individuals and their families affected by substance use has the potential to reduce the pressure on other services over the long term.

Workforce

18. Workforce development and training has been highlighted as a strategic priority area.

Infrastructure

19. The design and implementation of the recovery hub will add to the local infrastructure for service provision although in the longer term it is envisaged this will be a community-led initiative.

Equalities and Fairer Scotland Duty

20. An Equalities, Fairness and Rights Impact Assessment was undertaken as part of the strategy development. This process found that the strategy seeks to have a positive impact across all population groups who may have, or be at risk of, harmful alcohol and / or drug use, while recognising those groups at increased risk (e.g. due to socio-economic deprivation, other health conditions, age or gender). Some implementation initiatives, such as the recovery hub, will require specific impact assessment work to ensure that the operational delivery takes account of the needs of equalities groups.

21. There are no policy, legal or risk implications.

DIRECTIONS

22. There are no directions arising from this report.

CONCLUSIONS

23. The purpose of the East Renfrewshire Alcohol and Drugs Strategy 2024-2027 is to set out our vision and strategic priorities for the reduction and prevention of alcohol and drug related harms, including deaths, as well as improve quality of life for people affected by harmful alcohol and drug use and their families. The strategy will be delivered in a context of building on the successes of the previous strategy, continued strengthening of the lived and living experience voice within strategy and services while making a strong contribution to the National Mission. There will be a robust approach to monitoring and reporting on the delivery of actions, outcomes and impacts

RECOMMENDATIONS

24. The Integration Joint Board is asked to approve the East Renfrewshire Alcohol and Drugs Strategy 2024-2027 in Annex 1.

REPORT AUTHOR AND PERSON TO CONTACT

Tracy Butler, Lead Planner (Recovery Services)
Tracy.butler@eastrenfrewshire.gov.uk
07879434870

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

National Drugs Mission 2022-26

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/08/national-drugs-mission-plan-2022-2026/documents/national-mission-drug-deaths-plan-2022-2026/national-mission-drug-deaths-plan-2022-2026/govscot%3Adocument/national-mission-drug-deaths-plan-2022-2026.pdf>

Rights Respect and Recovery – Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/11/rights-respect-recovery/documents/00543437-pdf/00543437-pdf/govscot%3Adocument/00543437.pdf>

East Renfrewshire Alcohol and Drugs Plan 2020-23

[https://eastrenfrewshire.gov.uk/media/3963/Alcohol-and-drugs-strategic-plan-2020-2023/pdf/Alcohol and drugs strategic plan for 2020 to 2023.pdf?m=1608567441393](https://eastrenfrewshire.gov.uk/media/3963/Alcohol-and-drugs-strategic-plan-2020-2023/pdf/Alcohol%20and%20drugs%20strategic%20plan%20for%2020%20to%202023.pdf?m=1608567441393)

East Renfrewshire Alcohol and Drugs Plan Progress Report 2022

https://eastrenfrewshire.gov.uk/media/8705/Alcohol-and-drugs-strategic-plan-2020-2023-Progress-report/pdf/ADP_Progress_Report_November_2022.docx.pdf?m=1675436014423

Equality, Fairness and Rights Impact Assessment (EFRIA) March 2024

<https://www.eastrenfrewshire.gov.uk/article/6447/East-Renfrewshire-Alcohol-and-Drug-Plan-Equality-Fairness-and-Rights-Impact-Assessment>

BLANK PAGE



East Renfrewshire Alcohol and Drugs Plan 2024-2027

East Renfrewshire is a place where we live 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



DRAFT

DRAFT

Contents	Page number
Introduction	5
Context for Reducing Alcohol and Drug Related Harm	5
Strong Lived Experience Involvement	7
East Renfrewshire and Alcohol and Drugs – Data Profile	11
Links to Other Plans and Strategies	17
East Renfrewshire Planning Landscape	18
Strategy Priorities for Action – 2024-27	19
Working in Partnership – Ensuring Success	23
Service Delivery Context	24
Measuring Progress	25
Further Information	25
Data and Evidence Sources	26

DRAFT

Introduction

In East Renfrewshire, reducing drug and alcohol related harm and is a key priority that is reflected within the Health and Social Care Partnership Strategic Plan. This Alcohol and Drugs Strategy for East Renfrewshire sets out in more detail how the Partnership will continue to reduce harm and promote recovery, working with our partners and communities. The Strategy reflects closely the national priorities set out by the Scottish Government in Rights, Respect and Recovery and the National Mission as well as local priorities identified through working with our lived and living experience communities and analysis of local data and trends.

Context for Reducing Alcohol and Drug Related Harm

In delivering the 2020-23 Alcohol and Drugs Plan, significant progress has been made in enhancing and developing services to respond to the increase in drug related deaths. The East Renfrewshire Alcohol and Drugs Partnership (ADP) has responded to new national priorities that emerged during this period through the National Mission and the work is still ongoing. The new strategy for East Renfrewshire is an opportunity to reflect the updated context around alcohol and drugs priorities.

Progress made in the 2020-2023 Strategy

The previous strategy was developed and implementing during very challenging times for health and social care in a global pandemic as well as a drugs death emergency. Partner agencies have delivered many positive programmes of work that will including:

- Full implementation of the first five standards for Medication Assisted Treatment (for opiate use)
- Embedding access to peer support services within alcohol, drugs and mental health services
- Supporting the recovery community to remobilise and develop further
- Ensuring local voices of lived and living experience are heard and influence priorities and services through establishment of the Alcohol and Drugs Lived Experience Panel and peer research training programme and delivery of two peer research studies on Opiate Substitution Treatment and Alcohol and Drugs Community Needs Assessment
- Engaging with young people through community learning and development worker outreach to build relationships with young people, as well as informing the delivery of programmes in schools based on the issues identified
- Developing trauma informed practice skills within alcohol and drugs services

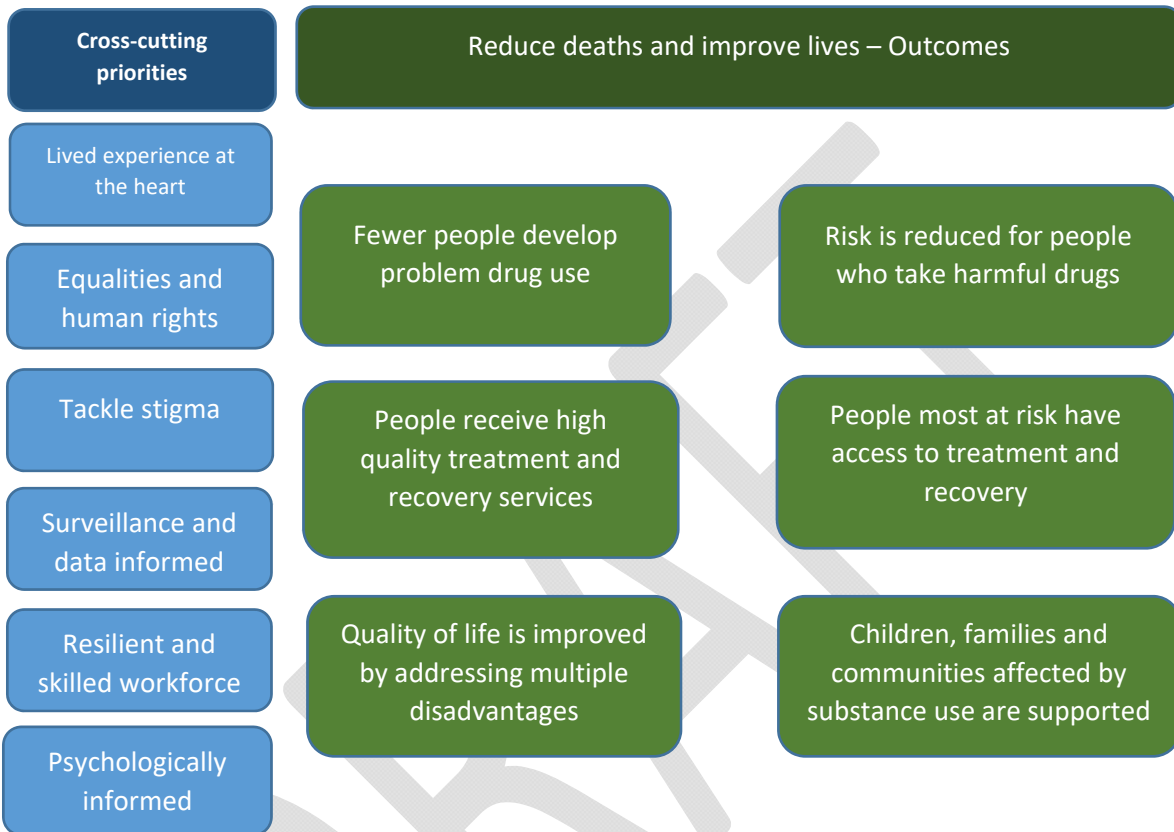
Launch of the National Mission

The Scottish Government announced the National Drugs Mission in January 2021, in response to the sharp increase in drug related deaths in Scotland. The Mission was later expanded to include alcohol and drugs. Additional funding for Alcohol and Drugs Partnerships was made available and the East Renfrewshire ADP has been working on the local investment plans alongside delivering the existing strategy. This work has included:

- Working in partnership with the third sector to implement overdose response and harm reduction outreach services locally
- Increasing the capacity of local alcohol and drugs services to ensure rapid access to services, enhanced choice in treatment options and assertive outreach to people at high risk of harm
- Enhancing the workforce through addition of prescribing and occupational therapy roles
- Increasing access to residential rehabilitation placements
- Partnership working to enhance whole family support for families affected by alcohol and drugs

This refreshed strategy is an opportunity to build on the previous one and update it to reflect the current and future work to deliver on the Scottish Government’s [National Mission Plan](#), published in 2022 with a focus on reducing both alcohol and drug related harms. National Mission funding for East Renfrewshire will support the delivery of this strategy. The cross cutting priorities and outcomes of the Mission are shown in Figure 1:

Figure 1: National Mission Priorities



Strong lived experience involvement

Over the life of the previous strategy, the East Renfrewshire ADP prioritised improvement in how we involve those with lived and living experience of alcohol and drugs services and recovery including family members, in what we do. The ways in which communities have been involved includes the following:

East Renfrewshire Lived and Living Experience (LLE) Panel

The Lived and Living Experience Panel was set up in 2021 to work with the Alcohol and Drugs Partnership to increase the voice of lived and living experience in setting strategic priorities and in the design and delivery of services. The LLE Panel is supported by the Advocacy Project and a small but dedicated Panel membership has been established. The Panel have facilitated a number of sessions with service users to find out views about service provision, and has raised emerging issues with local services. The Panel has participated in ADP meetings and attended Alcohol and Drug Recovery Service meetings.

The Alcohol and Drug Recovery Service has identified a staff member as a Lived Experience Panel Champion to ensure good links between the Panel and the service. The ADP and Lived Experience Panel will continue to work together on how ways of working can involve the Panel more effectively.

East Renfrewshire Peer Research Programme

This programme ran from 2020 to early 2023 with people from the lived and living experience community trained as peer researchers and supported to carry out research. The research team completed a study of service user experiences of Opiate Substitution Treatment and a wider community needs assessment. The findings have influenced the priorities of this strategy.

P.A.R.T.N.E.R (Partners Achieving Recovery Together Now in East Renfrewshire).

Supporting community-led recovery group PARTNER has been a key priority for the ADP to ensure community led recovery support is available within the community, through funding and capacity building support. PARTNER have also participated in engagement and involvement.

Recovery Walk 2023

A small group of people from the recovery community, supported by HSCP staff, attended the Recovery Walk in Inverclyde. The event initiated good conversations about the positive impact of recovery being visible within the community and opportunities to achieve this. Increased visibility of recovery can reduce stigma and isolation and increase feelings of hope.

This strengthening of the voice of lived and living experience will continue through the life of the new strategy. Continued support and development work will ensure the sustainability of the Lived Experience Panel and PARTNER as well as regular conversation cafes to shape service provision, encouraging more participation from all parts of the community, different age groups and family members.

Discussions with young people during the strategy development explored the issues most important to them.

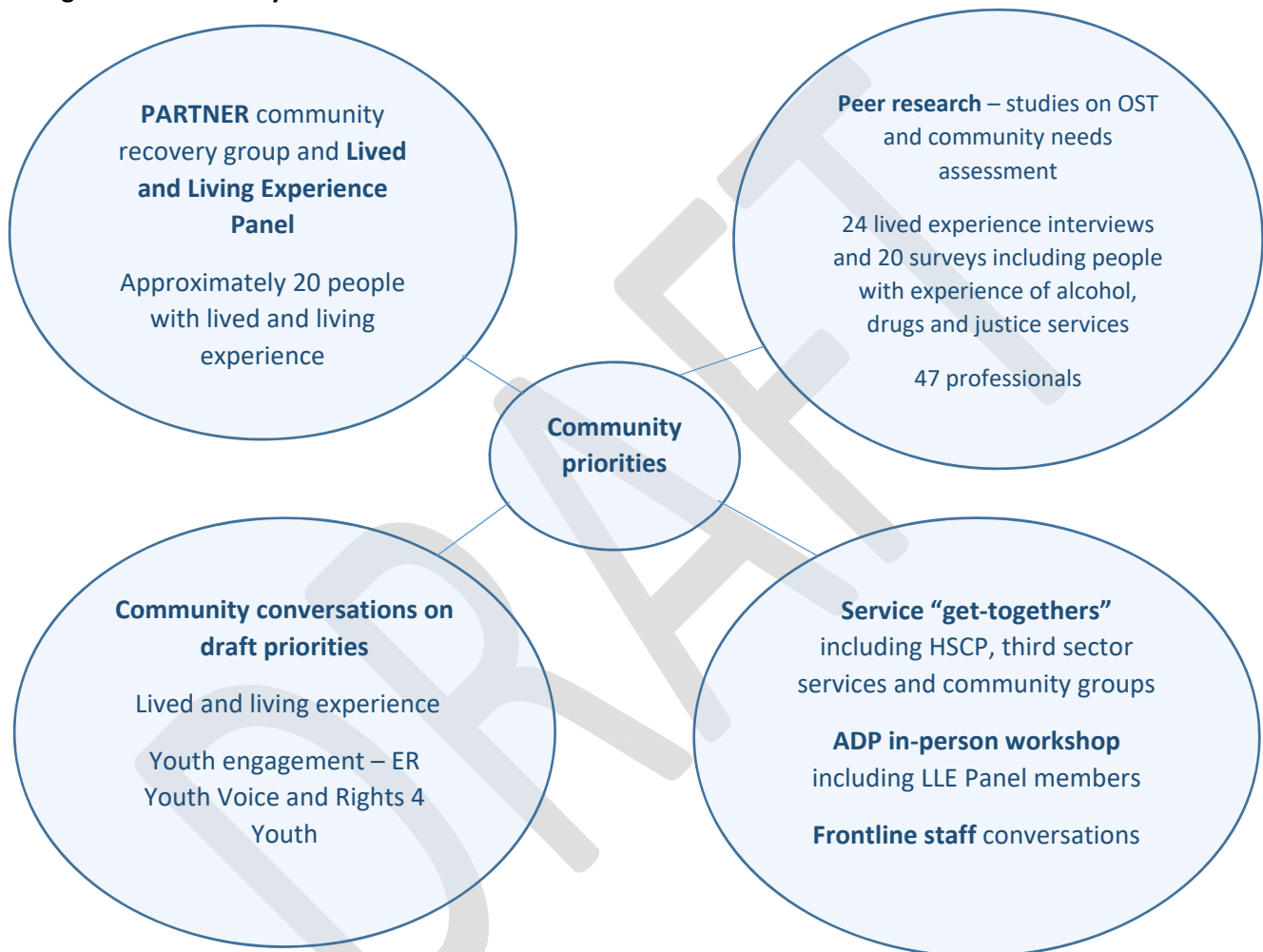
- Tackling stigma to ensure that people struggling with alcohol and drugs can ask for help
- Mental health support is a priority – to build support systems and reduce isolation and mental health difficulties
- There should be greater awareness of alcohol and drug issues and where young people can go for support, including for their friends or family members
- Support for families is important and should include fun activities

Impact of Involvement

This strong involvement at local level in East Renfrewshire will support the human rights based approach which is being led nationally through the National Collaborative to ensure that the voices and rights of those with lived and living experience are at the centre of both policy and practice and people can access their rights to health.

Feedback from community involvement has influenced the strategy priorities and will continue to influence the development and delivery of specific initiatives and actions during the life of the strategy.

Figure 2: Community Involvement



The following priorities have emerged from the involvement and collaboration with those with lived and living experience and are reflected in the priority areas for action on pages 19-22:

- Grow the recovery community and maximise the recovery opportunities people can access
- Design and implement a recovery hub
- Tackling stigma is important to reduce barriers to accessing services and wider community supports and activities
- Make recovery visible through greater participation in communities and events such as Scotland’s Recovery Walk
- Support people most at risk
- Grow peer support and advocacy for people needing help
- Increase the support available for mental health
- Support families

- Focus on partnership working
- Increase awareness of service provision and community supports to improve visibility and increase access
- Greater involvement of lived experience in services

The following section expands on some of the priority findings.

Growing the Recovery Community

One of the strongest messages from the lived and living experience community is the need to grow the recovery community and enhance and expand recovery opportunities. This includes the identified need for a dedicated space for recovery focused provision – a key priority now being progressed by the Alcohol and Drugs Partnership.

“The difference this could make is immense. A hub would allow a focal point for folk in recovery to connect with others... who understand the path they walk and who can offer real support in their everyday struggles with addiction and recovery. Running a programme of activities and training opportunities can help to turn folks lives around and give people in recovery a real chance of a meaningful life...” Lived Experience Panel member

“If we acknowledge the oft-cited quote that “the opposite of addiction is connection”, we must create safe spaces where positive relationships can be forged, help can be sought, and our people can feel seen. Addiction is such a lonely place... And everyone is deserving of support in difficult times.” Lived Experience Panel member

“One of the key resources that would benefit the programme and the recovery community of East Renfrewshire more broadly would be a distinct and specific space for recovery meetings and a supportive space for those seeking information and solidarity”. Peer Research Final Project Report

Tackling Stigma

The stigma associated with harmful alcohol and drug use is a common theme emerging from the two local peer research studies, conversations with those in recovery and in national research. Tackling stigma arguably goes far beyond the influence of partners in East Renfrewshire and regional and national campaigns to tackle stigma are critically important. At a local level, making recovery visible by increasing participation and representation in community events can contribute to reducing stigma, as well as positive promotion of the recovery community and support services, listening to the voices of lived experience and working in partnership with community members will be a key part of the East Renfrewshire Alcohol and Drugs Strategy. The recent change to the name and branding of the Alcohol and Drug Recovery Service has removed stigmatising language from service leaflets and documentation.

Making Information and Services More Accessible

Accessible services and information, and greater awareness of the supports available across the whole alcohol and drugs setting, have been identified as a priority through the peer research work and the service and community get-togethers that have been established locally. Initial work to improve the accessibility and quality of available information is underway.

Mental Health Support is a Priority

Support for mental health is a key aspect of recovery from alcohol and drugs. This was strongly evidenced in the study of Opiate Substitution Treatment which showed that the majority of participants experienced trauma and mental health difficulties at early stages of their lives. The community research indicates a demand for more mental health support but also a need for more investigation of what that looks like. There are a range of mental health supports available, from less intensive group and talking therapies to intensive psychiatric and psychological supports to meet particular needs. This is being further explored through the implementation of the Medication Assisted Treatment Standards.

“There’s basically a lot I need to get off my chest and I believe that speaking to someone and getting advice off those people about coping mechanisms and things like that” Peer research respondent

Staff Engagement

The views of frontline staff, integral to the delivery of the strategy, were gathered during the development of the strategy. There was broad support for the priority areas set out in the strategy, including the need for prevention work and supporting people at high risk. The development of the recovery community and recovery hub was consistently seen as a top priority, ensuring people have opportunities to move on from treatment and continue their recovery in the community. Many staff have experience of working in other locality areas with well-established recovery communities. The ability to work with in partnership with other services such as housing and employability to improve quality of life for service users, especially those at high risk, is of key importance.

East Renfrewshire and Alcohol and Drugs – Data Profile

Focusing on data and evidence is a key priority for the ADP. Data such as alcohol and drug deaths, hospital admissions, near fatal overdoses, and activity within alcohol and drug services, is continually monitored to identify emerging trends and needs. The most recent data is included in the following pages.

Drug related deaths are showing signs of decreasing nationally and locally but prevention remains a

Looking at the most recent published data, the number of drug related deaths in East Renfrewshire saw a slight increase from six deaths in 2021 to seven in 2022. Across Scotland as a whole, the number of deaths due to drugs decreased from 1,330 in 2021 to 1,051 in 2022. When looking at the age standardised rate of death over a five year period, this shows that in the period 2018-2022 the East Renfrewshire rate was 9.5. This is compared to an average of 3.8 deaths in the period 2003-2007. Although seven deaths in 2022 is a reduction from the peak of 11 deaths in the local area in 2018, the aim is for a continued and sustained year on year decrease in drug related deaths and ultimately a reduction in the five year average rate.¹

All drug related deaths that occur in East Renfrewshire are reviewed to identify the circumstances and any learning that can inform services. During the period 2020-22, there were 23 drug related deaths. The majority of those who died were male (65%) and just over half were aged 45-54 years. 40% of drug related deaths occurred in the 20% most deprived areas of East Renfrewshire. The majority of deaths involved multiple drugs – in three quarters of cases this involved opiates/opioids however street benzodiazepines, gabapentinoids (drugs to treat nerve pain) and cocaine were also present in a number of cases. Underlying conditions are also a key factor (typically cardiac or respiratory conditions).¹

East Renfrewshire has a low rate of drug related hospital admissions compared to Scotland and other local authority area. There was a slight reduction from 92 per 100,000 population in 2020-21 to 89 per 100,000 in 2021-22²

Referrals for drug use to the Alcohol and Drugs Recovery Service (ADRS) have increased by 15% since 2019-20 and continue to make up approximately 20-25% of total referrals received. There are approximately 140 people on Medication Assisted Treatment specifically for opiate use. As at December 2023, 14 new Opiate Substitution Therapy (OST) patients have started treatment since 1 April 2022.³

Experiencing a near fatal overdose is considered a risk factor for a future fatal overdose. Not all near fatal overdoses may become known to services such as the Alcohol and Drug Recovery Service or Scottish Ambulance Service as they may not be reported. According to emergency department presentations with overdose being categorised, the data available between Jan 2020 – December 2021 showed there were 34 overdose presentations in 2020, and 43 in 2021. Sample data analysed for the first half of 2021 shows the highest attendees were within the 40-49 age range and three quarters were male.⁴

Alcohol harm statistics have improved locally but the goal is to reduce further

Looking at the most recent published data on alcohol specific deaths, there was a decrease in East Renfrewshire from 16 in 2021 to 9 in 2022. Across Scotland as a whole, the number of alcohol specific deaths increased slightly from 1,245 in 2021 to 1,276 2022, an increase of 2%. When looking at the age standardised rate of death over a five year period, this shows that in the period 2018-2022 the East Renfrewshire rate was 12.5. This is compared to an average of 21 deaths per year in the period 2003-2007. This data suggests that a trend in reducing alcohol specific deaths is being achieved however the aim is for a continued and sustained year on year decrease in alcohol-specific deaths. ⁵

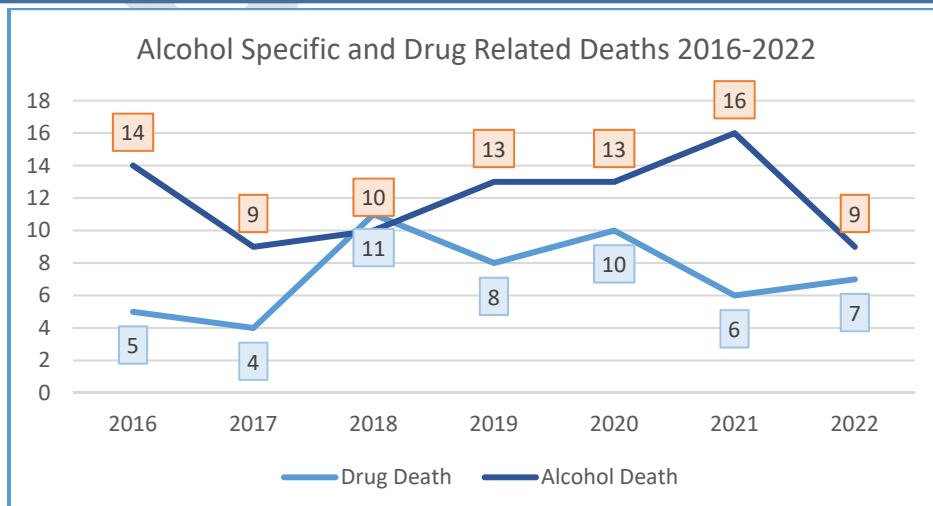
There were a total of 25 alcohol specific deaths during 2021 and 2022. Of these, 71% were male and in the age range of 55-74. Meanwhile, there was a decrease in deaths within the 35-54 age range. The most common underlying cause of an alcohol specific death was alcohol dependence followed by alcoholic liver disease and alcoholic cirrhosis of liver. ⁶

East Renfrewshire has a lower rate of alcohol related hospital admissions compared to the NHS Greater Glasgow and Clyde (NHSGGC) area and Scotland as a whole. The current rate of 394 per 100,000 population is the lowest recorded since recording began in 2002-2003.²

The NHS Greater Glasgow and Clyde Health and Wellbeing Survey 2022-23 surveyed over 1,000 adult residents in East Renfrewshire and highlighted the following related to alcohol consumption:

- One in four (26%) never drank alcohol but 29% drank alcohol at least twice per week. The proportion who drank alcohol (74%) was higher than in the health board area as a whole (69%).
- Looking at binge drinking (more than 8 units in a single sessions for men or 6 for women), drinkers under 35 were the most likely to have done so in the last year and those aged 75 over were least likely. Binge drinking behaviour was more likely amongst male drinkers those living in the most deprived areas of East Renfrewshire.⁷

Alcohol referrals continue to make up the majority of referrals to the team although there has been an 8% decrease since 2019-20³. Glasgow Council on Alcohol have completed 599 Alcohol Brief Interventions and delivered 239 alcohol counselling sessions to 31 individuals during the period October 2022 to December 2023, providing an alternative model of support for alcohol use. ⁸

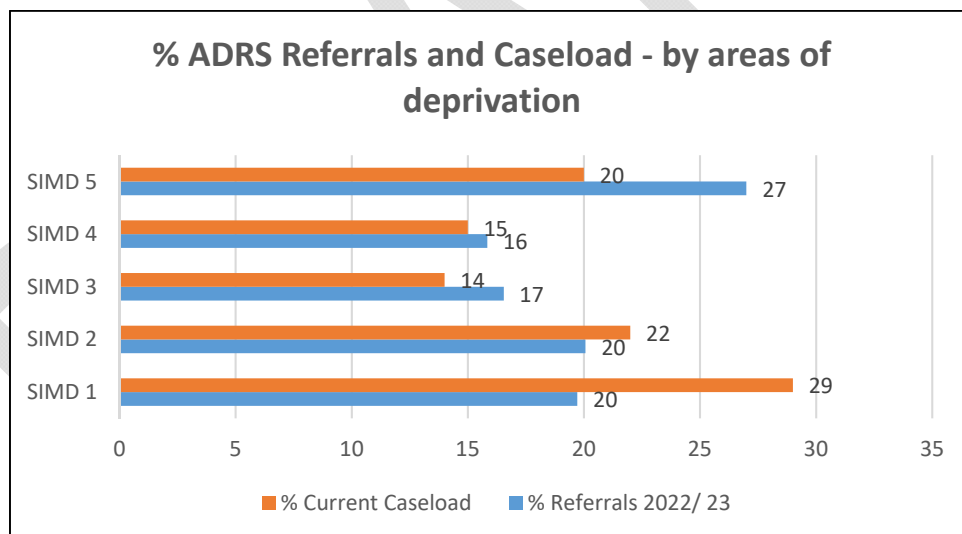


The Scottish Index of Multiple Deprivation (SIMD) splits postcode areas into five categories according to levels of deprivation. SIMD 1 contains 20% of the population from areas that are the most deprived. SIMD 5 is the 20% of the population living in areas that are least deprived.⁹

Looking at referral data for 2022-23 against the Scottish Index of Deprivation shows that SIMD 5 (the least deprived postcodes) account for 27% of referrals to the ADRS, while 20% of referrals come from the most deprived postcodes in SIMD 1. This trend was similar in the preceding two years.³

When looking at the make-up of the caseload according to which SIMD area individuals live within, 29% of service users live within the most deprived postcode areas of the authority and 20% of service users lived in least deprived areas. This data could suggest that those from least deprived areas spend a shorter amount of time within treatment with the Alcohol and Drug Recovery Service. This could be due to the stronger protective factors supporting recovery experienced by those living within least deprived areas, such as better quality housing, a stronger overall health status or more likely to be in employment. Service users living in more deprived areas conversely may be more likely to have multiple complex needs including additional health conditions and housing challenges.

Deprivation is linked to higher levels of alcohol and drug related harm



Dunterlie, East Arthurlie and Dovecothall and Auchenback have the highest alcohol related hospital admissions rates as well as being the most deprived areas according to the SIMD 2020. Together these areas make up only 10% of all East Renfrewshire residents but account for one third of all residents who are income deprived⁹. Rates of alcohol related hospital admissions have reduced in the last ten years but remain more than double the authority average and are higher than Scotland as a whole².

National research suggests that people with harmful alcohol and/or drug use in more affluent areas may be protected from significant harm to health by their more positive health status overall. Drug use disorders and alcohol dependence are in the top ten health conditions for deprived areas, while they do not feature in the top 10 for least deprived areas - for people living in deprived areas, alcohol reduces healthy years lived by 3.9 years, while drugs causes a reduction of 8.1 years.¹⁰

Supporting the physical and mental health of people with problematic alcohol and / or drug use is a priority

Over the period 2020-2022 there was a total of 24 probable suicides in East Renfrewshire. There was a reduction in the annual number of deaths from 11 in 2021 to 6 in 2022. The majority of those who died over this period were male (83%). The five year average age standardised rate has stayed fairly static over the longer term. The rate was 9 during the period 2018-2022 compared to 9.4 in 2003-07¹¹. While the numbers are very small there are incidences of individuals known to alcohol and drug services who die by suicide indicating the increased risks for this group.

Adult Support Protection (ASP) referrals with an alcohol and drug element make up a small number of the total received across the Health and Social Care Partnership (3.5%). In 2022-23, of the total alcohol and drugs referrals received, 14% proceeded to ASP investigation with males making up 60% of these and the majority being within the 36-45 age range. Self-harm shows as the most common type of harm identified followed by self-neglect.³

Many individuals with alcohol and/or drug issues are at risk from poorer mental health and wellbeing and isolation. National evidence set out in Rights, Respect and Recovery suggests that drug users of older age are at greater risk due to complex underlying health and social care issues, including mental health issues and isolation¹².

Community Justice

People with alcohol and drug problems are more likely than average to come into contact with the justice system. At a national level, 38% of those in prison used drugs when committing their offence¹³. Three quarters of prison admissions test positive for illicit substances at prison reception in Scotland and this figure is higher in some prisons¹⁴.

National data analysis highlights the risks for people with experience of the justice system. Around half of those who die a drug related death (51.6%) had ever been in prison and 18.9% had been in police custody in the six months prior to death²¹.

When analysing the Alcohol and Drug Recovery Service caseload, this shows that during 2021-22 and 2022-23, 8% were also being supported by the Criminal Justice Social Work Service. This is a reduction from 2020-21 when 14% were supported by both services³.

Substance use is a known risk factor for reoffending upon release, but both prison and community based programmes are known to help reduce reoffending rates.

Any young person admitted to hospital for reasons related to alcohol is a concern. In East Renfrewshire, the numbers for this (aged 11-25) are lower than adult hospital admissions at 172 per 100,000 population for the three year period covering 2019-20 to 2021-22. This is also the case at Scotland level and across the Board area ².

There are very small numbers of young people experiencing serious harm from consuming drugs and / or alcohol however longer term prevention work is a priority.

180 Notification of Concern referrals were made by Greater Glasgow and Clyde Emergency Departments (EDs) for children and young people who attended as result of alcohol and/or drug use during 2022-23. This is a 35% reduction compared to 290 referrals during 2021/22. East Renfrewshire attendances accounted for 3% (n. 6) of this total. Across the GGC area, girls made up 66% of attendances. The most common age of presentation was 15 year olds accounting for 36% and young people most commonly presented with the effects of alcohol use. ¹⁵

Fewer young people are coming into the Alcohol and Drug Recovery Service, with 9% of new individuals engaging with services aged 16-25. Referrals from this age group decreased by 39% (from 61 in 2018-19 to 41 in 2021-22), and are more likely to be for alcohol and drugs such as cannabis or cocaine. Approximately 5% (n. 20) of the current caseload are aged 16-25, which is lower than the number of referrals received annually, suggesting not all referrals go forward for treatment (they may not meet the level of need treated by the team and may have referred on to other services and supports). Just over two thirds of young people currently on the ADRS caseload are male³.

ERC Community Learning and Development undertake youth outreach work in communities and in 2020, deployed all staff into this approach due to Covid restrictions. Almost 5,000 contacts were made with young people during 2020-21, with themes of mood, anxiety, sleep patterns and isolation / loneliness identified. Staff used a harm reduction approach when discussing young people's safety, risk taking behaviours, drug and alcohol consumption and anti-social behaviour. In 2021-22 and 2022-23 detached youth work continued with around 3,000 contacts with young people in each year, with alcohol and drugs featuring in conversations with young people, particularly increases in young people using cannabis. Between 66% and 73% of contacts over the three years were with the 12-15 age group¹⁶.

A local Health and Wellbeing Census was completed for S2/S4 in East Renfrewshire in 2023. It should be noted that the numbers from the survey is a small sample and may not be representative of all children and young people across East Renfrewshire. The results indicated:

- Low levels of smoking (4.8% of n.188 stated they were regular smokers) with 8% using e-cigarettes
- 72% stated they had never drunk alcohol (n. 188) with 18% only a few times a year and 4% about once a month.
- 145 responded regarding illegal drug use, 16% responded that they had used drugs formerly known as legal highs, solvents or prescription drugs, and drugs not prescribed to you. ¹⁷

Local Services and Recovery Communities are supporting people who wish to recover from drugs and/or alcohol

The East Renfrewshire Community Addiction Service works with between 380 and 480 individuals per year to support their recovery from drugs and alcohol. Males make up the majority of referrals and over 90% are in age range 25+. This includes provision of weekly mutual aid, relaxation and walking groups and other seasonal group sessions. Considering a whole family approach including children, parents and other family members highlights the increased numbers of individuals who are impacted. In 2021-22, 9% of service users moved from treatment part of the service to the community recovery team³.

There is a small, supportive recovery community in East Renfrewshire with PARTNER community led recovery group supporting individuals on a weekly basis, as well as Alcoholics Anonymous groups, and the Teen Challenge charity weekly hub.

The East Renfrewshire Lived Experience Panel has been established to give a voice to those affected by alcohol and drug harms, recovery communities and families. They are supporting the Alcohol and Drugs Partnership through provision of feedback and meet with services and groups across East Renfrewshire.

Housing challenges for individuals with harmful drug or alcohol use

Housing issues can be prevalent across people who are affected by alcohol and drugs – this can relate to maintaining tenancies, securing good quality housing, and homelessness.

East Renfrewshire Council Housing Services received 445 homelessness applications in 2022-23, and these have been steadily increasing over recent years. Of the total applications, 191 (43%) cited mental health as a reason for failing to maintain their accommodation, compared to 150 in 21/22 and 144 in 20/21. 38 households cited drug and alcohol dependency as a reason for failing to maintain accommodation compared to 47 in 21/22 and 48 in 20/21, showing a slight decrease.¹⁸

Employability challenges for individuals with harmful drug or alcohol use

The rate of unemployment within East Renfrewshire, at 2.7% in the year ending September 2023, remains lower than the national average¹⁹. This is closely monitored as national trends are anticipating an increase. Economic inactivity is still high (20.5%) and just below the national average (22.4%). This group includes people with long term health conditions, caring duties, in full time education etc. This group may not usually engage with statutory services and need more intensive and longer term support to remove barriers to employment and may include people with mental health and alcohol and drugs issues.

The UK figure points to the highest rate of long term illness therefore economic 'inactivity' is rising¹⁹. Work EastRen, the employability service in East Renfrewshire deliver a range of programmes, in partnership with other agencies, to support people with mental health and alcohol and drugs issues into the workplace.²⁰

Links to other Plans and Strategies

It is important that the Alcohol and Drugs Strategy fits into and links with the wide range of strategic partnership plans that are aimed at improving the quality of life and wellbeing of the people and communities of East Renfrewshire. Collaboration and partnership working across and between thematic partnerships is critical to improve quality of life across East Renfrewshire.

The Health and Social Care Partnership Strategic Plan prioritises mental health and wellbeing and recovery and addressing health inequalities. The data analysis for this strategy shows that deprivation plays a key role in alcohol and drug harms – locality plans and place based plans that seek to reduce inequalities play a key part in preventing harms over the longer term. There are strong links with the Community Justice Outcome Improvement Plan which focuses on people in the justice system, many of whom are also affected by alcohol and drug harm.

The East Renfrewshire Children’s Plan – At Our Heart: Next Steps – has a key role to play in the wider prevention agenda through improving the outcomes for all children and young people. Alcohol and drugs partners also participate in the implementation of At Our Heart through the Improving Outcomes for Children and Young People Partnership and sub-groups. There will be joint delivery of the shared actions across partners and progress reported to both partnerships.

We know from lived experience engagement and research that experience of trauma and poor mental health and wellbeing is a key driver of alcohol and drug related harm. Within East Renfrewshire we continue to recognise the impact that adverse and distressing experiences can have on individuals and the importance of services responding in ways that help promote recovery and prevent further re-traumatisation. The local partnership, driven by the HSCP, to take forward the implementation of our “Trauma Informed Services” strategy is well established and our partners in transformational change are leading experts in the field. The alcohol and drugs workforce are active participants in the East Renfrewshire HSCP Trauma Informed Services strategy and delivering trauma informed services is a critical aspect of supporting treatment and recovery.

We will work with our health board colleagues to contribute to Greater Glasgow and Clyde plans and strategies as well as working with health board teams delivering the Alcohol and Drugs Prevention Framework, anti-stigma action plan and regional promotions and campaigns.

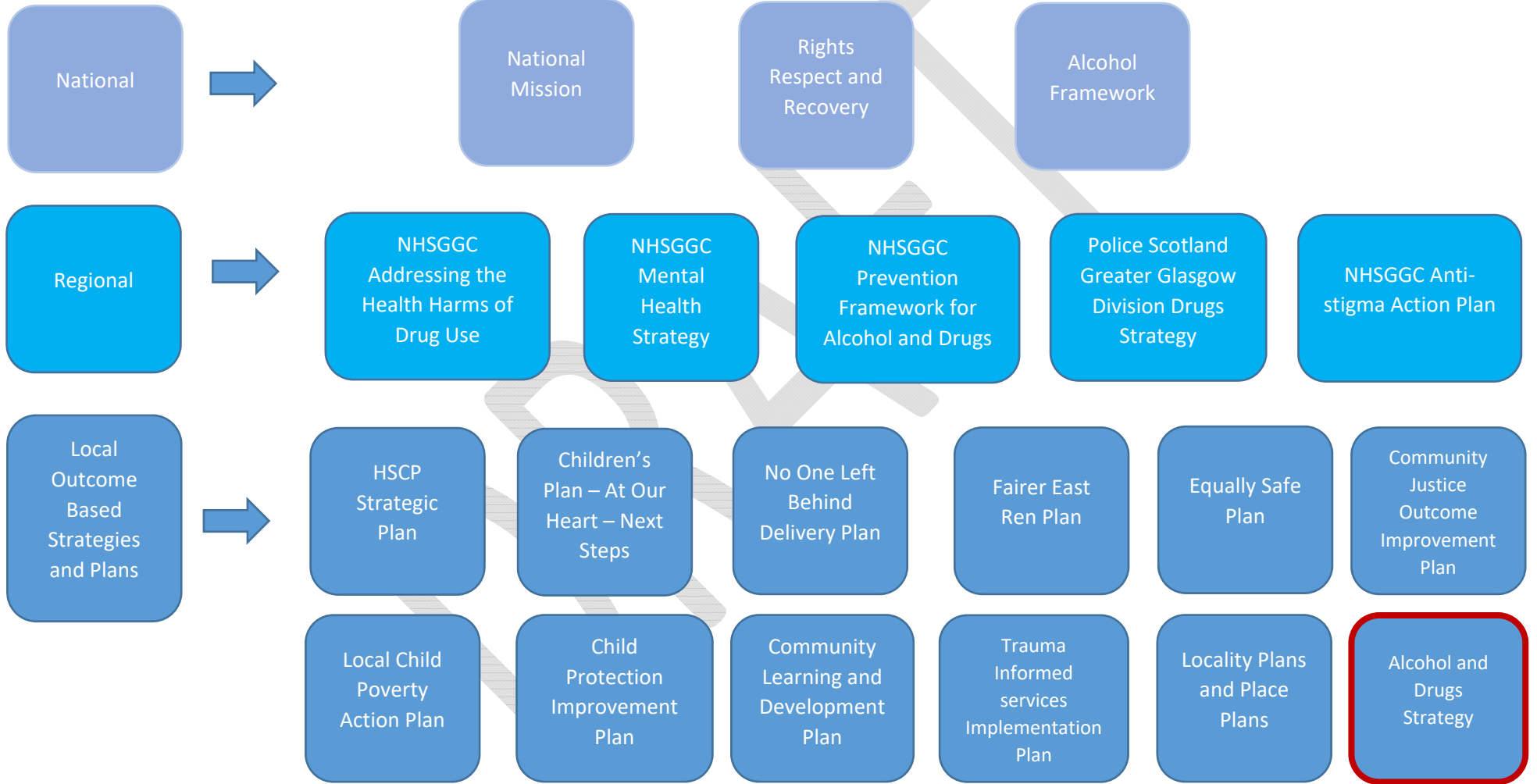
The chart on page 18 illustrates the partnership working and contributing factors to deliver the Alcohol and Drugs Strategy within a wide landscape of local, regional and national plans.

Equality, Fairness and Human Rights Impact Assessment

An Equalities, Fairness and Rights Impact Assessment was undertaken as part of the strategy development. This process found that the strategy seeks to have a positive impact across all population groups who may have, or be at risk of, harmful alcohol and / or drug use, while recognising those groups at increased risk (e.g. due to socio-economic deprivation, other long term health conditions, age or gender). Some implementation initiatives, such as the recovery hub, will require specific impact assessment work to ensure that the operational delivery takes account of the needs of equalities groups.

Wide communication of the strategy to a range of representative groups, including through the development of an accessible and easy to read summary of the strategy, will help to ensure that the strategy is visible.

East Renfrewshire Planning Landscape – Improving Quality of Life and Wellbeing



Strategy Priorities for Action – 2024-27

Based on the data analysis, Equality, Fairness and Human Rights Impact Assessment, community priorities and the National Mission, the East Renfrewshire Alcohol and Drugs Strategy identifies eight priority areas for action over the next three years.

	Priority Areas for Action 2024-2027	INFLUENCED BY
1	<p>We will work with lived and living experience communities, and partners across the public and third sector, to create a thriving and supportive recovery community.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Designing and delivering a community recovery hub. This will be co-designed with people with lived and living experience and ensure the hub meets local needs. The hub will ensure people can access recovery and peer support in a community setting, as well as services such as employability programmes and 1:1 supports, money advice and advocacy services. • Supporting the growth of community-led recovery groups and activities. This will consider the needs of different population groups such as women, men, different age groups and the needs of families. 	<p>Lived and living experience priority Local partners priority</p>
2	<p>We will ensure the voices of lived and living experience are heard and included in the Alcohol and Drugs Partnership and in services, guided by the National Collaborative’s vision to integrate human rights into drug and alcohol policy, leading to better outcomes for people affected by substance use.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Continuing to support the development of the Lived and Living Experience Panel as an independent group and working with them to shape services and priorities for the future • Ensuring that effective lived experience involvement is embedded within the culture and ways of working of the Alcohol and Drugs Partnership and in local services. • Engaging more with people who use alcohol and drug recovery services and families to build relationships and ensure services meets their needs 	<p>Local lived and living experience priority National priority</p>

	STRATEGIC PRIORITIES/OUTCOMES 2023-2026	INFLUENCED BY
3	<p>We will tackle stigma to reduce barriers to accessing services and wider community supports and activities.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Making recovery visible through representation and participation in community life and local, regional and national events • Increasing awareness, visibility and accessibility of the wide range of services and supports for treatment and recovery (including wider supports such as housing, money advice, advocacy and employability) including sharing positive outcomes and recovery stories • Promoting and participating in national and regional stigma campaigns 	<p>Local lived and living experience priority National priority</p>
4	<p>We will develop and implement a partnership approach to prevention and early intervention to reduce alcohol and drug harms in the longer term, drawing on the NHS Greater Glasgow and Clyde Prevention Framework for Alcohol and Drugs</p> <p>This will include:</p> <ul style="list-style-type: none"> • Working with partners and using innovative approaches (e.g. podcasts) to promote prevention and early intervention supports, resources and information • Developing local capacity in partnership to deliver evidence based, early intervention approaches such as Alcohol Brief Interventions • Collaborating with young people to design and deliver diversionary programmes and opportunities that promote inclusion, responsibility, and improve wellbeing¹ 	<p>Local lived and living experience priority NHSGGC priority Data analysis</p>

¹ Links to Children and Young people's Plan Priority 2.2

	STRATEGIC PRIORITIES/OUTCOMES 2023-2026	INFLUENCED BY
5	<p>We will strive to provide high quality treatment and recovery services that are accessible, person-centred and responsive to the needs of different population groups, including people at high risk.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Designing and implementing sustainable and effective approaches to overdose response, mobile harm reduction and assertive outreach • Implementation and maintenance of the Medication Assisted Treatment (MAT) Standards² • Promoting and facilitating access to residential rehabilitation placements (including pathways from the justice system), supporting people to overcome any barriers and working with them to plan and prepare for placements, and providing aftercare³ • Recognising people at risk within the justice system and ensuring clear and effective pathways from custody, prison and community justice services to treatment and recovery support • Supporting individual recovery plans through facilitating access to employability programmes, volunteering and other community opportunities 	<p>National priority Local lived and living experience priority</p>
6	<p>We will work together across services and organisations to ensure families affected by alcohol and drugs have access to holistic whole family support that meets their needs⁴</p> <p>This will include :</p> <ul style="list-style-type: none"> • Supporting children and young people affected by family members' substance use • Supporting adults affected by a loved ones' substance use • Working collaboratively across services who support families to improve skills and knowledge and provide joined-up support to families affected by alcohol and drugs • Listening to the needs of families and evaluating the effectiveness of service delivery to inform and improve provision 	<p>National priorities Local lived and living experience priority</p>

² There is a separate implementation plan for MAT Standards <insert link>

³ The East Renfrewshire residential Rehabilitation Pathway is published here [Residential Rehabilitation Pathway](#)

⁴ Links to Children and Young People's Plan Priority 1.1

	STRATEGIC PRIORITIES/OUTCOMES 2023-2026	INFLUENCED BY
7	<p>We will continue to develop integrated working across alcohol, drugs and mental health settings to provide mental health supports that meet the needs of people affected by harmful alcohol and / or drug use.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Improving joint care planning for people affected by both substance use and mental health conditions through integrated systems and team working • Implementing the NHS Greater Glasgow and Clyde guidance for interface working between mental health and alcohol and drugs services • Continuing to deliver mental health supports within the Alcohol and Drug Recovery Service through one-to-one and group based approaches, listening and responding to the needs of service users to inform and improve provision 	<p>National priorities Local lived and living experience priority</p>
8	<p>We will develop, strengthen and support a skilled, multi-disciplinary workforce across all partner agencies who support people affected by alcohol and drug harms by:</p> <ul style="list-style-type: none"> • promoting sources of the most up to date knowledge and information on alcohol and drug harms across the partnership • promoting training and capacity building opportunities and enabling staff to participate • recognising trauma and its impact and embedding trauma informed practice across the partnership • continuing to develop the multi-disciplinary team in the Alcohol and Drugs Recovery Service, including peer workers, prescribers, social work and occupational therapy 	<p>National priority Local lived and living experience priority Local partners priority</p>

Working in Partnership, Ensuring Success

The Alcohol and Drugs Partnership meets regularly throughout the year to agree priorities, review progress and respond to new and emerging issues. An East Renfrewshire ADP Delivery Sub-group and Medication Treatment Standards Implementation Group will develop a detailed delivery plan and drive forward progress on actions to deliver the strategy. The following partners are represented:

- East Renfrewshire Health and Social Care Partnership (including recovery services, children and families social work, justice services and health improvement)
- East Renfrewshire Council (including community learning and development, employability services, housing and education)
- NHS Greater Glasgow and Clyde
- Police Scotland
- Third sector providers of alcohol and drugs services including Turning Point, Scottish Drugs Forum and RCA Trust
- East Renfrewshire Alcohol and Drugs Lived Experience Panel

The Alcohol and Drugs Partnership reports to Scottish Government on their contribution to national priorities and outcomes. East Renfrewshire's Integration Joint Board oversees and approves publications including the Alcohol and Drugs Strategy and annual reports on progress.

Reports on the progress made in delivering the commitments will be published during the life of the strategy.

The work of the Alcohol and Drugs Partnership links with and complements the work of a number of other partnerships and groups working to improve outcomes for East Renfrewshire residents, including:

- Community Planning Partnership
- Chief Officer's Public Protection Group
- Improving Outcomes for Children and Young People Partnership
- Safe East Ren Partnership
- Community Justice Partnership
- Violence Against Women Partnership
- Local Employability Partnership
- Mental Health and Recovery Planning Group

Service Delivery Context

There are a number of key services and groups across the public, third and community sectors, supporting people affected by alcohol and drug harms. People affected by alcohol and drugs also need access to wider support services such as employability and housing. Working in partnership and ensuring all services are accessible, person centred and responsive to needs is central to reducing alcohol and drug harms and improving people's quality of life.

- East Renfrewshire Alcohol and Drug Recovery Service (ADRS) is part of East Renfrewshire Health and Social Care Partnership, and includes staff from social work, social care and health. The service provides a wide range of alcohol and drug treatment and recovery support to adults aged 16 and over.
- Wide range of services in the Health and Social Care Partnership who support people affected by alcohol and drugs with wider complex needs including:
 - East Renfrewshire Community Mental Health Team – supports people with alcohol and / or drug harm who have a co-occurring mental health condition
 - Social work services including Adult Support and Protection and Children and Families social work supporting families affected by alcohol and drug harms and care experienced young people
- RCA Trust provide supported accommodation flats for people affected by substance use and homelessness as well as outreach and home support for clients resident in their own tenancy.
- Turning Point Scotland – Mobile Harm Reduction Service operates in East Renfrewshire two days per months offering key supports for people who inject drugs as well as alcohol harm reduction advice
- PARTNER are a community-led recovery group offering mutual aid, peer support on a weekly basis. PARTNER is a long standing and vital part of the recovery community in Barrhead, as well as welcoming members from other parts of East Renfrewshire.
- Lived Experience Panel – open to anyone with their own or loved one's lived and / or living experience of alcohol and drugs and supported by The Advocacy Project. The Panel is a forum for sharing experiences and gathering views to shape future services.
- Teen Challenge is a Christian charity organisation supporting people on a weekly basis through a recovery hub in Barrhead.
- East Renfrewshire Council services including
 - Housing
 - Employability Services – WorkER
 - Education
 - Money Advice and Rights
 - Community Learning and Development

Measuring Progress

The approach to measuring the success of the strategy will be focused on a small suite of quantitative measures that are currently reported to Scottish Government, monitoring and reporting on the progress of strategic priority actions, and gathering and reporting on lived and living experience feedback. Current national measures include:

- Medication Assisted Treatment Standards – Red/Amber/Green Assessment scores, including a wide range of process, numerical and experiential data collected
- Scottish Government substance use treatment targets – alcohol and drugs
- Access to services - % people accessing alcohol and drug treatment within 3 weeks

Further information

Contact: Tracy Butler, Lead Planner (Recovery Services), East Renfrewshire HSCP.

Email: tracy.butler@eastrenfrewshire.gov.uk

Data and Evidence Sources

- ¹ Drug Related Deaths in Scotland 2022 – Report, National Records of Scotland, published 22 August 2023
- ² Hospital admissions 2021-22 – Scottish Public Health Observatory (ScotPHO)
- ³ Alcohol and Drug Recovery Service caseload data, EMIS and Carefirst systems
- ⁴ Information Services, NHS Greater Glasgow and Clyde
- ⁵ Alcohol-specific Deaths 2022 – Report, National Records of Scotland, published 29 August 2023
- ⁶ Report on Alcohol-Specific Deaths 2021 and 2022, NHS Greater Glasgow and Clyde, 2023
- ⁷ NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey 2022-23
- ⁸ Glasgow Council on Alcohol reporting data for East Renfrewshire, 2023
- ⁹ Scottish Index of Multiple Deprivation 2020
- ¹⁰ The Scottish Burden of Disease Study, Deprivation Report, Information Services Division, 2016
- ¹¹ Probable Suicides 2022, Report – National Records of Scotland, published 5 September
- ¹² Rights, Respect and Recovery
- ¹³ Scottish Government (2019). Understanding the Social Care Support Needs of Scotland’s Prison Population.
- ¹⁴ Understanding Substance Use and the Wider Support Needs of Scotland’s Prison Population, Scottish Government commissioned report, published 20 September 2022
- ¹⁵ Emergency Department Intoxicated Child & Adolescent Report, NHS Greater Glasgow and Clyde January 2024
- ¹⁶ Youth Work Statistics 2020-23, ERC Community Learning and Development
- ¹⁷ East Renfrewshire Schools Local Health and Wellbeing Census (S2/S4)
- ¹⁸ East Renfrewshire Housing Services Data, 2022-23
- ¹⁹ Employment, unemployment and economic inactivity in East Renfrewshire, Office for National Statistics, September 2023
- ²⁰ WorkER Employability Service Information, East Renfrewshire Council, 2023
- ²¹ National Drug-Related Deaths Database (Scotland) Report, 2022

BLANK PAGE