Date: 14 June 2024
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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 26 June 2024 at 2.30 p.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@eastrenfewshire.gov.uk

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

Wednesday 26 June 2024 at 2.30 p.m.

VIRTUAL MEETING VIA MICROSOFT TEAMS

AGENDA

1. **Apologies for absence.**

2. **Declarations of Interest.**

3. **Minutes of Previous Meeting held on 27 March 2024 (copy attached, pages 5 – 14).**

4. **Matters Arising (copy attached, pages 15 – 16).**

5. **Rolling Action Log (copy attached, pages 17 – 18).**

6. **Minutes of Performance and Audit Committee held 27 March 2024 (copy attached, pages 19 – 24).**

7. **NHSGGC Primary Care Strategy and Implementation – copy attached, pages 25 – 94).**

8. **Unaudited Annual Report and Accounts (copy to follow).**

9. **Medium Term Finance Plan (copy to follow).**

10. **Annual Performance Report 2023/24 (copy attached, pages 95 – 192).**

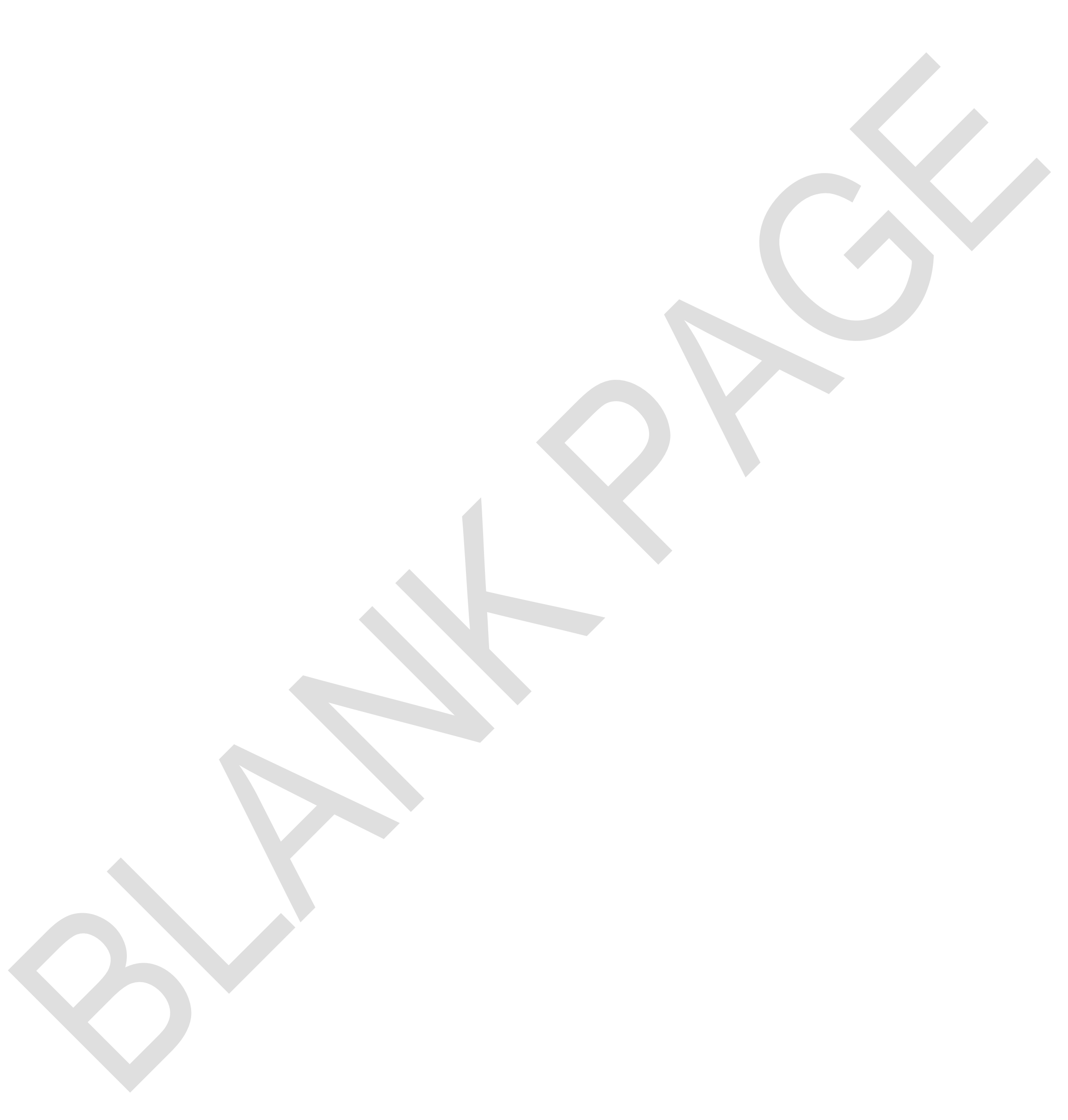
11. **The National Neurodevelopmental Specification (copy attached, pages 193 - 200).**

12. **Finance and Policy Implications for Foster Care, Kinship and Adoption in relation to Scottish recommended allowances (copy attached, pages 201 – 206).**

13. East Renfrewshire Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2023-24 (copy attached, pages 207 – 244).

14. Delayed Discharge Position – Presentation by Lee McLaughlin.

15. Integration Joint Board and Performance and Audit Committee Membership (copy attached, pages 245 – 248).



AGENDA ITEM No. 3

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 27 March 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
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 Siddiqui, Lead Allied Health Professional, HSCP
Julie Tomlinson, Chief Nurse, HSCP

IN ATTENDANCE
Claire Blair, Health Improvement Lead – Mental Health and Recovery, HSCP
Lesleyann Burns, Assistant Democratic Services Officer, East Renfrewshire Council
Tracy Butler, Lead Planner (Recovery Services), HSCP
Pamela Gomes, Governance and Compliance Officer, HSCP
Tom Kelly, Head of Adult Services, Learning Disability & Recovery, HSCP
Margaret Phelps, Strategic Planning, Performance & Commissioning Manager, HSCP
Andrew McCready, Staff Representative (NHS)
Lee McLaughlin, Head of Adult Services: Communities and Wellbeing, HSCP
Kirsty Ritchie, Senior Communications & Campaigns Officer, HSCP
Barry Tudhope, Democratic Services Manager, East Renfrewshire Council

APOLOGIES FOR ABSENCE
Dr Claire Fisher, Clinical Director

1. APOLOGIES FOR ABSENCE

Apologies for absence were noted.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES OF INTEGRATION JOINT BOARD HELD ON 31 JANUARY 2024

The Minutes of the meeting of the Integration Joint Board held on 31 January 2024 were agreed subject to an amendment at Item 8 on page 3 - include the word “not”.

*“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 difficult year and whilst the Health and Social Care Partnership are facing similar levels of pressures to colleagues across the country this does **not** make the local decisions we will need to take any more palatable”.*

4. MATTERS ARISING

The Integration Joint Board considered a report by the Chief Officer on matters which arose at the meeting of the Integration Joint Board held on 21 January 2024:

a) Children’s Vaccination Programme

Children’s vaccination rates are good, surpassing both NHS Glasgow and Clyde and NHS Scotland averages. For children in the 4 age cohorts between 12 months and six years, uptake ranges from 95% to 99%, with an average of 97% across primary immunisations like MMR, Meningitis, and Diphtheria.

Secondary age vaccination rates are also positive, with an average uptake of the HPV vaccination being 90% and 85% for meningitis vaccinations and the tetanus, diphtheria and polio booster.

It was highlighted that information on Flu and Covid vaccination uptake across Health and Social Care Partnerships in Greater Glasgow and Clyde has been shared with Board Members.

b) Adult Carers Strategy

The foreword for the Adult Carers Strategy has been jointly written by the Chair, Chief Officer and Carers representative. The final version will be published once a designed version is available. An easy read version of the Strategy is also being developed.

Board Members expressed gratitude for the collaborative effort in co-writing the foreword in the Adult Carers Strategy, emphasising that this helped to demonstrate the effective partnership working taking place.

The Integration Joint Board agreed to note the report.

5. ROLLING ACTION LOG

The Chief Officer provided an update on the tasks listed in the Rolling Action Log:

- The action around children's vaccinations would be closed as it was shared earlier in the meeting.

- The action regarding Charging for Services is closed as it is covered as part of the budget reports later in the meeting.
- The deadline for creating the easy read version of the Adult Carers Strategy will be changed to June.
- The report on neurodivergent activity will be discussed at the June meeting of the Integration Joint Board.

The Integration Joint Board agreed to note the update.

6. REVENUE BUDGET 2024/25

The Integration Joint Board considered a report by the Chief Financial Officer on the proposed budget for the coming financial year 2024/25.

The Chief Financial Officer reported that the HSCP is facing a particularly difficult and challenging year ahead with the level of cost pressures and associated savings required being broadly in line with that previously reported to the IJB and discussed at Budget Seminars.

She then recapped the key messages from the Scottish Government budget settlement:

- a commitment to fund the NHS pay award but no uplift for non-pay costs; and
- Policy funding to support the £12p/h living wage for care providers and to fund the increase to free personal and nursing care rates.

She highlighted that in addition the superannuation gain against our council employed workforce is factored in, with non-recurring benefit to 2024/25 and also to 2025/26.

Paragraph 9 of the report confirms that the budget offer from both partners is compliant with the conditions set by the Scottish Government i.e. flat cash plus a pass through of policy funding.

The Chief Financial Officer also highlighted that previously agreed multi-year savings from the Savings, Recovery and Renewal Programme are included within the proposals and given the extent and focus on savings monitoring in the coming year this will now be reported through our financial monitoring and that the recovery and renewal programme reports presented to the Board will focus on key projects and areas of change.

She reminded Board Members of the extensive budget engagement exercise as part of planning for 2023/24 and beyond and highlighted that as little has changed in both the local and the national outlook this exercise has not been repeated. Instead the focus has been on conversations with wider partners. She also confirmed that she would bring a refreshed Medium Term Financial Plan to the June meeting of the IJB.

The Chief Financial Officer explained that the proposed budget for 2024/25 takes into account cost pressures relating to pay, inflation and the population's demand for care. The budget allows for the implementation of policy funding for the living wage for care providers and the increase to free personal and nursing care. The legacy savings and

service challenges being faced in 2023/24 are also included so that the IJB can take decisions on the totality of the challenge in 2024/25.

The table at paragraph 26 of the report demonstrates the cost pressures expected for the year at just over £17 million and the funding we have to offset those pressures at £7.2 million. Neither figure includes the NHS pay award, however the expectation is this will be fully funded.

This leaves unfunded cost pressures of £9.8 million in total and when we look at this by partner contribution this is £5.9 million against our council contribution and £3.9 million against our health contribution.

The Chief Financial highlighted that Paragraphs 28 to 45 in the report provide detail on the costs pressures and this includes:

- Pay; against our ERC costs we have modelled 3% in line with council assumptions. For NHS this cost and the associated funding expected will be confirmed during the year.
- Inflation; allows for the national care hoe contract, including the living wage element that is part of the policy funding for care providers to ensure £12 p/h is paid. The increase of 7% to free personal and nursing care rates is included and fostering and kinship rates increased in line with policy. All other inflation costs need to be contained within existing budgets.

Demand for care has been allowed for and adjusted to reflect the full implementation of the Supporting People Framework.

The unachieved legacy savings from 2023/24 are included at just over £3.8 million. We expected to bring forward a legacy challenge of up to £1.9 million based on planned use of reserves, however the shortfall in the current year is clearly significant.

This is a risk factor to the proposed budget, however the scrutiny reviews that have taken place suggest that a further 26% saving is achievable. The original modelling was based on 25%.

The Chief Financial Officer confirmed that for this proposed budget she has built in a 5% buffer and there she has modelled savings from the Supporting People Framework at 20%, which equates to £4.6 million.

A detailed timetable of reviews is being finalised and this, along with levels of capacity, will inform the profiling of this £4.6 million across 2024/25 and 2025/26. This will also inform the progress reporting we will provide and are developing a dashboard to support continuous monitoring of progress. In the meantime the saving has been split 50/50 over the next 2 years.

She confirmed that she has also built in the services pressures we are seeing in the current year with the three key areas:

- Care at home at £1.5 million based on current service pressures

- Special observations within our Learning Disability in-patient units, at a reduced level recognising the service redesign will mitigate to some extent.
- Prescribing pressures for 2024/25 are currently estimated at c£3.3 million, up from £2.1 million in the current year. This reflects the current profile of price and demand. The Scottish Government settlement not including any non-pay uplift means there is no funding to offset this pressure. Therefore savings to the equivalent value of this pressure need to be identified, whilst recognising the volatility in the cost of prescribing. The Clinical Director will be leading on a programme of savings both locally and system wide to mitigate as far as possible, with £0.8m identified so far.

The Chief Financial Officer confirmed that the HSCP need to achieve just over £9.8 million savings to close the funding gap. The proposals we have so far total just under £9.8 million and the table at paragraph 49 of the report summarises the savings, as discussed in detail at the last budget seminar, by type and also using a ranking criteria from 1 to 5, where 1 is the easiest to implement and 5 being the most difficult. At present for the IJB to meet the savings needed we need to go to prioritisation level 4.

She asked the Board to note that there is a further £2.1 million savings options being worked on and that £0.9 million of savings are already completed from work undertaken this year.

When we look at the savings requirement by partner against our council contribution we need £5.9 million and we have identified £7.9 million.

Against the health contribution we need £3.9 million and we have £1.9 million identified, with a further £2.1 million being worked on.

Different staff terms and conditions give us far less flexibility when looking at redesign within our health employed workforce and to achieve the required level of redesign savings we are exploring any shared opportunities with partners and other HSCPs. Again we are mindful that the prescribing pressure is the key cost driving the level of savings we need to make.

The Chief Financial Officer highlighted that it also fundamentally important that the savings challenge we set recognises that not everything will go to plan, there will likely be slippage or changes against some proposals and there needs to be enough flexibility to allow for this and to allow us to plan ahead with confidence for 2025/26.

Whilst the proposed budget for the coming year shows a balanced position the risks to implementation of the savings and ensuring financial sustainability cannot be underestimated.

The workforce will be further impacted and we will continue working closely with our trade union colleagues and our partners as the year progresses.

Detailed monitoring of the budget will continue to take place through the revenue budget monitoring reporting, with an emphasis on delivery of savings. Any in year changes to funding will also be reported through this route.

The indicative financial direction amounts to partners was included at Appendix 3 to the report and subject to any decision taken by the IJB the direction letters will be issued in due course.

The Chair thanked the Chief Financial Officer for her comprehensive report and noted that the consistent budget reporting and budget seminars had meant that there were no surprises for the Integration Joint Board.

Board Members noted that Integration Joint Boards throughout Scotland were experiencing similar challenges. They inquired whether management could provide assurances regarding achieving savings and avoiding a repeat situation in the future.

The Chief Officer emphasised that achieving savings would be very challenging, but confirmed that detailed budget monitoring reports will continue to be presented to the Integration Joint Board. The budget is also a recurring topic at both the Senior Management Team and the Extended Senior Management Team meetings. The Chief Officer expressed gratitude to the Council for their support during the current financial year, and mentioned upcoming meetings with NHSGCC to discuss service planning and redesign for the next year and to explore more opportunities for savings. Partnership working with the third sector and other partners is also being considered.

The Integration Joint Board agreed to:

a) accept the budget contribution of £72.794 million from East Renfrewshire Council;
b) accept the £0.616 million for Community Justice expenditure funded by grant via East Renfrewshire Council, subject to uplifts to this grant funding;
c) accept the delegated budget for aids and adaptations of £0.530 million;
d) accept the indicative budget contribution of £85.091 million from NHS Greater Glasgow and Clyde, subject to due governance by the health board;
e) accept the indicative set aside budget contribution of £28.430 million from NHS Greater Glasgow and Clyde;
f) agree that directions are issued to East Renfrewshire Council and NHS Greater Glasgow and Clyde confirming the acceptance of the budget;
g) agree the continued implementation of the Real Living Wage uplift to our partner providers; and h) agree to receive charging proposals at a future meeting of the IJB, resulting from the working group.

7. REVENUE BUDGET MONITORING REPORT

The Integration Joint Board considered a report by the Chief Financial Officer on the Revenue Budget position as at 31 January 2024.

The Chief Financial Officer reported that the current projected overspend for the year is £4.674m and that this reflects the full extent of the under achievement of savings in the current year. This is the position after allowing for use of all reserves and after applying the £0.687m in-year from East Renfrewshire Council.

The Chief Financial Officer highlighted that she had allowed for just over £3.8m legacy savings along with current service pressures within care at home, learning disability in patient observation costs and prescribing cost and volume pressures as part of the budget proposed for 2024/25.

The position by service along with the movement since the last reporting period was included in the report and the Board were asked to approve the budget virements as set out at Appendix 7.

The Chief Financial Officer further reported that discussions remain ongoing with both partners (NHS Greater Glasgow and Clyde and East Renfrewshire Council) and the final value of the collective financial recovery support will be agreed as part of the respective year-end outturn positions.

Board Members enquired about staffing and agency costs, seeking clarification on efforts to minimise the use of agency workers. Officers confirmed that this issue is under scrutiny, with different work streams addressing it, including re-evaluating shift patterns, implementing some service redesign, and preparing for a recruitment campaign. It was emphasised that any service redesign or changes in work patterns would involve consultations with HR and Trade Unions. The NHS staff representative also mentioned positive relationships with staff engaged in any proposed changes.

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 cost pressures in the current year;
c) note that East Renfrewshire Council has indicated support to the Integration Joint Board for social care pressure costs on a non-recurring basis this financial year; and
d) approve the budget virement requested within the report.

8. SAVINGS, RECOVERY AND RENEWAL PROGRAMME

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

The Chief Financial Officer highlighted that exception updates on a range of projects were detailed at paragraphs 5 to 8 of the report. She also confirmed that a preferred bidder, the Access Group with their system called Mosaic, has been selected for the replacement of the Case Recording System. Work on this project is ongoing with a fairly challenging implementation timetable for the year ahead.

The Chief Financial Officer further reported that project briefs and initial scoping work for telephony and transport projects are now complete and both will be considered in the coming weeks.

She further highlighted that moving forward, the Recovery and Renewal Programme reports will concentrate on key projects and areas for improvement, while the savings aspect will be included in the regular financial monitoring reports.

Board Members expressed their appreciation to officers for their efforts in terms of the Case Recording System and viewed the selection of a preferred bidder as a positive step, especially considering the increased workload offers face at year end. Board

Members also commented that they looked forward to hearing more about the telephony and transport projects when more information is available.

The Integration Joint Board agreed to note the report.

9. EAST RENFREWSHIRE SUICIDE PREVENTION STRATEGY AND ACTION PLAN 2024-2027

The Integration Joint Board considered a report by the Head of Adult Services: Learning Disability and Recovery Services on the East Renfrewshire Suicide Prevention Strategy and Action Plan 2024-2027.

The Head of Adult Services: Learning Disability and Recovery Services reported that following the publication of the national Suicide Prevention Strategy and Action Plan 2022-2032 "Creating Hope Together," local authority areas are required to develop and implement their own strategies.

The purpose of the East Renfrewshire Suicide Prevention Strategy and Action Plan is to outline the HSCP's vision and strategic priorities to reduce suicide rates in East Renfrewshire. It also aims to enhance mental health and well-being by establishing suicide-safe environments with well-informed communities and staff.

The East Renfrewshire Suicide Prevention Strategy and Action Plan closely aligns with the NHS Greater Glasgow and Clyde Mental Health Strategy 2023-2028. The strategy and action plan was created collaboratively with partners such as Scottish Action for Mental Health (SAMH), Education, Police, Carers Centre, and individuals with personal experiences.

During the discussion, there was clarification that suicide deaths did not include those related to drugs and alcohol, with separate reports published annually on drug and alcohol-related deaths.

Board Members inquired about the current number of individuals receiving support. The Chief Officer emphasised that Mental Health Services are actively engaged in suicide prevention efforts, working with around 1,400 individuals at any given time.

Board Members also highlighted that one of the biggest challenges would be encouraging people to talk about suicide and it was suggested that delivery plans should explicitly mention the groups being engaged, such as Men's Sheds and Football clubs.

Suggestions were made by Board Members to include specific timelines or dates against the various actions. The Chief Officer confirmed that a comprehensive Implementation Plan with timelines and responsible officers would be developed and shared with Board Members.

Board Members welcomed the Suicide Prevention Strategy and Action Plan, noting the importance of involving individuals with lived experience. While acknowledging the low number of suicides in East Renfrewshire, they emphasised that every death was

a tragedy. Additionally, they recognised the challenge in measuring success as you may never know how many lives have been saved.

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

10. EAST RENFREWSHIRE ALCOHOL AND DRUG STRATEGY 2024-27

The Integration Joint Board considered a report from the Head of Adult Services on Learning Disability and Recovery Services regarding the East Renfrewshire Alcohol and Drug Strategy for 2024-2027.

The Head of Adult Services: Learning Disability and Recovery highlighted that the goal of the Strategy is to outline the vision and key priorities aimed at reducing and preventing harms associated with alcohol and drug use, such as fatalities. Additionally, it aims to enhance the quality of life for individuals impacted by harmful alcohol and drug consumption, as well as their families.

The Strategy will be delivered in a context of building on the successes of the previous Alcohol and Drug 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.

Board Members raised concerns about the potential concealment of drug-related problems; individuals with addiction issues, such as cocaine addiction, may function normally without detection. It was highlighted that a significant aspect of the new strategy would focus on removing stigma and promoting awareness about the available help and support. Additionally, the Alcohol and Drug Partnership (ADP) had been testing other outreach approaches, including using the Turning Point Mobile Van, to eliminate barriers and encourage individuals to seek assistance.

Board Members also mentioned the ongoing collaborations with the East Renfrewshire Licensing Board, Barrhead Housing Association, and other organisations to address gambling addiction. They suggested reaching out to GAMCare for assistance and proposed including gambling addiction in the Strategy. Officers confirmed the there is a Gambling Focus Group across HSCPs and noted that this issue is also addressed through the Violence Against Women and Girls (VAWG) partnership.

The Chief Officer noted the progress of the East Renfrewshire ADP and praised the strong collaboration within the group. Acknowledging the IJB for their challenging input, she also outlined plans for the Recovery Hub in Barrhead. The Community Steering Group will stay involved throughout the project, shaping the programming and activities within the hub. The ultimate goal is for the hub to be community-driven. She further highlighted the higher-than-average alcohol consumption in East Renfrewshire and emphasised that while funding is more focused on tackling drug-related issues, the ADP will be flexible.

It was also highlighted that the text in the green bubble on page 12 of the strategy titled "East Renfrewshire and Alcohol and Drugs – Data profile" was cut off. Officers confirmed this would be corrected prior to publication.

The Integration Joint Board agreed to approve the East Renfrewshire Alcohol and Drugs Strategy 2024-2027.

11. PRESENTATION: DELAYED DISCHARGE POSITION

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

It was highlighted that East Renfrewshire's performance in standard delays has dropped, moving from 2nd to 7th place in Scotland. There has been a slight improvement in Code 9 delays.

The key factors affecting performance are housing delays, increased referrals and delays in the court system. However, the service remains focused in improving performance and ensuring patients do not stay in hospital longer than necessary.

Discussion took place on the importance of hospital staff promptly advising family members when a patient is not going home. There was also discussion on the NHSGCC Home for Lunchtime initiative and how participation in the NHSGCC Day of Care Audit would help identify challenges and also areas of good practice.

The Integration Joint Board agreed to note the presentation.

12. CLOSING REMARKS

The Chair thanked everyone for their attendance and the officers for their detailed reports. She highlighted that while the Board had made some challenging and difficult decisions with a very heavy heart, there is still a lot of fantastic work taking place.

13. DATE OF NEXT MEETING

The next meeting of the East Renfrewshire Integration Joint Board will be held on Wednesday 26 June 2024 at 2.30 pm.

CHAIR

AGENDA ITEM No. 4

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 2024
Agenda Item	4
Title	Matters Arising

Summary

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 27 March 2024.

Presented by	Julie Murray, Chief Officer

Action Required

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

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 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

3. There are no matters arising which aren't addressed within other agenda items.

RECOMMENDATIONS

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

REPORT AUTHOR AND PERSON TO CONTACT

IJB Chief Officer: Julie Murray

11 June 2024

AGENDA ITEM No. 5

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 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 27 March 2024. Actions 434 and 420 which were confirmed as closed verbally at the March meeting are also included for reference.	
Presented by	Julie Murray, Chief Officer
Action Required Integration Joint Board members are asked to note progress.	

ACTION LOG: Integration Joint Board (IJB) **June 2024**

Action No	Date	Item Name	Action	Responsible Officer	Status	Due / Closed	Progress Update /Outcome
440	27-Mar-24	3. Minute of meeting held 31 January 2024	Minute to be amended to add the missing word 'not' (Page 3, Item 8)	DSM	CLOSED	Jun-24	Minute amended
439	27-Mar-24	6. Revenue Budget 2024/25	The budget was agreed as per the recommendations in the report. Directions to be issued to both partners.	CFO	CLOSED	Mar-24	Direction letters issued to both partners.
438	27-Mar-24	8. HSCP Savings, Recovery and Renewal Programme	Savings progress to be included in revenue monitoring report moving forward. The recovery and Renewal Programme will focus on major projects and the frequency of reporting will reflect key milestones.	CFO	CLOSED	Jun-24	The next Recovery and Renewal Programme update is scheduled for September 2024
437	27-Mar-24	9. East Renfrewshire Suicide Prevention Strategy and Action Plan 2024 – 2027	Update on action plan, including timescales to be presented to a future IJB meeting.	HAS-LDR	OPEN	Sep-24	The update on action action plan will be shared with members of the IJB when available.
436	27-Mar-24	10. East Renfrewshire Alcohol and Drugs Strategy 2024-2027	Text missing from speech bubble on page 110 to amended.	HAS-LDR	CLOSED	Mar-24	The strategy has been amended and the final version is awaiting final design prior to publication.
435	27-Mar-24	10. East Renfrewshire Alcohol and Drugs Strategy 2024-2027	Look at the range of gambling associated support currently in place in East Renfrewshire and provide an update to IJB	HAS-LDR	OPEN	Sep-24	
434	31-Jan-24	4. Matters Arising	Statistics on the uptake of children's vaccinations to be shared with members.	CN	CLOSED	Mar-24	Update provided in IJB Matters Arising paper (27.03.2024)
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	Jun-24	This is currently in development and will be shared with IJB members.
430	22-Nov-23	4. Matters Arising	Arrange in-person/hybrid meeting after spring	CO	OPEN	Jun-24	As some appointments have been made on the basis that meetings will be held virtually, in-person meetings will not be suitable.
420	27-Sep-23	9. Charging for Services	Further discussion on the 5% increase to charging policy to be deferred to SLWG with invitations extended to all interested IJB members	CFO	CLOSED	Mar-24	The next SLWG is scheduled for 2 April 2024 to further consider options for charging during 2024/25 and beyond. An indicative saving is included in the budget setting report being presented to IJB on 27 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	Jun-24	Included on IJB agenda 26.06.2024

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
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

NOT YET ENDORSED AS A CORRECT RECORD

Minute of virtual meeting of the East Renfrewshire Integration Joint Board Performance and Audit Committee held on 27 March 2023 at 9.00 a.m.

PRESENT
Councillor Katie Pragnell, East Renfrewshire Council (Chair)
Lynsey Allan, Scottish Care
Councillor Caroline Bamforth, IJB Member
Jacqueline Forbes, NHS Greater Glasgow and Clyde Board
Anne Marie Kennedy, Non-voting IJB Member
Anne-Marie Monaghan NHS Greater Glasgow and Clyde Board

IN ATTENDANCE
Lesley Bairden, Head of Finance & Resources (Chief Financial Officer)
Michelle Blair, Chief Auditor
Lesleyann Burns, Assistant Democratic Services Officer
Louise Brown, HR Business Partner
Pamela Gomes, Governance and Compliance Officer
Noleen Harte McCormick, Self-Directed Support Implementation Manager
Lee McLaughlin, Head of Adult Services (Communities and Wellbeing)
Julie Murray, Chief Officer IJB
Margaret Phelps Strategic Planning, Performance and Commissioning Manager
Steven Reid, Policy, Planning and Performance Manager
Catriona Reid, NHS Great Glasgow and Clyde
Barry Tudhope, Democratic Services Manager

ALSO IN ATTENDANCE
Grace Scanlin, Ernst and Young

APOLOGIES
None.

1. DECLARATIONS OF INTERESTS

There were no declarations of interest intimated.

2. MINUTE OF PREVIOUS MEETING: 22 NOVEMBER 2023

The minute of the meeting of the Integration Joint Board Performance and Audit Committee held on 22 November 2023 was approved.

3. MATTERS ARISING

The Committee considered a short report by the Chief Financial Officer on two matters arising from the November meeting.

The Chief Financial Officer reported that in terms of the November Performance Report, data for A&E admissions and attendance from care homes is currently being verified and will therefore be presented in the year-end report.

The Chief Financial Officer also confirmed that in terms of the November Audit Update, the default position will remain that verification of all audit recommendations will be undertaken by Internal Audit. For those actions around procedures, a rolling schedule of reminders will be developed and distributed through the staff bulletin to maintain a level of awareness. It was further highlighted that any audit recommendations will also be included on management team agendas.

The Committee agreed to note the content of the report.

4. ROLLING ACTION LOG

The Committee considered a report by the Chief Financial Officer providing details of all open actions and those that had been completed, or removed from the log, since the last meeting.

Commenting on the report, the Chief Financial Officer confirmed that Actions 75 and 77 relating to Mid-Year Performance were closed. Of the four open actions 75 and 76 were covered in terms of Matters Arising from the previous meeting and Action 64 will be reviewed as part of year end reporting.

It was highlighted that Action 31 remains with Police Scotland.

The Committee agreed to note the report.

5. ERNST AND YOUNG PROVISIONAL ANNUAL AUDIT PLAN YEAR ENDED 31 MARCH 2024

The Committee considered the East Renfrewshire Integration Joint Board Provisional Annual Audit Plan prepared by Ernst and Young, the Integration Joint Board's external auditors. The report provided details of the work that Ernst and Young would undertake as part of their audit of the Annual Accounts of the IJB for 2023/24.

It was highlighted that the report was similar to previous Audit Plan reports. However, there had been some contextual developments in that the auditors work will consider key developments in the sector such as the National Care Service Bill, the Scottish Budget and the NHS in Scotland.

Discussions took place on the risk of fraud and income/funding for public bodies.

The Chair thanked Ernst & Young for the report and commented on the ongoing good working relationship between them and the Integration Joint Board.

The Committee agreed to note the report.

6. PERFORMANCE UPDATE (QUARTER 3, 2023-24)

The Committee considered a report by the Policy, Planning and Performance Manager on key performance measures relating to the strategic priorities as set out in the HSCP Strategic Plan 2022-2025.

The report highlighted that the HSCP continues to operate at a high level of performance across services areas, including those that continue to face significant challenges and

pressures. The Policy, Planning, and Performance Manager outlined some of the key findings in the report, which were detailed at Appendix 1:

- Continuing excellent performance in CAMHS waiting times.
- Performing ahead of the national average in terms of independence and care rebalancing.
- 63% of individuals from the reablement service were discharged with reduced levels of care need;
- Alcohol brief interventions increased during the quarter and the service is on course to meet their target for the financial year.
- Emergency hospital admissions decreased during the quarter.

The Policy, Planning and Performance Manager also outlined areas of focus for the next quarter including:

- Targeted action to improve the percentage of people accessing psychological therapies within 18 weeks.
- Returning performance to target in terms of waiting times for alcohol and drug recovery services, this has been impacted due to staff absence during the quarter.
- Continued activity to minimise hospital discharge delays and bed days lost.

It was highlighted that sickness absence continues to be an issue. Absence panels are in place and support is targeted to service areas with highest levels of absence. The HSCP continue to deliver health and wellbeing support to staff.

Committee Members highlighted that the performance report layout had been improved and was now easier to understand. However, they noted that some of the charts were still overcrowded. The Policy, Planning, and Performance Manager agreed to address this for future reports.

Committee Members then asked questions and received responses from officers on Direct Payments spent on adults and managing staff absence.

There followed a discussion regarding the perception of inconsistency and lack of innovation in the use of Self-Directed Support. It was highlighted following the introduction of the Supporting People Framework update guidance has been supplied and coaching and support is available for social work and wider practitioners to increase creativity. The Carers Lead regularly attends team meetings and there is ongoing coaching to support professionals.

The Committee noted the report.

7. AUDIT UPDATE

The Committee considered a report by Chief Financial Officer on audit activity relating to the Integration Joint Board and Health and Social Care Partnership, as well as providing a summary of all open audit recommendations.

The Chief Financial Officer highlighted that since the last report in November 2023, there has been one new audit on emergency payments which made 10 recommendations.

A workshop session with key individuals who support the emergency payments process had taken place where amendments were made to the forms as requested and a number of actions were agreed to ensure the recommendations are fully addressed. Further work is planned to review and streamline the process for section monies.

This workshop session approach will also be used for future refresher sessions and allows a better discussion to ensuring changes are collectively understood and actioned.

The Chief Financial Officer also reported that there has been no new NHS audit activity relating to the HSCP.

She also highlighted that the table at para 14 of the report shows 75 recommendations, 53 of which are considered closed pending verification and 22 remain open.

The Committee agreed to note the report.

8. IJB STRATEGIC RISK REGISTER

The Committee considered a report by the Chief Financial Officer on the IJB Strategic Risk Register.

The Chief Financial Officer confirmed that since the committee last met there have been no new risks added, nor any removed and that the report includes updates where areas of risk have been revised. The changes are detailed in the report at paragraphs 11 through 19. She also drew the Committee's attention to two areas:

- Financial Sustainability remains red, post mitigation reflecting the ongoing challenges we are facing, including financial recovery in the current year.
- The workforce risk score has reduced given the previous staffing difficulties within Mental Health services has improved slightly.

The Chief Financial Officer highlighted that the Strategic Risk Register is continually reviewed and in particular given the challenges set out in the budget report to be considered by the Integration Joint Board, the financial sustainability and workforce risks will be continue to be closely monitored.

Board Members highlighted a discrepancy in the scoring for workforce planning. They also highlighted that they were aware of private GP Practices appearing in the west end of Glasgow and enquired if this was something that the HSCP was noticing in East Renfrewshire. The Chief Officer confirmed the presence of some private activity in the area.

Following discussion, the Committee agreed:-

(a) that the Chief Financial Officer should circulate a note confirming the scoring around workforce planning;

(b) that an update on the Scottish Child Abuse Inquiry should be included under Matters Arsing at the next meeting; and

(c) to note the report.

9. CARE AT HOME INSPECTION REPORT

The Committee considered a report by the Head of Adult Services: Communities & Wellbeing which provided an overview of a recent inspection of the Care at Home Service by the Care Inspectorate in January 2024.

Inspectors had visited 40 people using the Care at Home along with some of their friends and family as well as observing practice and daily life, reviewing documents, and speaking with staff and management.

The Service was awarded 3s (adequate) across the four inspection themes:

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

The service also received a grade 4 (good) for one area: People experience compassion, dignity and respect.

The Care Inspector has identified four areas for improvement and meetings have been arranged to develop an Action Plan to address these.

It was highlighted that there were several positive comments about the service, Care at Home staff and the service improvement journey. The Care Inspectorate acknowledged that that the service has already self-identified and are working on the areas they have noted for improvement and that the service is undergoing redesign.

Committee Members highlighted that while the service may be disappointed with the scoring in the report, it demonstrated good progress and lots of hard work when compared to the 2019 Care Inspectorate Report.

Committee Members also commented that should the inspection have been carried out later in the year it would have been a better result. They also thanked staff and management for their continued hard work in improving the service.

The Committee agreed:-

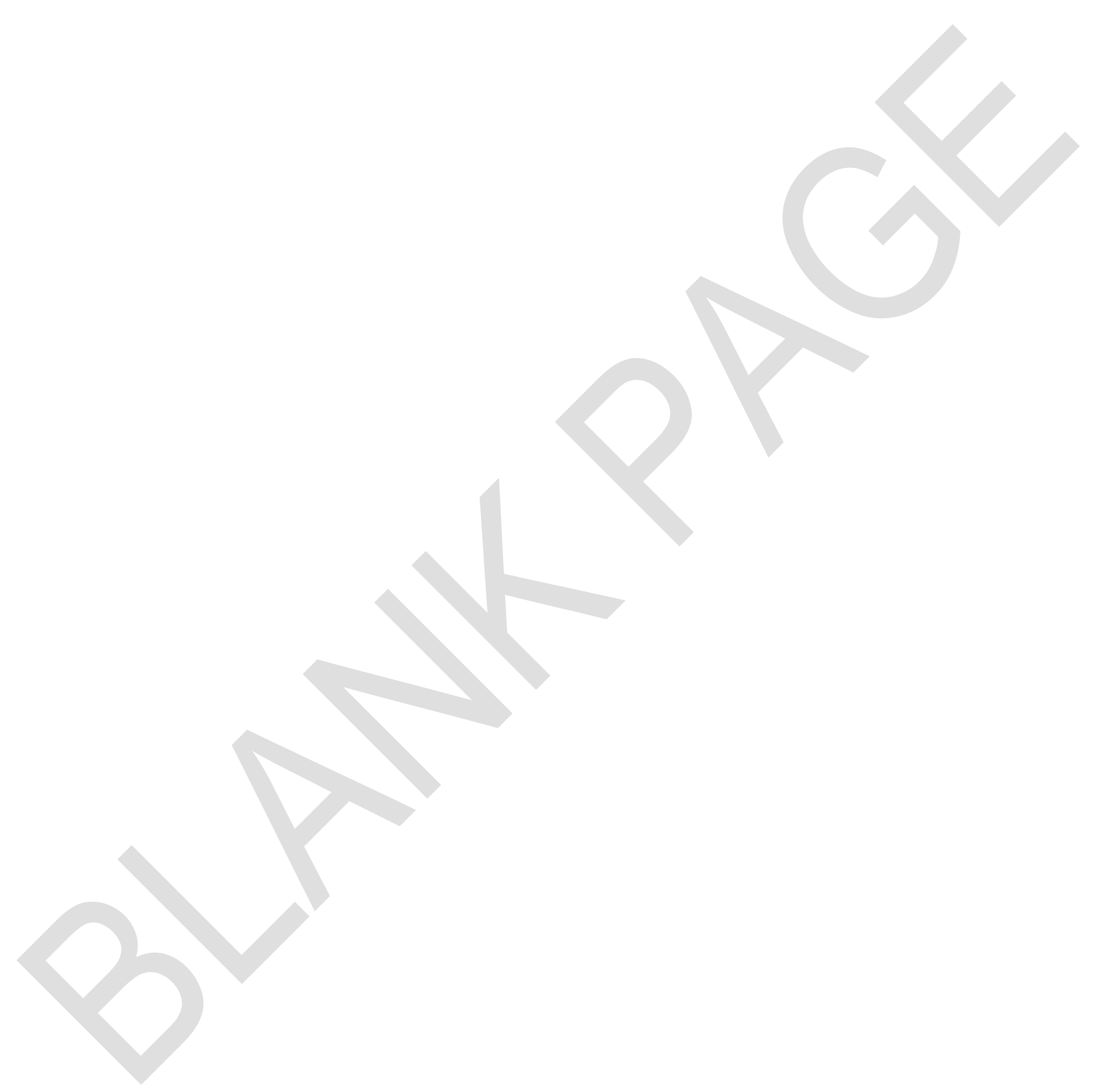
(a) to note the report; and

(b) that the Action Plan to address areas for improvement should be shared once finalised.

10. DATE OF NEXT MEETING

The next meeting of the Integration Joint Board Performance and Audit Committee will be held on Wednesday 26 June at 1.00 p.m.

CHAIR



AGENDA ITEM No. 7

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2024
Agenda Item	7
Title	NHSGGC Primary Care Strategy and Implementation

Summary

The purpose of this paper is to update the Integration Joint Board on the development and implementation of the NHS Greater Glasgow and Clyde Primary Care Strategy 2024-29.

Presented by	Allen Stevenson, Director of Primary Care NHSGGC Ann Forsyth, Head of Primary Care Support NHSGGC

Action required

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

Directions	**Implications**	
☒ No Directions Required	☐ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2024

Report by Chief Officer

NHSGGC Primary Care Strategy and Implementation 2024-29

PURPOSE OF REPORT

1. The purpose of the report is to update the Integration Joint Board on the development and implementation of the NHSGGC Primary Care Strategy, and share the Strategy and Implementation plan for noting.

RECOMMENDATION

2. The IJB is asked to:

   a) Note the contents of this report and its appendices:
      - Appendix A: NHSGGC Primary Care Strategy 2024-29
      - Appendix B: NHSGGC Primary Care Strategy 2024-29 – Summary Implementation Plan
      - Appendix C: NHSGGC Primary Care Strategy 2024-29 – EQIA

   b) Receive an annual update on delivery of the programme.

   c) Comment on the Strategy.

BACKGROUND

3. This is NHSGGC's first Primary Care Strategy. It spans five years to 2029 and aligns to NHSGGC's Delivery Plan and long term transformation programme (*Moving Forward Together*), as well as East Renfrewshire HSCP's Strategic Plan 2022-2025.

REPORT

4. The attached Primary Care Strategy (PCS/'the Strategy') 2024-2029 sets out NHSGGC's strategic ambitions for primary care over the next five years, alongside a high level work plan which, once approved will support East Renfrewshire HSCP's Strategic Plan 2022-25.

5. The Strategy defines primary care as all those services and staff working within the four independent contractor settings (dentistry, general practice, optometry, and pharmacy) as well as a range of NHSGGC / HSCP provided services. Together, these include:
   - Advanced Practitioner Physiotherapists
   - Dental and Oral Health, including Dental Out of Hours
   - Chronic Disease Management

- Community Optometry
- Community Pharmacy
- Community Treatment and Care
- General practice and GP Out of Hours including Urgent care
- Community Link Workers (Social Prescribing)
- Mental Health in Primary Care
- Pharmacy Service
- Vaccination

6. The Strategy sets out a vision for a sustainable primary care at the heart of the health system. People who need care will be more informed and empowered, will access the right professional at the right time, and will remain at or near home whenever possible. Multi-disciplinary teams will deliver care in communities and be involved in the strategic planning of our services.

7. Long term primary care outcomes are aligned to NHSGGC's transformation programme Moving Forward Together, and the associated transfer of the balance of care, based on a tiered model of provision.

8. The long term outcomes for primary care are as follows:
   - We are more informed and empowered when using primary care
   - Our primary care services better contribute to improving population health
   - Our experience as patients in primary care is enhanced
   - Our primary care workforce is expanded, more integrated and co-ordinated with community and secondary care
   - Our primary care infrastructure – physical and digital – is improved
   - Primary care better addresses health inequalities.

9. The Strategy sets out the operating context of primary care in NHSGGC and its HSCPs, including key challenges and risks to success. The ambition is that Strategy delivery will enable, in the short term:
   - A sustainable workforce that is sufficiently staffed and skilled, and shares a common purpose;
   - A step-change in data and digital technology innovations to improve patient health and care outcomes;
   - Integrated care and well-connected services, supported by effective teams, improved system-wide working, leadership and planning; and
   - Patients to have an improved understanding of available services and a better ability to navigate between primary care services.

10. In the medium to long term, the Strategy aims to enable:
    - People to access the right service at right time, more flexibly and in ways that suit them
    - Strengthened prevention, early intervention and wellness
    - Better access to trusted information on health and care
    - Strengthened contribution to reducing health inequalities.

11. The Strategy has been developed following wide consultation with strategic and operational health and care staff in NHSGGC, as well as with members of the public, and this has enabled its ambitions and priorities to be collaboratively defined, validated and refined.

CONSULTATION AND PARTNERSHIP WORKING

12. As the strategy applies to NHS Greater Glasgow and Clyde, there has been significant engagement with East Renfrewshire and other HSCPs. The engagement with people accessing our services and with people providing them has driven Strategy development. Over two development phases, there were almost 2,000 contacts with patients/public partners and professionals, with engagement across both sectors broadly balanced.

13. Within East Renfrewshire there has been engagement with the Chief Officer, Strategic Planning Groups, NHS Staff Side Partnership representatives, senior clinicians, managers and practitioners in health and social care, as well as with members of the public. Staff groups and contractor representatives have been routinely consulted and briefed on the strategy, including its key priorities. Engagement has taken place via attendance at organisational meetings (e.g. Chief Officers; Strategic Planning Group; Area Partnership Forum) as well as dedicated Strategy consultation and engagement sessions, in-person and online (with wider professionals and members of the public).

14. Priorities and wider areas for development were identified and agreed with the Primary Care Programme Board Strategic Group, whose membership includes independent contractor and provider member bodies (e.g. Local Medical Committee (LMC) and GP Sub Committee) and representatives from NHSGGC Area Partnership Forum (APF).

IMPLICATIONS OF THE PROPOSALS

Finance

15. The Strategy sets out the funding arrangements for primary care services in NHSGGC. Supporting delivery, as set out in the summary implementation plan, will be delivered within the agreed financial allocations which, for contractor groups, are set nationally.

Policy

16. There are no policy implications.

Workforce

17. There are staffing implications in terms of future workforce planning, composition and enhancement that will be further defined as the Primary Care Workforce Strategy is developed in 2024-25. Such changes will be identified and managed in partnership with NHS Staff Side Partnership representatives and professional bodies, and in accordance with Health and Care (Staffing) (Scotland) Act 2019 and organisational change policies.

Risk

18. The NHSGGC Primary Strategy sets out the future role of primary care as the centre of our health and care, with care at or close to home wherever possible and clinically appropriate, and supporting wider transformational change in NHSGGC. An initial risk register has been developed and will be updated following Board approval of the Strategy and summary implementation and onward programme progress.

19. Key strategic risks to the success of the Strategy are set out below:
    - Achieving the strategy's ambitions will require meaningful collaboration across NHSGGC/HSCP and independent contractor workforces.
    - Continued increase and/or large swings in prescribing costs and the accompanying impacts on primary care budgets could lead to additional funding pressure on HSCP budgets.
    - Insufficient funding, system resource/capacity and delayed confirmation of budgets significantly restrict the ability to effectively plan and deliver, including limited availability of good quality primary care data and analytical capacity.
    - Increases in demand and levels of poor health create significant pressures with the potential to impact on primary care's ability to deliver effectively.
    - Recruitment and retention difficulties across most staff groups.
    - Sufficient pace of digital transformation across primary care e.g. e-prescribing.
    - Managing public expectations and securing their support to change primary care responses to need.
    - Lack of appropriate accommodation to facilitate the expansion of multi-disciplinary working and/or locally available care.

Legal

20. There are no legal implications.

Infrastructure

21. Digitally enabled care is one of four priority areas, and will focus on the introduction of a shared care record accessible to all primary care clinicians, alongside improvements to patients' access to information and, pending national developments, roll-out of step-change improvements to GP IT re-provisioning and e-prescribing.

22. Primary care accommodation use may evolve to better support patient care to be as local and flexible as possible; the NHSGGC Primary Care Asset Strategy will scope and define ambitions and planned activity to deliver on them, ensuring alignment with HSCP property plans.

Equalities

23. The Strategy sets out dedicated action to improve equity and reduce inequalities in the design and delivery of primary care services, as well as targeted action in each of the Strategy priorities and wider areas for development (pages 42-43). An equality impact assessment (EQIA) has been completed on the Strategy. This can be found at Appendix C and will be finalised on approval of the Strategy by NHSGGC Board. It commits to continued patient engagement, incorporation and review of equalities learning in implementation, aligned to our Public Sector Equality Duties, 2010 (Scottish Government, 2016).

Fairer Scotland Duty

24. Consideration of the socio-economic impact of the Strategy ambitions and mitigating action were incorporated into the Equality Impact Assessment and will be reviewed during the lifetime of the Strategy.

DIRECTIONS

25. No direction is required.

CONCLUSIONS

26. In summary, the NHSGGC Primary Care Strategy aims to take a whole system approach to action, in particular on our key priorities (*optimising our workforce; digitally enabled care; effective integration, interfacing and all-system action*), to support medium to long term outcomes to be achieved.

RECOMMENDATIONS

27. The IJB is asked to:

    a) Note the contents of this report and its appendices:
    - Appendix A: NHSGGC Primary Care Strategy 2024-29
    - Appendix B: NHSGGC Primary Care Strategy 2024-29 – Summary Implementation Plan
    - Appendix C: NHSGGC Primary Care Strategy 2024-29 – EQIA

    b) Receive an annual update on delivery of the programme.

    c) Comment on the Strategy.

REPORT AUTHOR AND PERSON TO CONTACT

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0141 451 0749

30 May 2024

Chief Officer, IJB: Julie Murray

Primary Care Strategy 2024 - 2029

NHS Greater Glasgow and Clyde

Foreword

We are pleased to set out primary care's shared contribution to the health and wellbeing of people in NHS Greater Glasgow and Clyde (NHSGGC) over the next five years.

For the first time, primary care services in NHSGGC have come together to define shared ambitions and make a joint strategic commitment to achieve them.

We have developed this strategy collaboratively, bringing together representatives from the full range of primary care services to grow our shared vision and purpose. We have also engaged with the wider network of health and social care, community and specialist services to incorporate their perspectives around the best improvements to make. Perhaps most importantly, we have spoken with a substantial number and range of patients to understand what is most important in a 'good' primary care.

The Strategy launches at a time of significant challenge, which is a fundamental driver for combined action to sustain and improve our impact. Focussing on our shared opportunities to improve will allow us to make best use of available resource and real advances across our services.

Our vision is of a sustainable primary care, at the heart of the health system. People who need care will be more informed and empowered, able to access the right professional at the right time, and remain at or near home where possible. Multi-disciplinary teams will deliver care in communities and be involved in the strategic planning of our services.

We commit to improving patient care, our workforce, and our system of care. We will work together to ensure that we improve services, with patients at the centre. Realising our ambitions in the current context requires a sharp focus on where we can best bring benefit. We will do this through a whole system approach across primary care, plus collaboration with the wider system, data and evidence-informed approaches, and national advocacy. This approach will ensure that our strategic ambitions align with broader NHSGGC transformational change.

We would like to thank everyone for their support and contributions through the process.

Jane Grant
Chief Executive, NHSGGC

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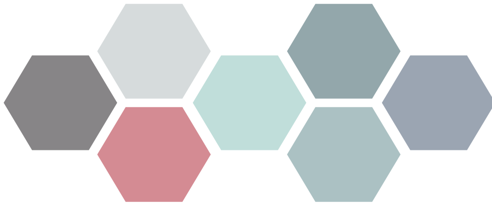


Executive Summary

Primary care is the first point of contact in the healthcare system – a front door to the wider NHS. It is critical to our health and wellbeing and to sustaining wider health and care resilience by intervening early to protect health and prevent ill-health, as far as possible.

Our five year strategy for primary care sets out our long term vision and approach to primary care transformation in NHS Greater Glasgow and Clyde (NHSGGC).

Our priorities and areas for action are set within a strategic framework that builds on the significant work already underway to improve our communities' health and wellbeing.

We know that the pandemic changed the conditions that we operate within. It rapidly accelerated how services are planned and delivered and opened up new ways for people to access them. As our population needs grow, primary care must evolve to be able to continue to respond. We need to do this in a way that makes best use of current resource and aligns well with wider system change.

This Strategy provides a high-level overview of our contribution, the context that we operate within, and the changes we want to make. It also defines our contribution to plans for wider system transformation across all-NHSGGC.

This Strategy is an opportunity for all of primary care to take a whole system approach to transformation, through new ways of working and by scaling up good practice.

Our ambition is that, by 2029, we will enable:

In the short term:

1. A sustainable workforce that is sufficiently staffed and skilled, and shares a common purpose;
2. A step-change in data and digital technology innovations to improve patient health and care outcomes;
3. Integrated care and well-connected services, supported by effective teams, improved system-wide working, leadership and planning; and
4. Patients to have an improved understanding of available services and a better ability to navigate between primary care services.

In the medium to long term:

5. People to access the right service at right time, more flexibly and in ways that suit them;
6. Strengthened prevention, early intervention and wellness;
7. Better access to trusted information on health and care; and
8. Strengthened contribution to reducing health inequalities.

Scope of the Strategy

We use the term 'primary care' to describe those services that people often use as the first NHS point of contact for their health needs. These are usually provided by general practice, pharmacy, dentistry, optometry (the four main independent contractor and practitioner groups) in our local communities.

Primary care also includes a range of professionals working in wider multi-disciplinary teams e.g., community link workers, pharmacy professionals, allied health professionals e.g. physiotherapists, occupational therapists, dieticians, podiatrists, advance nurse practitioners (ANPs), health support workers, practice managers, care co-ordinators, and social prescribers.

We describe a whole system approach being taken by all our primary care services and workforce working together, as set out above. We also want to work with the wider health and care system – that is, specialist and hospital services, as well as social care and third sector partners.

How we will deliver

Implementation of the Strategy will be directed and overseen by NHSGGC Primary Care Programme Board whose members include all primary care sectors and leads, as well as professional representatives for all independent contractor and provider bodies.

Progress with implementation will be reported primarily to the NHSGGC Corporate Management Team and HSCP Chief Officers, which will ensure that delivery of the Strategy aligns with wider NHSGGC strategic change and HSCP Strategic Plans.

We will set out our work to deliver the Strategy in a five-year implementation plan, which will include key areas of delivery: what will be done, when, and how we will know we have been successful.

It will also set out arrangements to progress wider primary care commitments from existing NHSGGC strategies. We will refresh this annually to ensure it remains up to date.

We will undertake regular monitoring and evaluation of our work to deliver the Strategy to ensure that we can understand and improve the impact of our work. That will focus on the positive results for our patients, as well as to our workforce and healthcare system. Learning will shape future service planning and delivery, including our next strategy for primary care.

Introduction

This Strategy sets out how we will maximise our contribution to the health and wellbeing of the people of NHSGGC, through collaborative action. It is for everyone in NHSGGC: people who need primary care services and those who are working in primary care. Our Strategy launches at a time of significant strategic and operational challenge. Ensuring we continue our crucial work is the first and fundamental focus of this Strategy.

Primary Care is understood to support the majority of all healthcare contacts across NHSGGC, undertaking a wide diversity of treatment and support through dentistry, general practice, optometry, pharmacy, and services provided by Health and Social Care Partnerships.

As a very broad guide during 2022/23, approximately 83% of all NHSGGC activity took place in general practice, dentistry, optometry, and community pharmacy services alone (see Appendix 2). Our services are delivered by Health and Social Care Partnership (HSCP) and Health Board employees, as well as by independent contractors and providers and their employees within dentistry, general practice, optometry and pharmacy, plus commissioned services. Primary care is generally accessible close to home, in local communities and HSCP areas.

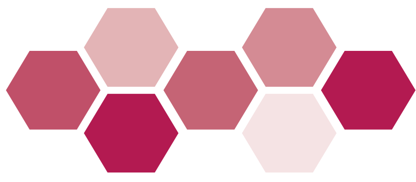


Figure 1: NHSGGC Primary care services

The following sections set out our vision for future primary care and the outcomes we want to achieve - for patients, our workforce, and our health and care services. We describe key aspects of the context that we operate within, and our current contribution, and then set out our areas for action.

Our vision and outcomes

As we launch our first primary care strategy for NHSGGC, we want to maintain our ambition while appreciating the constraints that we work within. In doing so we aim to maximise our contribution to protecting and improving health, and to the success of all our health and care.

Our future primary care

Our vision is of a sustainable primary care, at the heart of the health system. People who need care will be more informed and empowered, will access the right professional at the right time, and will remain at or near home whenever possible. Multi-disciplinary teams (MDTs) will deliver care in communities and be involved in the strategic planning of our services.

Primary and community care services are core to the success of this vision, and we recognise that we will need to grow our resource to support the increased demand and volume of care.

We want to see a sustainable primary care at the centre of our healthcare system. This means a tiered model of care available to everyone, with different levels of advice, treatment and support tailored to what we

In the long term, we aim to continue and expand local care, with less dependency on hospital treatment.

need. It means a model responsive to changing levels of demand and resource, designed and resourced to deliver on our goals, and with people at the centre of all that we do. This will increase locally available care, with the best professional to provide it. More direct access to MDTs will reduce the need for routing through general practice, and free up GP and other professionals' time for patients needing their specific expertise.

The tiers can be visualised as follows:

Figure 2: Tiered model of healthcare (NHSGGC, 2019: 75)

These tiers of care range from:

- good advice that helps us look after our health daily to the best of our ability - ('supported self-management'); to
- the first point of contact for health needs (primary, community services); to
- wider supports and specialist outreach teams - all close to home (specialist community and acute outreach); to
- more specialised care delivered in dedicated centres, where the complexity or seriousness of our health concerns demand it (hospital care).

The outcomes we want to achieve

Figure 2 sets out our primary care outcomes in NHSGGC. These include improvements to our patients' health and wellbeing, to our workforce, and across our primary care system. We want to better contribute to population health, and to action on health inequalities. We want to support patients to be more confident and knowledgeable when using primary care, and to have a better experience in the process. People will be able to access the right professional when they need it, at home or as near to home as possible. MDTs will become increasingly important in the delivery of local care in our communities, and be involved, alongside patients and partners, in the strategic planning of our services.

Primary Care Outcomes

We are more informed and empowered when using primary care	Our primary care services better contribute to improving population health	Our experience as patients in primary care is enhanced
Our primary care workforce is expanded, more integrated and co-ordinated with community and secondary care	Our primary care infrastructure – physical and digital – is improved	Primary care better addresses health inequalities

Figure 3: NHSGGC primary care outcomes

These outcomes will support NHSGGC's strategic aims of better health and better care. Shared action will support local HSCP strategic plans, which align to NHSGGC's ambitions and cover all health and social care activities.

We have set out our aims in the context of significant wider transformational change, as set out in NHSGGC's **Moving Forward Together (MFT) programme**, which aspires to modernise all NHS care and spans the next 20-30 years.

Our three horizons

The following model sets out the changes that we aim to achieve in the short, medium and long term. These reflect our early attention to putting in place long term plans to improve key enablers, such as our workforce and estate. The changes that we expect to see in the medium term, and their longer term impacts are also described.

We will undertake a range of activities to achieve our ambitions and these are summarised below. Perhaps the most crucial of these is whole system action across primary care.

The complexities of primary care arrangements mean that we need to collaborate with and across independent contractor and provider groups, through local and national negotiation. We recognise that we must deliver together to achieve our aims.

We will develop this model further throughout Strategy delivery. It will inform our onward approach to monitoring and evaluating the impact of our actions.

The actions in this Strategy align with and compliment the global ambitions of MFT, which include:

More efficient services

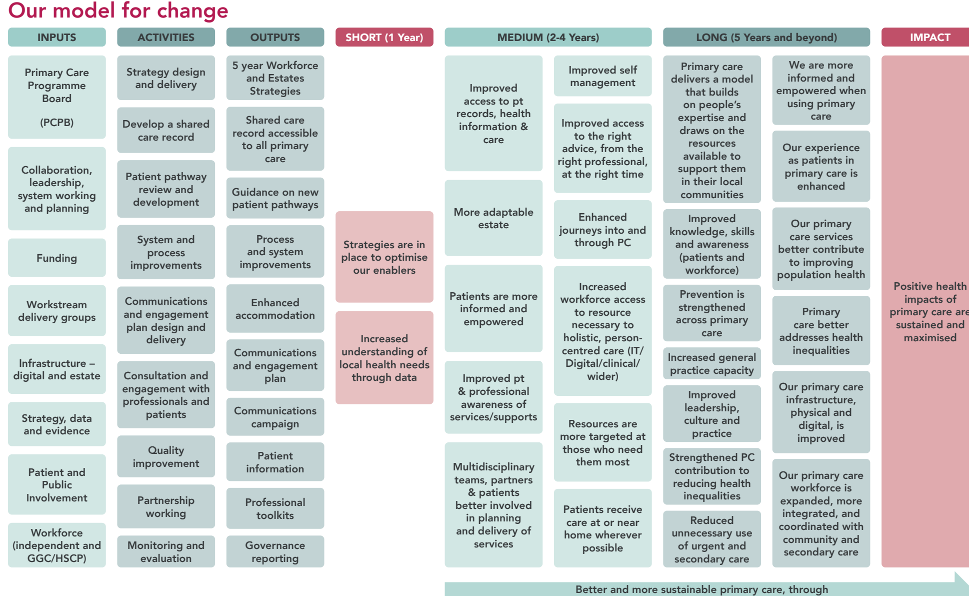
Preventing unnecessary admissions

Shorter hospital stays

Assisting discharge with community support

Our action across primary care will also support our national ambitions, as set out in our national health and wellbeing outcomes (Scottish Government, online).

Our model for change



External factors (political, economic, social, technological) may impact on success:
e.g. New government; collaboration; cost of living; social determinants; national delivery in key areas such as e-prescribing or estates

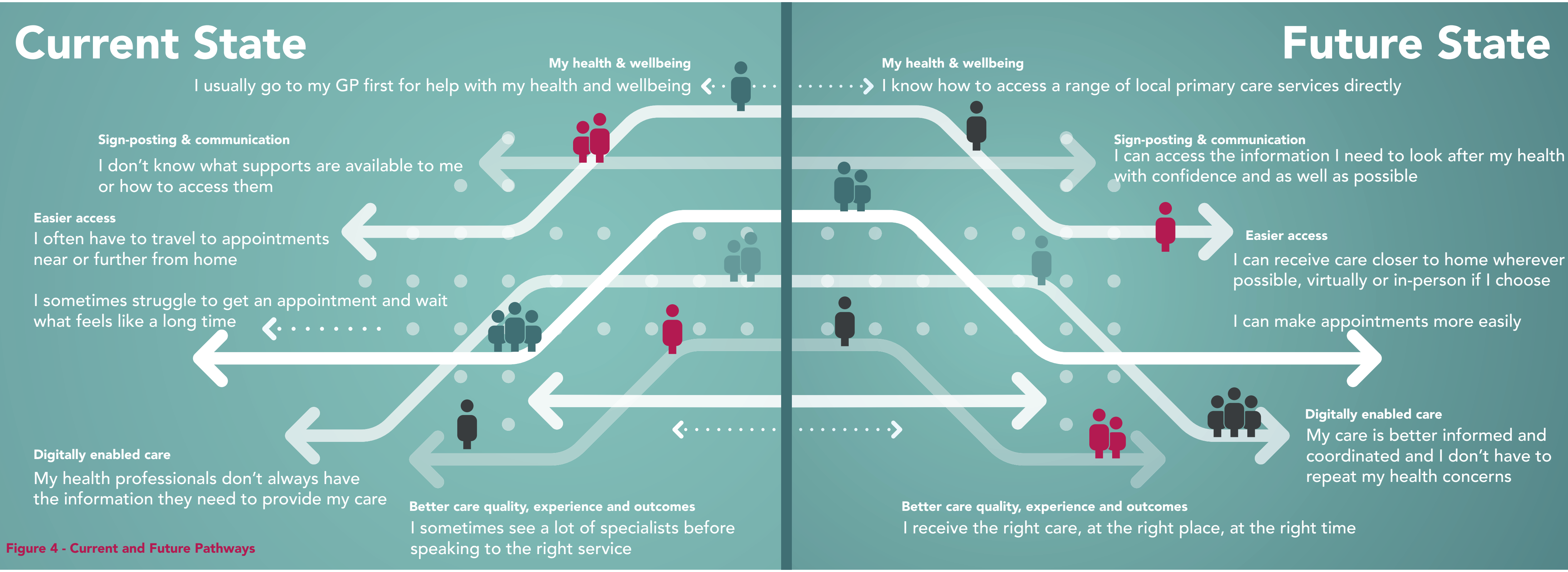


Figure 4 - Current and Future Pathways

Future patient experience

Figure 3 illustrates the future patient pathways and experience that we will work to achieve in the Strategy life course. These will involve being better able to manage our own health and care on a day to day basis, and to access care and support when needed. Many of the service developments will be guided by nationally-defined contract terms and resources. Figure 3 sets out our aspirations for the future patient experience, with the exact model being defined in line with the emerging national advice about our scope for change, e.g. through contract negotiations with independent contractors and providers.

These improvements will support longer term healthcare transformation over the next 20 to 30 years, our third horizon.

The MFT Primary and Community Care Target Operating Model (TOM) and supporting framework for implementation set out that vision.

Our context and contribution

Population health

NHS Greater Glasgow and Clyde serves some 1.3 million registered patients, around 25% of Scotland's population. It is the largest health board in the United Kingdom.

Thirty-four percent of our residents live in the 20% most deprived Scottish neighbourhoods and have significantly worse health outcomes, living shorter lives and suffering ill health for longer. A minority of people therefore need the most care, support and treatment to stay as well and independent as possible, for as long as possible.

Current and projected demographic change will increase the level and diversity of demand on services, property and premises.

Looking ahead, national forecasts predict more than 20% increases to the burden of disease in the next twenty years, despite a reducing population. Improvements to our healthy life expectancy have slowed and recently started to reverse. Joint with NHS Lanarkshire, improvements to life expectancy in NHSGGC are projected to be lowest in Scotland, an increase of just 0.2 years to 79.6 for women and 74.8 for men (National Records of Scotland, 2023). Infectious diseases, such as Covid-19 and influenza, will continue to be challenges for our health and care, including our ability to treat them effectively. We face real pressures to recover quickly from the pandemic, because of the high numbers of people waiting for care and presenting to us later, or with more complex concerns. Efforts to improve health are undermined by the current economic conditions, and these disproportionately disadvantage those of us with least power, money and resource (Walsh et al, 2022). We have also seen greater population diversity through our welcoming of asylum seekers, refugees, and displaced persons from war torn countries. These factors translate to greater and new asks of primary care.

We know that these changes can also create barriers to accessing care, and we have heard patients' frustrations around how quickly appointments can be arranged in primary care and more specialist services. Expectations have been heightened at a time when demand is greater than our available capacity. Primary care continues to support people prior to specialist appointments, while these services also work to recover their usual delivery. This means more frequent, ongoing and more complex patient support in primary care before people reach secondary care. More patients need help to wait well and for longer than before the pandemic (NHS Inform, online).

The following sections set out our contribution to health and wellbeing, our operating context and our ambitions for improvement.

Our contribution to health and wellbeing

NHS Greater Glasgow and Clyde's primary care has a significant role in protecting and improving our health. It prevents ill-health by supporting behaviour change, reducing health-harming activities, and encouraging healthy behaviours. It identifies disease as early as possible, supports us to manage our health as well as possible, and enables support with social stressors and specialist treatment. Continuing to grow our capacity in these areas will support people to stay well for longer, and our strategic focus on reducing reliance on hospital care.

Experimental data suggest that in an average month, we undertake around 540,000 patient encounters in general practice, more than 70,000 dental examinations, over 37,000 eye examinations and 116,690 Pharmacy First patient contacts (see Appendix 2).

Local access to health and care has already increased significantly. Newly rolled out community hubs for Pharmacotherapy, Vaccination and Community Treatment and Care (CTAC) now cover 80-100% of our GP practices. Our mental health and wellbeing services now cover 86% of GP practices. We continue to work to increase patient access to help with social stressors via Community Link Workers, with 73% of all GP practices having access to the service in 2022/23, although with reducing coverage for some. These improvements have been achieved through Primary Care Improvement Plan (PCIP) investment in general practice, and through rapid workforce development, including the growth of new roles e.g. Pharmacy support staff, Health Care Support Workers (HCSWs) and Advance Practitioners in primary care.

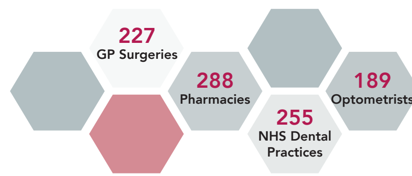
We continue to develop the 'first port of call' initiative across primary care, where patients can attend directly without needing to see a GP. Direct access is increasing for local pharmacies, opticians and dentists for advice, support and treatment. The new community glaucoma service, introduced in 2023, enables people with low risk glaucoma to be seen locally by accredited optometrists. This makes patient care more timely and efficient, and reduces the need for appointments in secondary care. Community pharmacy continues to extend access to clinical advice on common health conditions through Pharmacy First, without the need for an appointment. This creates capacity in general practice for more specialist patient care.

Primary care delivers a substantial and growing contribution to chronic disease management. We support people with long term conditions to have the best possible health and wellbeing for as long as possible. This includes living at home or in a homely setting, and often aided by prescriptions. Realistic Medicine means patient-centred care is based on shared decision making, and people can make treatment choices that take account of their individual needs and circumstances and better manage risk.

Urgent and unscheduled care enables patients with time sensitive issues to be triaged by pharmacy and general practice, and often have their needs addressed on the day. Triage and signposting systems enable patients to be directly supported or reviewed by an appropriate health professional in practice MDTs without first needing to see a GP. This enables patients to see the right health professional more quickly, and also creates capacity for GPs to focus on more complex medical presentations. Through continued strengthening of links between primary and secondary care, patients are signposted or referred directly to the right service and specialism when needed. This ensures the best possible outcomes and experiences and effective patient flow, including reduced time in hospital.

In NHSGGC, we offer in the region of 1,000 'front doors' to the NHS, where people can present for healthcare treatment and support

This translates as:



Case study - Improving the primary-secondary care interface to help people get home sooner

Delays at the point of hospital discharge are often caused by the need for patients to wait for their medications to be dispensed. A recent quality improvement project in NHSGGC looked at whether the discharge process could be improved for patients and services by using community pharmacy staff and medicines, rather than those in the hospital. Evaluation showed that the new community pharmacy model resulted in a median time saving of 142 minutes per patient. Researchers concluded that this model has the potential to deliver transformational change in patient flow, and to free up hospital pharmacy staff capacity for other clinical interventions, if delivered more widely.

General Practice Out of Hours (OOH) provides people with urgent advice and treatment during evenings and weekends, when they are referred to the service by NHS24. Staff undertake telephone/video consultations and home visits with patients, and support access to hospital care where necessary. The service is delivered by both employed and sessional staff. Dental Out of Hours' patients are referred in after triage by NHS24 and the service is staffed on a sessional basis. Both Out of Hours services support patients to receive the right care at or close to home, as far as possible. This means that fewer people need to go to secondary care, which increases hospitals' capacity to focus on patients with greater clinical need.

Together, these areas contribute significantly to NHSGGC's Corporate Objectives of improving our health and our care, and using our resource to the best possible value. We work to support people to get the care they need locally, and hospitals' capacity to be optimised.

Our resources

Our people

Our workforce is diverse, and a significant proportion is made up of independent contractors and providers which employ their own staff. Together they deliver services in general practice, community optometry, dental and pharmacy. Given the independence of this part of our workforce, health boards hold limited information about its totality, meaning that we are currently unable to definitively measure and profile the sector. National activity continues to improve workforce data.

We are proud to have achieved real improvements to primary care provision in the last 5 years.

We have increased coordination of PCIP delivery across HSCPs, and developed a new general practice MDT workforce with more diverse mix of professionals and skills. This workforce has increased the provision of direct treatment and care, removing the need for patients to first see a GP, and has grown to include an additional 750 whole time equivalent (WTE) staff. Roles include nursing, pharmacy staff, physiotherapy and community link worker (CLW) staff. In the GP Out of Hours' service, we have promoted the role of employed (rather than sessional) GPs. Looking ahead, we will further extend our MDTs to include advance practitioners as well as a continually expanding skillset. These changes will support all our professionals to work to the top of their license, and increase GPs' capacity to focus on complex medical care adding system capacity to provide suitable care, on a 24/7 basis.

Consistent with the national trend, it is a challenge to attract, retain and grow an appropriately skilled workforce. This is made more difficult by the large proportion of our workforce not directly employed, whose terms are decided within their own practices. Our

independent provider workforce is also reducing, which creates additional pressure on our ability to provide enough care. We have recently seen a decrease in the number of general practice surgeries due to mergers, and an increase in dental providers delivering private care.

Within services directly delivered by NHSGGC/HSCPs, our recruitment and retention requirements remain significant, with pressure on a range of sectors and professions where demand is high.

Our systems, digital and data resources

Given the independent nature of current primary care provision, our services use a range of IT systems. Many are individual to particular services and hold service specific patient health information. All general practice and relevant community pharmacy, optometrists and dentist have access to the NHSGGC digital health record. General practice have a comprehensive clinical record, and other contractors have read-only access to a summary of this, via the digital health record.

This means that primary care professionals' ability to read and update full health records is variable, and the lack of communication between systems often requires a duplication of work. Patients' own access to their health records is also limited.

Local and national investments have allowed us to make significant progress in this area.

Improvements include the Electronic Patient Record (EPR) Portal systems, which link with primary, community and secondary care.

Further developments are underway to improve shared data access and system efficiency. These will support better and timelier patient care, particularly within general practice.

Developments also aim to increase data consistency and capacity to better inform our planning, and we recognise that it will be important to grow primary care's familiarity and use of the portal. NHSGGC have also invested significantly in infrastructure with investment in PCs, servers and Wi-Fi upgrades for general practice.

The potential of more significant system improvements is recognised, however as the majority of primary care budget is allocated to specific activities, this type of long term investment is challenging.

Our accommodation and property

Our primary care estate is substantial, and accessible locally to most people living in the NHSGGC area. It includes around 230 GP practices, almost 290 community pharmacies, 189 optometry places, 255 dental practices, at least three Out of Hours sites during evenings and weekends, plus a range of HSCP multi-use buildings. While large, the majority of our estate is not NHS owned or managed. It is made up

of a mix of health board, privately owned and leased accommodation.

While a huge resource, there are significant challenges around achieving an estate that supports our ambitions. These impact on our ability to expand to meet local health need through, for example, growing local hubs. We want to be able to better support greater need in certain geographic areas. For example, where new communities develop quickly as a result of housing developments. We want also to expand our growing primary care offer.

While there is an established need and desire to develop our estate, funding to upgrade and maintain our properties remains a challenge.

We continue to work with the Scottish Government to obtain a clearly defined position on general practice lease assignation and property standards. Clarity in these areas, including what support – if any – will be available to fund this additional pressure on NHS Boards, will help us to sustain general practice for the future, and better support 2018 General Medical Services (GMS) contract implementation. Progress in this area is crucial; its absence undermines our ability to make long term improvements to the NHSGGC estate in the ways that we know are needed. Our ability to provide sufficient and suitable space is limited and short term, interim solutions can be costly.

Our funding

The importance of primary care in contributing to NHS recovery is set out nationally and supported by a Scottish Government commitment to increase primary care spending by at least 25%, by the end of the current parliament (Scottish Government, 2021: 9).

Within NHSGGC, the 2022/23 financial envelope for primary care (workforce and wider costs) was approximately 20% of the health board's annual budget.

Primary care funding is complex and made up of two broad budgets. Family Health Services (FHS) finances independent contractors and providers and is managed by NHSGGC HSCPs, under nationally agreed terms around the care that is provided. The Primary Care Improvement Fund (PCIF) covers a range of services under the 2018 GMS Contract. One is Community Treatment and Care (CTAC), which includes the Phlebotomy and Vaccination programmes and is allocated to HSCPs on a non-recurring basis.

The 2023/24 year has seen real time reductions in national funding to NHSGGC for HSCPs at a time of increased expenditure, through pay uplifts and utilities for example, and the amount to spend on care delivery is expected to reduce further in 2024/25. In addition, these allocations are currently subject to annual adjustments that reflect changes to the national funding

formula ('NRAC'), which in turn impacts on delivery of agreed programmes, for example through a reduction in whole time equivalent staff, to reflect the revised budget. National communications on our short term funding have outlined a reduction in the Board budget of £71.1M in 2023/24, then £79.8m and £54.5m for subsequent years, assuming savings targets are met (NHSGGC, 2023). Current funding levels are insufficient to fully deliver the Memorandum of Understanding (MOU), and scoping has found funding uplifts of 30-50% to be necessary to deliver and benefit all practices equitably (NHSGGC, 2022). As a result, our plans need to be restricted to what is deliverable with the available finance. The most recent financial constraints create uncertainty around national commitments to increase primary care spend.

Wider finance allocations generally remain the same year on year, making it difficult to respond to growing demand. This also creates additional pressure when other costs increase, such as inflation, salaries, capital investment, Covid-19 and energy costs, with funding confirmation often received part-way or late in the financial year. Pressures also include a lack of investment in some GMS budgets (such as pension contributions, out of hours, IT and estates), which have not had any inflationary uplifts over the last several years. To spend funds during the award period risks reactive delivery within a reduced timeframe.

The majority of our funding is committed to specific activities, and acknowledged to be insufficient to meet current patient need. Both of these factors acutely limit our ability to make local decisions about where we should best focus our efforts.

The challenges that we share with wider health and care around increased demand and stretched resources make shared improvement harder - and all the more important. Aligned resources, particularly our estate and workforce, will be key enablers to successful transformation of all our health and care.

Prescribing cost pressures

The greatest risk to delivery is the cost of prescribing,

which arises from local demand and is the responsibility of HSCPs to meet. In 2022/23, community pharmacy contractors dispensed 25.5 million prescriptions, mainly from general practice. This is an average of 2.13 million items per month, and a 3.5% increase from the previous year. Just over 70% of the NHSGGC population had at least one prescription item dispensed to them. The total cost for these was £263m compared with £246m the previous year (for 24.6m items).

The volatile and very variable nature of drug costs also creates significant challenges. For example, Omeprazole (20mg) is a drug that reduces stomach acid and was prescribed 900,000 times last year. Its price increased almost four times from £0.89 to £3.20 and then to £2.90, per pack of 28. The volume prescribed translates

to increased costs of £1.8m for this drug alone. To continue to meet these rising costs in practice, HSCPs must use service budgets or make savings from elsewhere in health and social care services, for example by reducing whole time equivalent staff headcount.

Pressure on prescribing costs is expected to continue in 2023/24 as a result of drug price inflation across all therapeutic areas and a growth in the volume of items prescribed. It is estimated that NHSGGC will dispense over 26 million prescription items in 2023/24. In addition, Scottish Government national funding allocations for 2024/25 do not include any inflationary uplift for prescribing budgets, which is adding to the already significantly high pressure within this area. Figure 4 illustrates the continued increase in prescribed items' number and cost since 2018/19.

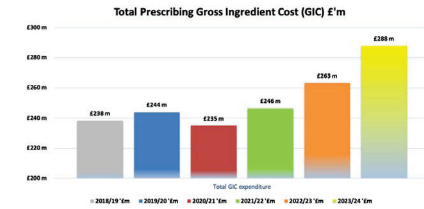


Figure 5: NHSGGC primary care prescribed drugs 2018/19-2023/24: total items and per item cost per annum

Our approach to developing the Strategy

Our Strategy has been developed in collaboration with patients, primary care, health and social care and the wider network of community services to identify our priorities for the next 5 years. From the outset, our aim has been to reach consensus on our ambition and purpose across primary care as well as wider health and care. We aim to continue that to successfully implement change.

We developed our Strategy through:

- Phased, extensive engagement with our strategic partners, including independent contractors and providers and PCIP services, the public; secondary care, HSCP strategic planning groups and our staff
- Working to identify and agree areas of shared focus
- Making best use of our existing engagement and communication structures, networks and groups.

Our key stakeholders

Our key stakeholder groups are as follows:

Those accessing our services	Those delivering our services
• Patients, carers and family members • Local communities • People in protected characteristic groups and/or marginalised groups (dedicated engagement to support effective action to reduce health inequalities)	• Primary care service staff • Independent contractors and providers and representative bodies e.g. Local Medical Committee (LMC) • Partners across all sectors of health and social care support

Table 1: Key NHSGGC primary care stakeholder groups

In the first phase, we sought to raise awareness of the primary care strategy and understand priority issues common to all parts of primary care, alongside the opportunities and strengths that we could draw upon to respond to them. To do so we engaged with both the public and professionals and, for the latter, focussed on engaging with primary care service staff. We achieved over a thousand contacts, mostly through focussed workshops.

Stakeholder feedback was organised into strategic change areas, with proposed actions under each. These were shortlisted then prioritised by senior primary care leaders on the basis of their feasibility to deliver and their impact on our strategic ambitions. They were further refined in the following stage.

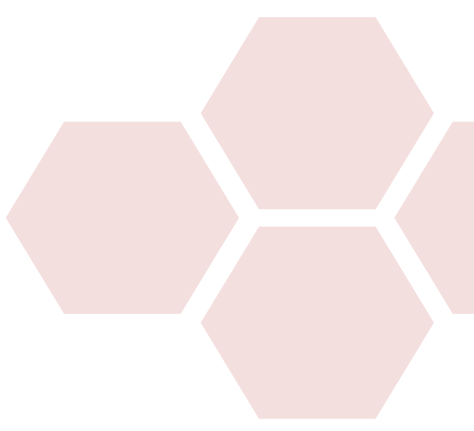
In the second phase, we repeated and grew our engagement to test and refine proposals and identify any gaps. Sessions were held with HSCP leadership, strategic planning groups, and frontline staff as well as stakeholders from phase one. Over 912 staff and service representatives, strategic partners and members of the public attended sessions (some staff attended more than one session). Our engagement with professionals and patients over both phases was fairly equally balanced between both groups.

The table below sets out our engagement with professionals and members of the public in Phases one and two.

	Phase one	Phase two
Professionals	388	623
Public	624	324
Total	1012	947

Table 2: Engagement with professionals and the public to support primary care strategy development

This process of engagement has helped us to understand, shape and refine our priorities over the next five years.



Our primary care ambitions

We will focus on eight areas of improvement across primary care.

We will deliver this Strategy within our existing budget, working together to greatest effect. Given our constraints and challenges, we will prioritise action in a small number of key areas that will have most impact in promoting primary care sustainability, working to improve and innovate to increase our capacity and efficiency. We will progress wider developments in line with the available resource.

Our ambition is that, by 2029, our primary care strategy will enable:

In the short term:

1. A sustainable workforce that is sufficiently staffed and skilled, and shares a common purpose;
2. A step-change in data and digital technology innovations to improve patient health and care outcomes;
3. Integrated care and well-connected services, supported by effective teams, improved system-wide working, leadership and planning; and
4. Patients to have an improved understanding of available services and a better ability to navigate between primary care services.

Focussing on the above ambitions first will support achievement of our medium to long term goals:

5. Access to the right service at right time, more flexibly and in ways that suit patients;
6. Strengthened prevention, early intervention and wellness;
7. Better access to trusted information on health and care; and
8. A strengthened contribution to reducing health inequalities, including through increased equity.

We will continually look at how we make best use of our resources, for example, our professionals, our time, and our premises. This will enable us to review whether there are things that we should do less of, or stop, so that we can continue to improve our effectiveness and efficiency and to reduce waste.

This Strategy is the parent document setting out the shared strategic ambition across all NHSGGC primary care. Our goals align to a range of existing expectations of NHSGGC primary care in local strategies and plans, and we will ensure that our implementation plans and structures support coordinated delivery.

The existing key NHSGGC and HSCP plans relevant to primary care include:

Key local strategies and plans	
NHSGGC	HSCPs
• Moving Forward Together • Delivery Plan • Public Health – Turning the Tide through Prevention Strategy • Adult Mental Health Strategy • eHealth Digital Strategy • Unscheduled Care Commissioning Plan • Moving Pharmacy Forward	• Strategic Plans • Medium Term Financial Plans • Primary Care Improvement Plans • Local Transformation Plans • Primary Care Premises Strategies

Table 3: Key NHSGGC and HSCP strategies and plans relevant to primary care

The following sections set out our priorities and the actions we will take to achieve them, before setting out wider areas of development.

Our priorities are:

1. Optimising our workforce – through development and delivery of a five-year workforce strategy;
2. Digitally enabled care – through development of a shared care record for all primary care, in- and out of hours;
3. Improving our patient pathways – by making them clearer, more consistent and effective; and
4. Improving primary care access to the right advice at the right time – by mainstreaming professional to professional decision making.

Our priorities

The following pages set out our four priorities in more detail, explaining what we want to achieve and why, and the actions we will take.

Optimising our workforce

Our professionals - current and future - are our greatest strength as they provide the services for our patients. It is our top priority to optimise our workforce to support long term sustainability of primary care.

Benefits of our action

By optimising the primary care workforce, we can better achieve our current commitments as well as our ambitions in this Strategy and longer term. We can support staff to be more effective in all that they do, through improved trust, communication and information sharing across professionals, as well as better job satisfaction and staff morale. Increased staff retention, alongside a fuller staff complement, will reduce the need to rely on sessional, locum and bank staff and retain organisational memory, improving efficiency and resilience. Strong primary care leadership will support a whole system transformation within primary care.

Supporting all our professionals to work confidently to the top of their license will increase our capacity and effectiveness across primary care and beyond.

We will develop a five-year NHSGGC primary care workforce strategy in year one, focussed on primary care sustainability and security, and setting out how we will:

1. Embed strong primary care leadership and influence in primary care and NHSGGC;
2. Focus on improving workforce attraction, retention, and progression;
3. Develop workforce knowledge and skills;
4. Improve staff health and wellbeing; and
5. Promote NHSGGC area as a vibrant and progressive place to work.

This will align with the four pillars of the NHSGGC Workforce Strategy 2021-2025: health and wellbeing, attraction & retention, learning and support and leadership and set out how we will 'grow our own' staff locally, and offer training and development in key areas. We will take action to improve working conditions through collaborative working, and improve our understanding of NHSGGC and independent contractor capacity to flex to changing service demands. We will continue to engage nationally, e.g. with the new National Centre for Workforce Supply.

We will work to protect, develop and retain our current workforce, and improve our ability to attract new, high quality professionals. Through successful action across both areas we will increase our capacity to respond to emerging need and models of care. We will collaborate locally and nationally to progress this. Not doing so risks our ability to maintain service continuity, deliver improvements, and meet our ambition of increasing our primary care offer.

We will draw on national developments to deliver our growing ambitions around MDTs, independent prescribers and supporting staff to work within the full scope and range of their competency, to ensure effective delivery of the NHS Recovery Plan 2021-26. For example, all pharmacists should be able to prescribe from the point of qualification from 2026.

We will align with emerging national workforce developments, including implementation of the Health and Care (Staffing) (Scotland) Act 2019, to ensure safe, high-quality services that meet patient needs. This will enable us to meet our statutory duties around appropriate staffing in health, and to manage any related risks.

NHSGGC recognises the significance of partnership working with independent contractors and providers. We will work to strengthen our collaboration to achieve our shared ambitions together.

Achieving a digitally enabled primary care

We aim to develop systems so that patients no longer need to repeat their health concerns and can directly share their information.

We will develop a shared care record across primary care, accessible to all primary care professionals, both in- and out of hours.

We will deliver this by procuring and implementing new systems which meet the needs of services, are integrated and contribute to the electronic patient record (EPR) to broaden professional access to systems through data sharing agreements.

We will increase patients' digital access to information, treatment and care through opportunities to submit health information for remote monitoring, digital triage and signposting solutions and putting in place the foundations for future Digital Front Door initiatives. Following the growth in popularity of telephone appointments as an option for patients, we will also look to increase video appointments where appropriate and where patients choose.

We will continue to dedicate support to the national progression of a step change in digital improvements in primary care. Through the NHS Recovery Plan 2021-2026 we will work with Scottish Government to protect investment in digital solutions, e.g. to GP IT re-provisioning, digital solutions for ePrescribing and eDispensing, which will enable us to better manage demand and effectively use our workforce.

The Digital Prescribing and Dispensing Pathways (DPDP) programme aims to radically improve prescribing and dispensing by digitising the full process, making ordering and receiving of prescriptions easier, faster and more efficient. Due to begin during the life course of the Strategy, the programme will increasingly interface with other NHS eHealth clinical systems over time.

We want to improve patients' experience of primary care, supported by digital improvements for both patients and professionals.

Benefits of our action

With the necessary investment, digital primary care improvements carry enormous promise for improving patient access and experience, automating routine tasks and reducing duplication of effort, better organising care, and freeing up time for patient facing care.

Shared records can bring improvements to both patients and staff, in reducing the need for repeat conversations, and time spent sending and retrieving information between partners (such as hospital discharge records, changes to care plans).

Optimising e-prescribing and e-dispensing will increase efficiency, safety and speed. Multi-professional and multi-location digital prescribing will enable new service models to be developed and delivered. It will also contribute to wider climate sustainability by reducing the use, transport, scanning and destruction of paper.

Case study: Using digital tools to better support patients to look after their own health and create new primary care capacity

Since December 2022 around 4,400 Connect Me blood pressure monitors have become available to NHSGGC patients, via their general practice. NHSGGC's primary care support and digital (ehealth) teams have continued to promote the monitors to GP practices.

Connect Me is a remote monitoring tool that patients use independently at home. It collects clinical readings and the data is automatically sent to their general practice for GP or nurse review. It is offered to patients with high blood pressure and aims to improve early detection and intervention around their condition, as well as to support them to look after their own conditions well, with personalised support where needed. This means that patients whose condition is well managed do not need to attend regular appointments, and GPs' capacity is increased to support those whose condition is more complex. People's risks of developing cardiovascular disease (CVD) are reduced through improved detection and control of elevated blood pressure, in turn reducing their risk of heart attack and stroke.

Patients receive prompts (e.g. by text or phone) to take blood pressure recordings at daily, weekly or monthly intervals. The data is automatically sent to their general practice for review by the GP or nurse.

At February 2024, fourteen months after the launch, 106 GP practices across NHSGGC had taken up Connect Me, 4,046 patients have registered to use it so far. Looking ahead, NHSGGC will continue to support its adoption. While blood pressure is the first clinical area where remote monitoring has been offered to general practice, it is hoped that more may be supported in future, for example long term conditions.

Improving our patient pathways

We aim to put in place more consistent, timely and effective patient pathways in primary care and to onward health and care.

We need to strengthen our connections with other services in primary and community care, and our ability to refer patients to the right professional directly. We want to connect better with secondary care, for the necessary specialist advice to support people locally. We also want to grow our integration with wider social care, and the third sector. This will require a joined up and person-centred approach across professional and geographical boundaries.

We will improve the clarity, consistency and effectiveness of patient pathways into and out of primary care

We will do this in collaboration with secondary and specialist care, structured quality improvement activity, evidence based review and update of our patient pathways, increasing awareness and adoption of updates, and monitoring and evaluating the impact of our actions for patients, workforce and the system.

Case study: how local, specialist MDTs improve the ease, efficiency and quality of care for patients, primary and secondary care services

General Practice Advanced Practice Physiotherapists (GP APPs) act as the first point of contact in primary care for patients with suspected musculoskeletal (MSK) problems. The team provide expert care and diagnosis without patients needing to first see a GP, and are currently based in 89 of NHSGGC's general practices and accessible to 44% of NHSGGC's population. Our GP APPs saw just under 60,000 patients with suspected musculoskeletal (MSK) complaints in 2022/23 with anticipated increase of 10% patients to be supported in 2023/24.

Advanced Practice Physiotherapists are part of our MDTs and provide care closer to home, help people to look after their own health as well as possible while living independently in the community, and support any onward referrals to be more direct and timely. The vast majority of patients seen are supported within primary care, reducing referrals into secondary care. The advanced triage skills of the team are enabling

people to see the right service, first time – resulting in earlier, quicker, and higher quality care for patients, alongside reduced inefficiency and better value for our healthcare system.

In 2022/23, our advanced practice physiotherapists:

- Provided support to enable ~80% of patients to self-manage (e.g. with advice and guidance, exercise prescription, corticosteroid injection, signposting to third sector support);
- Enabled patients to access care closer to home, with only ~20% of patients needing onward referral to secondary care;
- Demonstrated the value of our Multi-Disciplinary Teams with, on average, 15.7% lower referral rates to orthopaedics than practices without a GP APP; and
- Undertook skilled triage and effective diagnosis, with Rheumatology confirming that 95% of referrals to them were correctly made and treated, compared to wider general referral rates being as low as 33% confirmed as appropriate.

Improving primary care access to the right advice at the right time

We will work with wider health and care to mainstream and standardise professional-to-professional decision making, broadening its access across primary care professionals, including MDTs.

Our aim is to ensure we can give patients the very best care informed by the right advice, support better patient retention in primary care, and reduce the need for specialist service intervention.

Benefits of our action

Improved care pathways will mean patients can see the right professional more directly. They will get the right treatment quicker, and achieve more favourable outcomes, including satisfaction. Clearer, and more consistently effective pathways will reduce referrals requiring redirection and create capacity for our workforce and wider system.

Better advice, interfacing and pathways will strengthen our contribution to health and wellbeing through improvements to culture, relationship and trust – in primary care and with wider health and care, based on the principle of civility saves lives.

Together, both of these priorities will support better primary care integration and interfacing within primary care and across the wider health system. The next section sets out the combined benefits that we anticipate seeing, as a result of our work.

Wider areas for development

This section sets out a number of wider areas where will seek to make meaningful improvements over the next five years. As with our priorities, these are themed around the changes we want to make, and set out high level plans for how we will achieve them.

Improving our communications and engagement

Effective communication and information will support people to use primary care confidently when they need to, in ways that suit them, and with fewer unnecessary contacts.

We will take a strategic and structured approach to growing public and professional awareness of what primary care delivers, and how access is changing. We will work to ensure that, when people don't need to see a professional, they can obtain reliable information and advice that enables them to manage their health as well as possible.

We want to ensure that our primary care improvements include patient perspectives, and recognise that one size does not fit all. We will grow patient involvement in our strategic and operational work to strengthen our person centred design and delivery.

In year one, we will develop a five-year primary care communications and engagement plan, setting out how we will:

1. Develop and grow a single, agreed NHSGGC 'primary care offer';
2. Strengthen shared action to support primary care sustainability;
3. Promote primary care as the first point of contact in most care journeys;
4. Improve health literacy, particularly around system navigation and supported self-management; and
5. Embed patient voice in our strategic planning and delivery.

We will consult with patients and professionals to develop our plan. We will improve information access and grow a culture of listening and learning with patients, the public and our workforce. We will continue to advocate for national communications that raise awareness of current healthcare challenges, what people can expect and how we can all support primary care recovery.

Benefits of our action

A joint approach to primary care communications and engagement can contribute to measurable improvements in the proportion of patients accessing the right care. Improvements should reduce the number of interactions required per completed episode of care. This will increase efficiency, reduce reliance on services for signposting, create capacity to help those who need it most, and improve patient care.

People will be able to access the care and information they need in a way that suits them, when they need it. They will be better informed and empowered to act to improve their health and wellbeing and to better understand their health needs.

By ensuring we understand how to tailor information and support equitably, we will better contribute to action on health inequalities.

Improving access to care

We aim to support patients to access care when and how it suits them.

Alongside making it easier for people to see the right professional on first contact, we want to increase choice around how people make and have appointments when they need them, to better suit their needs and preferences, whether they need care during the week or out of hours.

We will make a range of process and system improvements to enhance journeys into and through primary care:

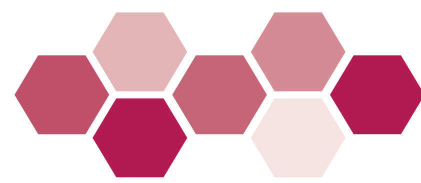
This will include work to increase direct access into and across primary care services, in-person and digitally. We will also work to improve access to high quality information and advice, and support patients to make decisions about their health and care that are right for them, based on what matters to them, aligned to the principles of Realistic Medicine.

Benefits of our action

We will make it simpler for everyone to access the right care with as few appointments as possible. That will improve the quality of patient care, by increasing its person-centredness and timeliness. Improved efficiency and effectiveness will increase our patient facing capacity, and our ability to focus on complex care, including better continuity of care for those needing it most.

By using evidence to inform what we do, and working with patients to support them to make the best decisions about their care, we will maximise the value added by our work and focus on where we can make the biggest impact.

We will work to prioritise improved access for those who need it most to avoid any negative impact on inequalities.



Strengthening prevention, early intervention and wellness

As part of a wider system, primary care plays a significant role preventing ill-health and mitigating health inequalities, through primary, secondary and tertiary approaches.

As the first point of NHS contact for most patients, primary care takes direct action to:

- promote physical and mental wellbeing, including through community leadership, connection and empowerment;
- prevent illness and protect health;
- support early diagnosis of key conditions to better manage chronic conditions and reduce long-term complications; and
- with partners, advocate for better health in marginalised groups, and support improvements in life circumstances that impact on health.

Given the huge projected worsening of our burden of disease, preventing illness, promoting wellbeing, early diagnosis and reducing health inequalities will be more crucial than ever. Investing our time and resource in these areas hold promise of a substantial health return on investment, leading to longer, healthier lives for the people of NHSGGC. However, prevention is all the more

challenging when increased demand creates additional pressures on non-statutory provisions.

We will continue to grow our capacity to provide continuity of care for patients with the most complex needs, keeping them as well and as independent as possible, for as long as possible. We will also grow our collaboration with wider parts of health and care to ensure our work is as impactful as possible.

We will work to strengthen prevention to better avoid ill-health, protect wellbeing, and improve supported self-management

Areas for development include increases to strengths-based approaches and a move away from more traditional models of care, growing our offer around accessible health information for supported self-management, and promoting uptake of routine vaccination and screening programmes across primary care.

Benefits of our action

Continuing to support prevention allows us to invest in keeping the people of NHSGGC healthier for longer. These approaches contribute to much lower-cost improvements in life-expectancy, including healthy life expectancy. For example to:

- Encourage and support people to live healthier lives will improve mental wellbeing, and mean that fewer people suffer with chronic conditions;
- Through early diagnosis and treatment of cancers, we can effect lasting cures.

Tackling the underlying causes of ill health can lead to healthcare cost-savings. For example, resolving causes of stress, anxiety, and depression could lead to a reduction in physical ailments, chronic disease severity, medication use and harmful behaviours.

Case study – Community Link Worker model

The Community Link Worker (CLW) programme enables general practices to directly support people experiencing issues impacting their health and wellbeing. People can be linked with appropriate supports to stressors such as isolation or financial difficulty, and empowered to engage in their community.

Emma was almost 16 and due to leave school

to start college. She rarely socialised and her mother was concerned that this affected her mood. Emma previously attended attended Child and Adolescent Mental Health Services (CAMHS) for depression and panic attacks. Emma's GP referred her to the practice CLW. Emma received 1:1 support; a referral for a gym pass and a shadowing opportunity at local nursery.

Outcome: A local nursery offered Emma volunteering and Emma advised that she was finding it enjoyable and rewarding. Emma enjoyed using her gym pass and found that exercise helped her mental health and was keen to continue using the gym. Emma's mum stated that her daughter's confidence had improved substantially and is very grateful to the CLW for the support she provided. Emma recently had a CAMHS appointment and they were happy with her progress. She was looking forward to starting college and felt a lot more confident and well-prepared than three months ago.

Wider patient experience of CLW programme:

'I didn't know that there was any help out there, now after talking to you I can't believe how much there is'

A range of existing actions, outlined in wider NHSGGC strategies[1], will also support this commitment. These actions include:

- Continuing to work to embed a sustainable community link worker model;
- Supporting people to improve their health and reduce health harms, through social prescribing and health improvement programmes;
- Targeted action to identify and intervene early in key health conditions;
- Aligning primary care with mental health and wellbeing resources and promoting good mental health;
- Supporting children to have the best start in life, with a focus on the early years; and
- Providing effective support to people with multi-morbidities and / or complex health needs.

1 See for example, our NHSGGC Delivery Plan, Moving Forward Together Implementation Strategy, Public Health and Mental Health strategies.

Enhancing our primary care accommodation and property

Where possible and clinically appropriate, we want people to be able to access care in our local communities. We also want our existing property to support our longer term ambitions of moving more care into community settings.

We aim to enhance the primary care estate so that it is fit for the future, by making sure it can both deliver existing care, be a better workplace and be adaptable to future models of care.

Work is underway in NHSGGC to develop a Primary Care Asset Strategy (PCAS) focussed on optimising our estate. This will be supported by through an improved understanding of current strengths and weaknesses, and anticipated future demands, for example through new housing developments or population changes. We will deliver the PCAS within five years. We recognise that deprivation is likely to translate into more space being needed per head of population in certain areas, reflecting the fact that greater health need requires greater space for relevant services to support it.

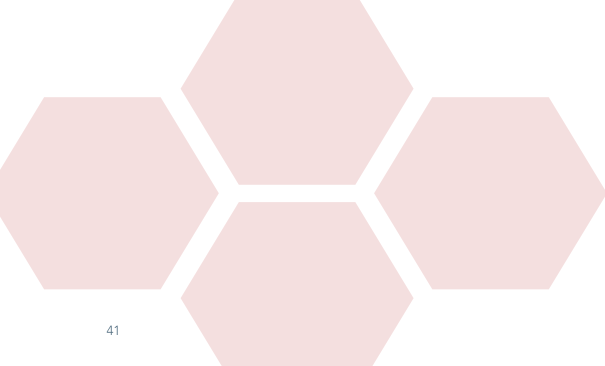
The PCAS will provide the vehicle for HSCPs to take a shared and strategic approach to estate transformation, in line with future population need and local authority plans. HSCP property strategies and supporting work will form the foundation for effective PCAS links with the Board's wider Moving Forward Together (MFT) Implementation Strategy. All will recognise the crucial need for a whole system approach to clinically-led NHS estate transformation.

We will develop and deliver a Primary Care Asset Strategy that aims to:

1. Maximise the patient facing estate and support HSCPs' new accommodation plans;
2. Prioritise the HSCP estate and general practice leased accommodation;
3. Ensure the transformation of our primary care estate aligned to long term plans for all NHSGGC as set out in Moving Forward Together;
4. Create accommodation that supports greater levels of integrated care in our own and other multi-use buildings over the life of the strategy, including via hub and spoke models; and to
5. Take an equitable approach, supported by increased use of good quality population data in planning.

Benefits of our action

People will get the right care in the right place at the right time, in local communities close to or at home whenever possible, and supported by multi-disciplinary teams and digital improvements. In parallel, we will grow whole system capacity to shift the balance of care from secondary to primary and community settings, reducing reliance on hospital services.



Case study – Increasing local health and care availability

NHSGGC is the first health board in Scotland to move glaucoma services out of specialist services and into primary care. Launched in April 2023, the new service model offers patients with glaucoma the opportunity to now see accredited optometrists on the high street, rather than as a hospital outpatient.

Early patient feedback has been positive, with a reduction in long waits and the removal of parking challenges often experienced in acute sites. The new model allows follow up appointments more flexibly, in line with patient needs/preferences, and is intended to reduce waiting times for outpatient appointments and bring care closer to where people live.

Clinicians have reported that the widening Optometry role and response in primary care is enabling care reviews to happen more quickly, in patients' local area and reducing clinic time.

In the remainder of 2023/24 we aim to transfer care of 1,000 glaucoma patients to primary care. Over the next 3-5 years, we will continually increase our primary care capacity to be able to support 3,000 people, and who are currently seen as outpatients.

Improving equity and reducing inequality

Health inequalities in NHSGGC are the deepest and worst in Scotland, and our Strategy launches at a time of considerable economic uncertainty, including a cost of living crisis. While primary care is just one of a number of services taking action to mitigate against inequalities, the current climate means that this is all the more crucial.

We will strengthen system-wide action to increase equity and reduce health inequalities in re-designing and delivering primary care services by:

1. Giving particular attention to improving the health and wellbeing of those worst off in this Strategy's delivery;
2. Focussing on inequalities most affecting health and wellbeing, including gender, socioeconomic status and ethnicity; and
3. Targeting activities to protect and improve the health and wellbeing of those who need them most, including identifying and resourcing measurable improvements to key service areas (such as screening and immunisation), and reducing inequalities in those areas.

Benefits of our action

Because of difficulties in accessing appropriate care, people who most need care are often those who are least able to access it. By being deliberate in ensuring that care is accessible in accordance with the level of need, we can better contribute to reducing health inequalities.

We will deliver targeted and tailored action across our priorities and wider areas of development:

Optimising our workforce - training and development that includes:

1. Improving population health knowledge to support a system-wide shift to prevention and early intervention; and
2. Effective action to reduce inequalities in access and supported self-management.

Achieving a digitally enabled primary care:

3. Paying particular attention to the needs of equality and inequality groups in digital developments, to avoid widening inequalities in health.

Improving patient pathways and primary care access to specialist advice:

4. Focussing quality improvement approaches firstly on those conditions and pathways that will bring greatest population health benefit.

Improving communications and engagement:

5. Embedding patient voice in our strategic planning and delivery; and
6. Ensuring equality impact assessments meaningfully inform our public engagement, so that we understand and tailor responses to their needs.

Improving access:

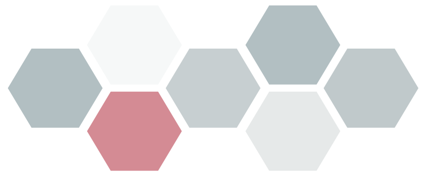
7. Meaningfully identifying and acting upon the barriers to equal and equitable access to care; and
8. Focussing improvements on improving access to information on health advice and services that will be most beneficial to people.

Strengthening prevention, early intervention and wellness:

9. Ensuring health information and support is accessible, known and used by patients, supported by needs-led approaches to content development and dissemination; and
10. Actively improving pathways to early diagnosis of serious health conditions like cancer, diabetes and heart disease.

Enhancing our primary care accommodation and property:

11. Growing the use of good quality data on population need in our property planning.



How we will implement this Strategy

Implementation of the Strategy will be directed and overseen by NHSGGC's Primary Care Programme Board (PCPB), whose members include all primary care sectors and leads, as well as professional representatives for Dental, General Practitioner, Pharmacy, and Optometry contractor/provider bodies and staff side representatives.

The Programme Board will report into NHSGGC Corporate Management Team, linking with HSCP Chief Officers, then into Finance Performance and Planning (FP&P) and Integrated Joint Boards (IJBs). This ensures that delivery of the Primary Care Strategy will align with wider NHSGGC Board Strategies (including remobilisation and MFT's transformational change) and with individual HSCPs' Strategic Plans.

We will actively work with and to the six IJBs within NHSGGC on their local strategies and commissioning of individual contractor services. We will do this through the continued work of PCPB and respective HSCP primary care support teams.

We will set out the detail of how we will implement the strategy in a five-year action plan, which will set out all board wide primary care commitments, the benefits we expect each to bring and their contribution to our strategic outcomes.

It will set out our key areas of delivery, what will be done, by whom, when, and how we will know we have been successful, alongside any dependencies.

We will undertake regular monitoring and evaluation of our Strategy and its implementation to ensure that we can understand, measure and continually seek to improve the impact of our work. We will focus on those actions that will maximise the positive outcomes for our patients, as well as our workforce and healthcare system. Learning will shape future service planning and public health interventions.

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Appendix 2 – Primary care data

The following tables set out experimental primary care data that are drawn from a range of published sources.

While substantial amounts of activity across primary and secondary care are included below, they are not complete. Activities listed are not meant to be exhaustive, there are services where data are not collected nationally (or are not readily available at NHS Board level). The most recently available datasets have been used.

The Primary care In-hours general practice activity figures are based on experimental statistics, so it is important that users understand that limitations may apply to the data.

Sector	Activity	Measure	Value	Time period	Source	Link
Primary Care	In-hours general practice (GP)	Number of encounters	4,647,498	2022/23	ESCRO data extraction tool, PHS	Link
	In-hours general practice (other clinicians)	Number of encounters	1,883,471	2022/23		
	Dental services	Number of claims	884,504	2022/23	MIDAS, PHS	Link
	Ophthalmic services	Number of eye examinations	447,921	2022/23	Ophthalmic Data Warehouse, PHS	Link
	Out of hours primary care services	Number of consultations	190,320	2021/22	GP OOHs datamart	Link

Sector	Activity	Measure	Value	Time period	Source	Link
Secondary Care	Accident and Emergency	Number of attendances	400,666	2022/23	A&E datamart, PHS	Link
	Inpatient and daycase	Continuous inpatient stays	314,773	2022/23	SMR01, PHS	Link
	Mental health inpatient	Continuous inpatient stays	3,700	2021/22	SMR04, PHS	Link
	Outpatient	Number of attendances	965,965	2022/23	SMR00, PHS	Link

Notes

General	• The activities listed here are not meant to be exhaustive, there are services that exist where data is not collected nationally or is not readily available at NHS Board level (e.g. Community Services, Pharmacy Services etc.).
In-hours general practice	• These are experimental statistics published to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data. • Mappings between raw data and groupings remain provisional, figures quoted exclude a significant number of encounters classified as 'Unmapped'. • Includes direct encounters only: Surgery consultation, Telephone consultation, Home Visit, Clinic, Video consultation & eConsultation. Refer to 'Methdology and Metadata' for more information - https://www.publichealthscotland.scot/media/21991/methodology-and-metadata-v11.pdf
Dental	• Each claim may cover a single appointment or multiple appointments depending on the treatment provided.
Ophthalmic	• Includes primary and supplementary eye examinations.
OOH primary care	• Includes consultations that took place attending a Primary Care Emergency Centre/Primary Care Centre (PCEC/PCC), a Home Visit or an OOH GP/Nurse Advice Telephone Call.
A&E activity	• All attendances at Emergency Departments and Minor Injury Units. Includes new and unplanned return attendances only.
Inpatient and daycase	• Figures are based on NHS Board of Treatment so include all activity at NHSGGC hospitals.
Mental health inpatient	• SMR01 returns are approximately 98% complete in NHSScotland for financial year 2022/23. • Excludes Genito-Urinary Medicine (GUM) and Geriatric Long Stay specialties.
Outpatient	• Figures are based on NHS Board of Treatment so include all activity at NHSGGC hospitals. • Consultant led new and return attendances. • SMR00 new attendances are approximately 98% complete in NHSScotland for financial year 2022/23.

Appendix 3 – Glossary of acronyms and terms

Below, we list the key acronyms used in the Strategy set out in full. We include a brief explanation for a small number of these, where they are likely less familiar to all readers.

AHPs	Allied Health Professionals – a range of regulated and specialised professions in areas of health and care, such as physiotherapy, occupational therapy, and dietetics and podiatry
APP	Advanced Physiotherapy Practitioner
CAMHS	Child and Adolescent Mental Health Services
Community Link Worker (CLW)	There are many recognised Community Link Worker (CLW) models, most frequently including the principles of working as a core member of a GP Practice Team while helping patients find the right support with any social issues affecting health and wellbeing. CLWs provide non-medical support, and they work to address health inequalities created by socio-economic issues while enabling and empowering patients to identify and achieve their priorities and goals. They provide a bespoke service which connects patients to resources and/or services to meet their individual practical, social and emotional needs.
CTAC	Community Treatment and Care

GP	General Practice / General Practitioner
HWSW	Healthcare Support Worker
HSCP	Health and Social Care Partnership
IJB	Integrated Joint Board
LTCs	Long term conditions – these include both physical conditions such as diabetes or cardiovascular disease (CVD), as well as severe and enduring mental illnesses such as psychosis, schizophrenia, bipolar disorder, or personality disorders.
MFT	Moving Forward Together is NHSGGC's long term programme for the transformation of healthcare delivery
MDTs	Multi-disciplinary Teams
NHSGGC	NHS Greater Glasgow and Clyde
PCAS	Primary Care Asset Strategy
PCIP	Primary Care Improvement Programme

PCIF	Primary Care Improvement Fund
Pharmacy professionals	A range of pharmacy professionals including pharmacists, pharmacy technicians and pharmacy support workers
RM	Realistic Medicine puts the person at the centre of decisions about their care and encourages health and care professionals to find out what matters most to the patient and treat the patient as an equal partner. This, along with discussing the benefits and risks of treatment allows shared decisions and reduced chances of care not adding value to the patient. There are 6 principles: 1. Shared Decision Making 2. Personalised Approach to Care 3. Reduce Harm and Waste 4. Reduce Unwarranted Variation 5. Managing Risk Better 6. Becoming Innovators and Improvers The vision for Realistic Medicine is that by 2025 everyone providing healthcare in Scotland will demonstrate their professionalism through the approaches, behaviours and attitudes of Realistic Medicine.

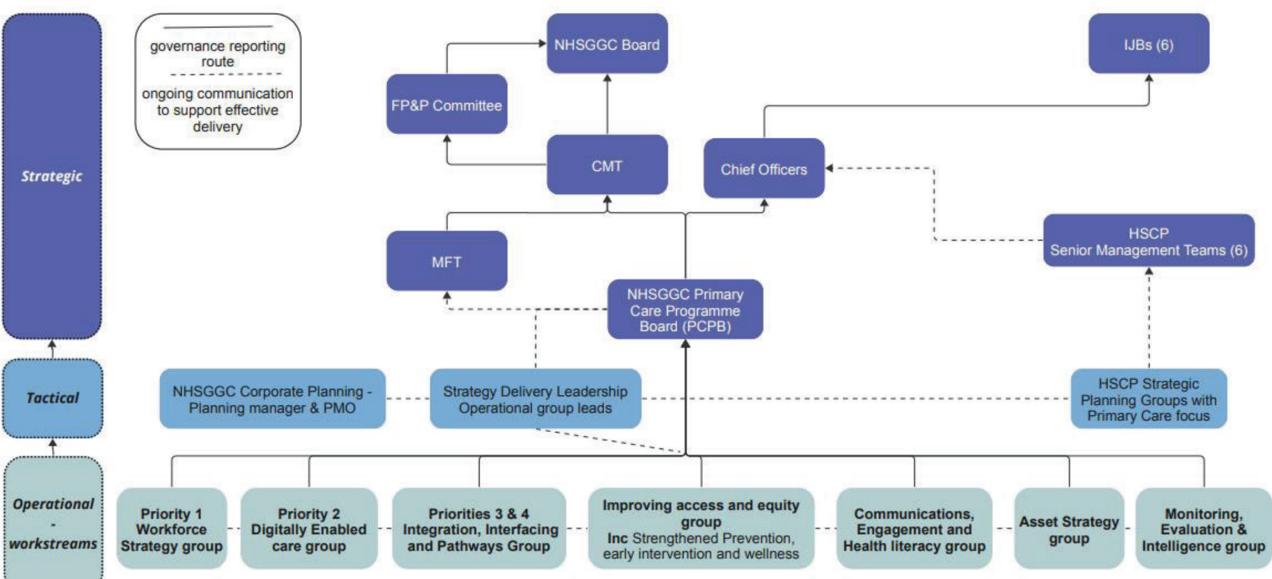
VBH&C	Value Based Health and Care is the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person (University of Oxford, 2019). This is also the name of the initiative through which we will implement Realistic Medicine. By 2030 all health and care colleagues will be supported to deliver VBH&C. We will continue to practice Realistic Medicine and achieve the outcomes that matter to people.

Primary Care Strategy 2024-29
Summary Implementation Plan

Overview

- The high level implementation Plan sets out arrangements to deliver NHSGGC's Primary Care Strategy 2024-2029.
- The term 'primary care' describes services that people often use as the first NHS point of contact and that are usually provided by general practice, pharmacy, dentistry, optometry (the four main independent contractor and practitioner groups) in our local communities.
- The Plan will be reviewed annually and refreshed as required (including as directed by our strategic oversight group, the Primary Care Programme Board).
- The Plan builds on the collaborative approach taken with partners to develop the Strategy, and we will update the remit and membership of existing work groups to ensure alignment of our deliverables and to effectively adopt whole system approaches at operational, tactical and strategic levels.
- Below is the Primary Care Strategy governance structure, followed by our logic model. The model illustrates the changes we want to achieve through our priorities in the short, medium and longer term.

Primary Care Strategy Governance Structure



Primary Care Strategy Logic Model

The model below sets out the changes we want to achieve short, medium and longer term, alongside the resource and activities required to achieve them. Our focus is on achieving our aspirations within the five year period of the Strategy and we will continue to work to align with NHSGGC transformation ambitions in the much longer term.

INPUTS
- Primary Care Programme Board (PCPB)
- Collaboration, leadership, system working and planning
- Funding
- Workstream delivery groups
- Infrastructure – digital and estate
- Strategy, data and evidence
- Patient and Public Involvement
- Workforce (independent and GGC/HSCP)

ACTIVITIES
- Strategy design and delivery
- Develop a shared care record
- Patient pathway review and development
- System and process improvements
- Communications and engagement plan design and delivery
- Consultation and engagement with professionals and patients
- Quality improvement
- Partnership working
- Monitoring and evaluation

OUTPUTS
- 5 year Workforce and Estates Strategies
- Shared care record accessible to all primary care
- Guidance on new patient pathways
- Process and system improvements
- Enhanced accommodation
- Communications and engagement plan
- Communications campaign
- Patient information
- Professional toolkits
- Governance reporting

SHORT (1 Year)
- Strategies are in place to optimise our enablers
- Increased understanding of local health needs through data

MEDIUM (2-4 Years)
- Improved access to pt records, health information & care
- More adaptable estate
- Patients are more informed and empowered
- Improved pt & professional awareness of services/supports
- Multidisciplinary teams, partners & patients better involved in planning and delivery of services
- Improved self management
- Improved access to the right advice, from the right professional, at the right time
- Enhanced journeys into and through PC
- Increased workforce access to resource necessary to holistic, person-centred care (IT/ Digital/clinical/ wider)
- Resources are more targeted at those who need them most
- Patients receive care at or near home wherever possible

LONG (5 Years and beyond)
- Primary care delivers a model that builds on people's expertise and draws on the resources available to support them in their local communities
- Improved knowledge, skills and awareness (patients and workforce)
- Prevention is strengthened across primary care
- Increased general practice capacity
- Improved leadership, culture and practice
- Strengthened PC contribution to reducing health inequalities
- Reduced unnecessary use of urgent and secondary care
- We are more informed and empowered when using primary care
- Our experience as patients in primary care is enhanced
- Our primary care services better contribute to improving population health
- Primary care better addresses health inequalities
- Our primary care infrastructure, physical and digital, is improved
- Our primary care workforce is expanded, more integrated, and coordinated with community and secondary care

IMPACT
- Positive health impacts of primary care are sustained and maximised

Better and more sustainable primary care, through improvements for patients, workforce and system

External factors (political, economic, social, technological) may impact on success:
e.g. New government; collaboration; cost of living; social determinants; national delivery in key areas such as e-prescribing or estates

Primary Care Strategy deliverables and milestones 2024 – 2029: Our priorities

We aim to deliver this Strategy within our existing budget, working together to greatest effect. Given our constraints and challenges, we will prioritise action in a small number of key areas of greatest impact on our sustainability, capacity and efficiency – and therefore patient care. We will progress activity set out under our wider areas for development in line with available resource. As set out under Deliverable 9, we will develop a monitoring and evaluation framework by summer 2024, including agreed measures.

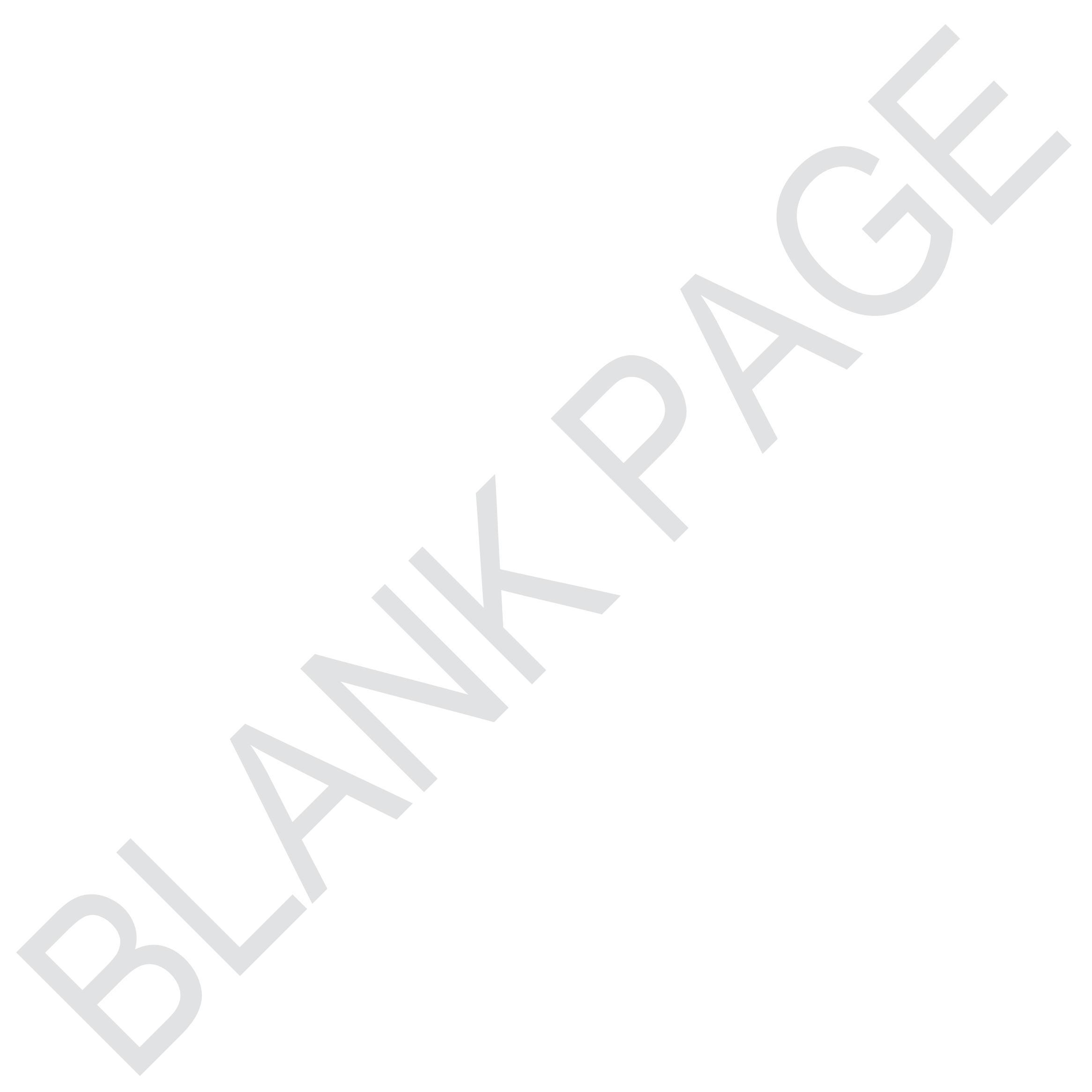
Deliverable	Actions	Dependencies	Impact	Delivery milestone
Primary Care Strategy priorities				
1. **Develop and deliver an NHSGGC primary care workforce strategy**	1. Establish Workforce Strategy development group 2. Ongoing national advocacy/influence to optimise trainees 3. Inform NHSGGC Workforce strategy 2025-30 with primary care requirements	✓ Support by HR SMT ✓ Primary care representation at workforce supply group ✓ Engagement and collaboration with independent contractors and providers; higher education	✓ A sustainable, sufficiently staffed and skilled workforce ✓ Aligned workforce strategy across NHSGGC ✓ NHSGGC primary care as a vibrant and progressive place to work	1. 2025: Strategy draft completed 2. 2025-26: Workplan development and initiation
2. A shared care record accessible to all primary care	1. Roll out read access to Electronic Patient Record (EPR) 2. Deliver information sharing (IS) agreement(s) 3. GPIT re-provisioning 4. Procurement of and access to Clinical Systems	✓ Independent contractor and provider support, adoption and compliance with developments	✓ Health professionals have improved ability to work together to improve patient outcomes: ✓ Improved real time information sharing to support patient flow ✓ Increased flexibility in patient and general practice time ✓ Further ability for patient dialogue, self-referrals and signposting	1. 2026/27: shared care record accessible to all primary care 2. 2026: complete IS agreements 3. 2026: 100% general practices adopt GP IT reprovisioning 4. 2025/26: Documentation management system adopted by general practices

Deliverable	Actions	Dependencies	Impact	Delivery milestone
3a. Improving care pathways into and from wider health and social care – *developing our system*	1. Review and update patient pathways 2. Develop key principles for streamlined, effective and efficient pathways; link with wider system to agree, embed and improve delivery 3. Develop and deliver NHSGGC-specific content on the national Right Decision resource – providing support to referrers and patients	✓ Whole system agreement of overarching principles to ensure strong risk management ✓ Support for Prof-to-Prof ✓ Whole system support e.g. acute, planning, change management and eHealth ✓ National and local developments (e.g. Centre for Sustainable Delivery) ✓ PEPI/Public engagement ✓ Monitoring, evaluation and intelligence group	✓ Patients get the right treatment from the right professional quicker and have a better experience and outcomes ✓ Increased workforce and system capacity ✓ Strengthened primary care contribution to health and wellbeing ✓ Improved health literacy across patients and professionals ✓ Improved culture, relationship and trust across patients and professionals	1. 2024/25: workstream/ workplan development and initiation 2. 2024/25: principles developed and agreed 3. TBC via workplan
3b. Improving care pathways into and from wider health and social care – *developing workforce capacity*	1. Mainstream and standardise primary care clinician access to professional-to-professional decision making *(‘Prof-to-Prof’)* with acute services 2. Prioritise improvements to pathways identified in deliverable 3a. Extend primary care Prof-to-Prof access to include wider multi-disciplinary teams	✓ Collaboration with partners	✓ Improved access to specialist advice will improve our ability to provide local care reduce specialist service intervention ✓ Patients at risk of/with serious health conditions are better supported by primary care ✓ Improvements to culture, relationship and trust in primary care and wider health and care	1. By 2029: Professional to professional decision making is normalised across agreed primary care professions

Deliverable	Actions	Dependencies	Impact	Delivery milestone
Wider Areas for Development				
4. **Improve access to primary care**	1. Collaborative action to scope and agree our vision for change, identifying how we will maximise our efficiency and effectiveness through an evidence and value-based approach 2. Engage with patients on digital improvements to health information access (Digital Front Door) 3. Support patients to make decisions about care that is right for them	✓ Independent contractors support ✓ Improvements in line with general practice access principles ✓ Practitioner and patient support to change ✓ National developments/ directions ✓ Digital Strategy delivery	✓ Better understanding and improve our impact with patients and professionals ✓ Strengthen equity/better contribute to health inequalities ✓ Ensure compliance with public sector equality duties	1. 2024/25: Agree workplan and priorty areas for change 2. TBC via workplan; aligned to Digital Strategy delivery c2026-9
5. **Strengthen prevention and early intervention**	1. Promote uptake of routine vaccination and screening 2. With key NHSGGC strategies, map existing activity underway, identify gaps and agree priority areas 3. Increase use of strength-based approaches to empower people to look after their own health as well as possible	✓ Collaboration with stakeholders ✓ System capacity to develop and deliver ✓ Resource for new treatments ✓ National programmes (including vaccination records)	✓ Vaccination is one of the most successful and cost-effective interventions to save lives and improve health (WHO) ✓ Reduced variation in uptake strengthens our contribution to health inequalities ✓ Compliance with legal duties outlined in Carers (Scotland) Act 2016	1. 2024/25: Undertake collaborate planning sessions with key leads 2. 2024/25: Update implementation plan 3. By 2024/25: recommendations on for approval

Deliverable	Actions	Dependencies	Impact	Delivery milestone
6. Improve equity and reduce inequality	1. Cross-cutting action across PCS workstream delivery to strengthen prevention and better target action in areas of greatest need, to include: a. Engagement with providers b. Ongoing: support to strategy delivery in line with wider workplan c. Ongoing: translation of learning throughout implementation	✓ Sustainable and sufficient resource in place ✓ Establishment of strategy workstreams ✓ Collaboration with contractors and providers	✓ Better avoid ill-health, protect wellbeing, and improve supported self-management ✓ Targeted activities to protect and improve the health and wellbeing of those needing these most ✓ More person centred, effective and equitable information supports (self-management and primary care access)	1. Autumn 2024/25: principles and proposal for areas for action agreed
7. Support self management and improved primary care navigation/use	1. Develop and deliver a primary care communications and engagement plan 2. Grow our offer of accessible health information for supported self-management 3. Embed patient voice in our strategic planning and delivery	✓ Communications and engagement plan approval ✓ Required resources in place ✓ Right decision resource ✓ Collaboration with independent contractors and providers	✓ Increase patient & professional awareness of primary care offer and how to access ✓ People are more able to look after their health to the best of their ability ✓ Person-centred, effective and equitable information supports (for patients & professionals) ✓ Improved patient flow and increases to primary care capacity	1. 2024: Membership of PCPB expanded to include Communicaitons 2. 2024-6: Communications and engagement plan developed and initiated

Deliverable	Actions	Dependencies	Impact	Delivery milestone
8. Optimising primary care accommodation and property	1. Asset Strategy development and delivery 2. Grow the use of good quality data on population need in our property planning	✓ Independent contractor and provider collaboration ✓ Reconciliation of medium-long term delivery ambitions with contract terms (e.g. GP Contract changes) ✓ HSCP support ✓ Updated GMS Premises Directions ✓ Support nationally and locally for capital investment and on-going revenue investment to primary care buildings ✓ Business Intelligence capacity	✓ People get the right care in the right place at the right time, close to/at home when possible, and supported by MDTs and digital improvements. ✓ Increased capacity to shift care from secondary to primary and community ✓ NHSGGC-wide approach to primary care estate optimisation, with HSCPs ✓ Greater levels of integrated care in multi-use buildings including hub and spoke ✓ Primary care contributes to achieving our wider sustainability and climate change targets	1. 2024/25: Target to commence Asset Strategy (Commence on conclusion of MFT Implementation Strategy, aligned to Sustainability strategy and Strategic Delivery Plan) 2. Align to NHSGGC transforamitonal programme
9. Monitor and evaluate our Strategy	1. Develop and implement a monitoring and evaluation framework with work stream leads 2. Define relevant primary care intelligence population health indicators to inform ongoing strategic planning and delivery, and local quality improvement	✓ Agreement of oversight and delivery responsibilities ✓ Public Health capacity ✓ Availability of relevant / appropriate primary care data ✓ Business Intelligence capacity	✓ We know and improve upon the impact of our work on for our patients, workforce and system ✓ Our future strategy development and implementation is informed by improved data and evidence	1. By summer 2024: approval of Strategy monitoring and evaluation framework 2. 2024/25: Development of Primary Care Monitoring, Intelligence, and Evaluation Group annual work plan 3. 2024-2029: regular monitoring reports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NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

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

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

NHSGGC Primary Care Strategy

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

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

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

NHSGGC's Primary Care Strategy: 2024/25 -2029/30 sets out our long term vision and approach to primary care transformation across NHSGGC.

The Strategy provides a set of principles and commitments which will support the long term future of primary care services to maintain and improve patient care. It will inform the Primary care delivery/ implementation plan which will detail the actions to maintain and develop the role of primary care as part of the patient's journey of care within the wider health & social care system. It will also provide a spotlight on primary care as a foundation on which to deliver more integrated care to patients throughout NHSGGC. Primary care services provide the first point of contact in the healthcare system, estimates suggest that around 90% of health care episodes start and finish in primary community care.

In addition to our principles and commitments, this strategy includes a set of initiatives that cover the NHSGCC wider responsibilities in relation to primary care, including responsibilities for managing the primary care prescribing budget, the interdependencies between NHSGGC, HSCPs in working with primary contractors i.e. GPs, optometrists, dentists and community pharmacists and support for promoting improvement and the sustainability of primary care in NHSGGC.

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The Core principles are:

1. Within our overall Scottish Government funding implement the requirements of primary care contracted services in line with emerging guidance
2. Promoting the sustainability of primary care services
3. Making sure we have a high quality of engagement with primary care contractors, third sector networks, our locality engagement forums and equality groups
4. Progress our support for quality improvement (QI) in primary care
5. Ensuring that our primary care strategy is connected to the NHSGGC MFT programme, the 6 HSCP's strategic plans for other transformation programmes and to the policy developments by the health board and Scottish Government
6. Improving our performance management framework for those primary care functions where we have a responsibility

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

The Primary Care Strategy is a key strategic document for NHSGGC and the 6 HSCPs which sets out how primary care service ambitions will be met in order to deliver the best possible care to our communities in the most efficient way.

The Strategy is a guide to how we will approach the development of primary care which has many work streams and covers a large number of primary care services and contractors. For context, NHSGGC hosts 189 optometrist practices; 228 general practices (GPs); 255 general dental practices (GDS) and 288 community pharmacies (CP) delivering primary care services to around 1.3 million GP registered patients.

The 2023-2028 strategy will set out how those care ambitions will be underpinned with due regard to meeting the legal requirements of the Public Sector Equality Duty (or general duty) of the Equality Act 2010 and the 2018 Fairer Scotland Duty (the duty). In the past a number of primary care programmes & services have conducted EQIAs to support the 3 parts of the General Duty. For example, the Mental Health Strategy & PCIP, HSCP PCIPs and travel health vaccination provision. Additional EQIAs will therefore be undertaken by individual services in the future as part of primary care implementation plan. These will be captured and tracked centrally to ensure coordination of assessments and identify any recurring or related risks to protected characteristic groups.

Our ambitions contained within the strategy are:

In the short term:

1. Shared purpose across a sustainable, sufficiently staffed and skilled workforce

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2. Step-change innovations in data and digital technology to improve patient health and care outcomes
3. Integrated care and well-connected services, supported by effective teams, system working, leadership and planning
4. Improved understanding and navigation across our primary care

In the medium to long term:

5. People can access the right service at right time, more flexibly and in ways that suit them
6. Strengthened prevention, early intervention and wellness
7. Better access to trusted information on health and care
8. Strengthened contribution to reducing health inequalities.

The priorities to help realise the ambitions are:

Our priorities are:

1. Development and delivery of a five-year primary care workforce strategy
2. Development of a shared care record accessible to all primary care, both in- and out of hours
3. Improvements to the clarity, consistency and effectiveness of patient pathways
4. Improvements to primary care's access to the right advice at the right time

We will also work to deliver:

1. A five-year communications and engagement plan
2. A range of process and system improvements to enhance journeys into and through primary care
3. Public engagement around digital options to better access information and services
4. Strengthened prevention to better avoid ill-health, protect wellbeing, and improve supported self-management
5. Enhancements to our accommodation and property
6. A strengthen contribution to reducing health inequalities, including through targeted and tailored action.

We will proportionately increase activity around these areas in the event additional resource becomes available.

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

Name: Ann Forsyth, Head of Primary Care Support	**Date of Lead Reviewer Training:** Updated 2019

Please list the staff involved in carrying out this EQIA
(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

PC Strategy Communications & engagement group:
Daniel Connelly, Deputy Director Public Engagement, Public Experience and Public Involvement (PEPI)
Lisa Martin, Manager, PEPI Team
Calum Lynch, Project Manager PEPI Team
Josh Kane, Senior Communications Officer, Communications Department
Alastair Low, Planning Manager, Equality and Human Rights
Helen Cadden, Public Partner Primary Care
Ronnie Nicol, Public Partners Primary Care
Gaynor Darling, Family Health Service Advisor, Primary Care Support
Debra Allen, Senior Planning & Policy Development Officer, Renfrewshire HSCP

Consultation with members of the: Primary Care Programme Board – Strategic group

Christine Laverty, Chief Officer Renfrewshire Health & Social Care Partnership
Gary Dover, Assistant Chief Officer, Primary Care and Early Intervention (Glasgow City HSCP)
Allen Stevenson, Director Primary Care
Ann Forsyth, Head of Primary Care Support
Dr Kerri Neylon, Deputy Medical Director Primary Care
Claire McArthur, Director of Planning

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		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
1.	**What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	Equalities data is collected to varying degrees by the primary care services. Where information is not routinely available, equalities data can be collected where necessary to inform the design of a service and the overall demographic trends in NHSGGC will also be taken into account. These are outlined in the NHSGGC Glasgow City Health and Social Care Partnership Demographic and Needs Profile June 2022. Primary care contractors do not routinely collect data on the nine protected characteristics. However, each pathway/service (either direct, public sector or contracted) has a duty to comply with any legislation relating to the nine protected characteristics and to ensure provision of goods and services complies with the Equality Act and Public Sector Equality Duty. As many primary care services are independent contractors in different services, data completeness and sharing practice and systems varies, and data is not owned by NHSGGC. The complexity of service pathways within the Primary Care (and their respective patient information systems) means it is not possible to create a single data repository that captures equality monitoring data across all nine protected characteristics.	We recognise the limitations of the data currently being collected by the varying services and contractors but continue to work on improving this in line with the recommendations made by the Scottish Government's Equalities Data Improvement Programme. Opportunities will be identified to encourage both primary care contractors and HSCP to gather data related to the nine protected characteristics. This will include incorporating the requirement for equalities data to be collected when commissioning services from other organisations.

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		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
2.	**Please provide details of how data captured has been/will be used to inform policy content or service design.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)*** √	Services are required to ensure consideration of equalities in all areas of service planning, development and implementation, with evidence that some services have adapted their model of service design and delivery to ensure effective access for protected characteristic groups who may experience related barriers. A recent example of where service uptake data has been used to inform practice is the **Vaccination Transformation Programme (VTP).** Innovative ways of engaging with disadvantaged communities and to increase uptake amongst underrepresented groups (Black, Asian and minority ethnic) providing various targeted provisions now includes; • Mass drop-in clinics across local community venues including the Central Mosque • Vaccination mobile bus • Older people & adult residential care homes • Patient home visiting service. Translated materials, NHS Inform, use of interpreting services and sign language are provided to support inclusive practice.	As described above, there is no single shared mainstream data collection system across all primary care service providers. While this hampers the ability to aggregate all service use data and understand access patterning by protected characteristic, each system can be interrogated independently where data fields allow. We recognise that that collection of quantitative data is not uniform across all services but within primary care there are a number of opportunities to share good practice, case studies and reporting mechanisms in place through operational & strategic groups.

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		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
3.	**How have you applied learning from research evidence about the experience of equality groups to the service or Policy?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ■ **4) Not applicable** ☐	***Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).***	Related recent research has been reviewed to learn and understand what matters to people from equality groups as detailed in section 4 below. Research recommendations for Primary Care are currently being considered. Some of our PCIP programmes and services have been developed as the result of applied research learning. The original need for the community link worker programme came from GPs working in Glasgow's most deprived neighbourhoods (Deep End GPs). The research evidence clearly recognised the additional health needs and barriers to engagement with services among those living in areas of high deprivation. The CLW was therefore developed as a deprivation based targeted service to remove discrimination and promote equality of opportunity. The Glasgow Disability Alliance published a Disabled People's Mental Health Matters report in October 2022. The findings from this paper align with some of the feedback from public engagement sessions held across Glasgow during development of this strategy.	Nationally, public research has been carried out on public views and experiences of primary care services to learn and monitor trends. For example, the Health and Care Experience survey (2022) is conducted every 2 years. The Public understanding and expectations of primary care in Scotland: Survey Analysis Report was published in November 2022. We recognise that these surveys do not provide local data on protected characteristics. To inform future direction of local Primary Care service the Patient Engagement & Public Involvement team (PEPI) have conducted local engagement (detailed below) and is also currently leading board wide engagement as part of the strategy development. We are actively monitoring and reviewing emerging

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			This strategy (and in its alignment to the NHSGGC Mental Health and Public Health strategies) will begin to address some specific barriers experienced by those facing discrimination, exclusion and hardship.	equalities learning to ensure this can be incorporated into the Primary Care Strategy development. Protected characteristic data is not collected as part of the National Health & Social Care survey therefore unable to extract NHSGGC data.
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
4.	**Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.** **Your evidence should show which of the 3 parts of the General Duty have been**	***A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)***	In 2022/23, the strategy project team, supported by the Patient Engagement and Public Involvement (PEPI) Team undertook a wide variety of in-person and virtual events to understand the experiences of primary care contractors, HSCP staff and service users on primary care services. There was no exclusion criteria and the team engaged with a broad spectrum of community groups, across Greater Glasgow, many of which represented people with protected characteristics with a total of 324 members of the public engaging in the sessions. Specific protected characteristics were represented by some of the groups listed below: BME people; new Scots; asylum seekers; refugees; older people; carers; disabled people; men and women.	We recognise that due to the scale and scope of primary care services and for the reasons outlined, we were unable to capture all staff & service users' experiences. The findings will be proactively taken into consideration to shape the direction for primary care services. We will take into account all aspects of the General Duty i.e.: remove discrimination, harassment and victimisation, promote equality of opportunity and foster good relations between protected characteristics.

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	considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ■ **4) Not applicable** ☐	**** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	**Primary Care Strategy Public Engagement Sessions**: 27/04/23 Inverclyde Your Voice Community Forum 22/05/23 Renfrewshire In-Ren Network 25/05/23 East Dunbartonshire Senior Carers Forum 30/05/23 Public virtual/online open session 01/06/23 Public virtual/online session 07/06/23 Glasgow The Life I Want Group 08/06/23 HSCP Locality Engagement Forum 09/06/23 East Renfrewshire Big Lunch Event 13/06/23 West Dunbartonshire Clydebank Pop-up Session 19/06/23 West Dunbartonshire Locality Group, Community Representatives 19/06/23 Glasgow, Chance2change Expert Reference Group 22/06/23 Inverclyde Your Voice Community Forum 29/06/23 West Dunbartonshire Pop-up Session 16/08/23 Public virtual/online session 18/08/23 Public Online/virtual session To ensure the engagement sessions and meetings were easily accessible, several methods were used to engage including presentations and discussions via Microsoft Teams, open discussions during some HSCP meetings, a social media survey and face to face discussions with local community groups. In summary, engagement findings with the stakeholders and staff suggest the NHSGGC should address the sustainability of primary care, quality improvement, communication and engagement, collaborative working and property. The patient and service user findings suggest improvements in	

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			access to primary care services, in particular GPs and dentists, and effective communication from and between primary care services. Patients also identified a clear need for improved mental health services.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
5.	**Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed? Your evidence should show which of the 3 parts of the General Duty have been considered.** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ■ **4) Not applicable** ☐	***An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).***	Primary care services are universal services delivered from community-based premises and are compliant with the Public Sector Duty in terms of physical accessibility, understanding the need to make any reasonable adjustments where barriers may exist. Where services are delivered from premises belonging to primary care contractors, all premises must be DDA Compliant. The location and accessibility of community based premises is a key component of the design of services. For example, with the new integrated social and primary care, mental health and community hub at Parkhead, inequalities have been considered as part of the design. The building will meet the accessibility requirements, be DDA compliant and have a dementia friendly design. Engagement will continue with a wide range of people to ensure that people with protected characteristics can participate in the consultation activities. Work will take place with equalities groups to seek their input in the proposed development and	

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			the community facilities within the hub will be designed and managed to support access by all groups, inclusive of those with protected characteristics. In addition to ensuring physical accessibility, the continued investment in patient-facing digital access solutions needs to ensure it does not inadvertently contribute to widening the health gap. Primary care services will ensure that where a digital solution is identified, developed and integrated into access pathways, it will not be to the detriment of those who experience digital exclusion and are unable to benefit from the investment. Access will be underpinned with the principle that no one will be left behind and that digital access to appointments as the first option will not be the default position.	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been**	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.***	Primary care services that are delivered to NHSGGC patients/service users are supported by mainstream interpreting and translation resources. This means that where a communication support is identified for an individual, provision can be made, either in spoken language, BSL or alternative format. All NHSGGC Service in the development of communications should utilise the NHSGGC Clear to All guide. The guide has been developed to support	We will continue to engage with patients around access to services and how we can improve this equally and equitably

	considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ■ **4) Not applicable** ☐	***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	creation of simple, clear and concise information that allows us to meet our legislative requirements and the needs of our patients. In this context, patient information refers to written information such as leaflets, flyers and posters, as well as video and audio recordings. Many patient information systems will highlight communication support to allow for pro-active planning. Where patients who require communication support access a service where additional needs are unknown, telephone interpreting can be accessed immediately.	
7	**Protected Characteristic**		**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(a)	**Age** **Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).** **Your evidence should show which of the 3 parts of the General Duty have been considered.**		The Primary Care Strategy Team and PEPI team engaged with groups of primary care contractors, HSCP staff and members of the public. Primary care services are universal, so open to all members of the population regardless of age. Feedback from engagement with the East Dunbartonshire Seniors and Carers Forum (31 attendees) showed that people were concerned about the equity of services and a need for improvement to the consistency and variations across the Greater Glasgow & Clyde area.	NHSGGC acknowledge that funding challenges have led to some inconsistencies in service availability across the 6 HSCP areas. This strategy seeks to take a proportionate approach to delivering services where it is needed most, tackling

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	1) Remove discrimination, harassment and victimisation ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ■ **4) Not applicable** ☐	The impact of such inconsistencies mean that people's experience of care can differ depending on where they live. A large number of primary care users are over 65 or under 5 years of age. The number of people aged over 65 in the population is due to increase by nearly 32% over the next 20 years. A key focus when designing services will be availability and accessibility of services for this age group. Services will also be adapted for children under 5, where appropriate.	inequalities and promoting fairness across the system.
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ■ **4) Not applicable** ☐	'The Life I Want Group' is a social partnership covering Greater Glasgow to create opportunities for people with learning difficulties. An engagement session with this group highlighted mixed views and experiences of primary care. Digital developments were generally viewed as potentially helpful for people with disabilities but assumptions regarding access should be avoided and alternatives offered. Other feedback related to gaps in staff awareness of equalities and patient rights in general, a higher susceptibility (for people with disabilities) towards misleading health information and signposting to services should be accessible to all. A questionnaire was also specifically sent to members of the Involving People Network (IPN). Primary care services are open to all members of the population and the engagement undertaken didn't highlight any specific areas to be addressed in	Through implementation of the strategy any redesign of service and /or policy redesign that impact on protected characteristics will be subject to EQIA process to identify potential and consequential impacts

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		relation to disability that weren't expressed by those who engaged as a whole. All of the above will be taken into account when designing the Primary Care Strategy and implementation / delivery Plan with focused attention during service related specific review.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Reassignment** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ■ **4) Not applicable** ☐	The Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people (NHSGGC, NHS Lothian and Public Health Scotland, 2022) found that most participants were happy with their Primary Care experiences. Of those people using their GP in the previous year, 88% reported a positive experience. It is possible that where a service user is signposted to a health professional other than their own GP, that healthcare professional may not know the patient's trans history. Where any services are configured on a separate or single sex basis in a primary care setting, the EHRC document – Separate and Single Sex Service Providers – A Guide on the Equality Act Sex and Gender Reassignment Provisions will be referred to.	Staff training on gender re-assignment issues can support mitigation against any patient being discriminated against. Close links can be developed with the Sandyford Clinic to ensure that all aspects of the service take cognisance of gender re-assignment issues.
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(d)	**Marriage and Civil Partnership**	Not applicable to this strategy.	

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	Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership? **Your evidence should show which of the 3 parts of the General Duty have been considered** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■		
(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■	The Strategy project team and the Patient Engagement and Public Involvement (PEPI) Team engaged with groups of primary care contractors, HSCP staff and members of the public which were representative of the overall population. Primary care services are open to all members of the population and the engagement undertaken didn't highlight any specific areas in relation to pregnancy or maternity which needed addressed. However, Primary care service design will continue to consider pregnant women and maternity services. For example, the Vaccination Transformation Programme facilitated ease of access for pregnant	

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	2) Promote equality of opportunity ■ **3) Foster good relations between protected characteristics.** ■ **4) Not applicable** ☐	women, by delivering vaccination within the maternity services which women were already attending.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ■ **4) Not applicable** ☐	Feedback from the In-Ren (Renfrewshire) network highlighted that New Scots communities can experience limited information on how the healthcare system in Scotland works compared to other countries. This group also noted a need to consider communication methods for non-English speaking individuals and communities. Currently alternative language formats for health information is available to all on request from members of staff.	Overall, NHSGGC has a higher proportion of people from a BAME backgrounds compared to the overall national average. Service design in all areas will need to take the needs of this group into account. For example, when providing interpreting services at healthcare appointments and providing information in different languages. The primary contractors currently use the interpreting service when required to book an interpreter over the phone or in person.
(g)	**Religion and Belief**	The health records of individual patients may contain information on religion or belief which could affect the care they wish to receive.	

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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
	Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief? **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ■ **4) Not applicable** □	However, in terms of the population as a whole, the strategy project team and the PEPI team engaged with groups of primary care contractors, HSCP staff and members of the public which were representative of the overall population. Primary care services are universal to all members of the population and the engagement undertaken didn't highlight any specific areas in relation to religion or belief which needed addressed.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**	Primary care services are open to all members of the population. Health records of individual patients may contain information on sex which could affect the care they wish to receive. This may because certain sex specific services are due to biology, rather than any exclusion of service user e.g. cervical screening. In terms of the population as a whole, the strategy project team and the PEPI team engaged with a broad range of primary care contractors, HSCP staff and members of the public which were	

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	1) Remove discrimination, harassment and victimisation ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ■ **4) Not applicable** ☐	representative of the overall population. The engagement undertaken didn't highlight any specific areas in relation to sex which needed addressed.	
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ■ **4) Not applicable** ☐	In terms of the population as a whole, the strategy project team and the PEPI team engaged with a broad range of primary care contractors, HSCP staff and members of the public. Primary care services are open to all members of the population. Due to initial challenges identifying an appropriate LGBTQ group available to participate and subsequently securing suitable dates, we were unable to deliver this specific session within the agreed phase two engagement period. However, we have agreed to continue to engage with the identified group re further opportunities for participation as the strategy moves forward and in particular around any local or service-specific actions and improvements that arise from the implementation phase. Additionally, we will continue to develop our knowledge of and relationships with local LGBTQ groups and networks, to ensure that the programme of ongoing engagement provides accessible and	As part of implementation change require to consider engagement with LGB service users during implementation given limited engagement during strategy development

		appropriate opportunities that reflect peoples' lived experience. Recent recommendations from NHSGGC, NHS Lothian and Public Health Scotland's LGBTQ+ report will also be considered.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(j)	**Socio – Economic Status & Social Class** **Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?** **The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here:** [Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot).](https://www.gov.scot) 7 Qs? 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?	The strategy project team and the PEPI team engaged with many diverse groups of primary care contractors, HSCP staff and members of the public. The negative impact of health inequalities and poverty on health and wellbeing is immense. There is evidence that austerity measures and increases in the cost of living compound health inequality by affecting mental health, so as the cost of living increases, it is more important than ever to design services with this in mind. Furthermore, it is crucial to recognise this when designing services for Primary Care, as it has been recognised that strong primary care systems are positively associated with better health. Recent learning has highlighted digital exclusion as an issue to consider, particularly for people with less resource and/or older adults. With this in mind it is vital that an approach which prioritises investment in	We will further explore prevalence and patterning of digital exclusion in NHSGGC and ensure that we retain patient choice around ways to access information, care and treatment and support that include non-digital routes. Impact of commitments will be monitored through the evaluation framework which will be developed to support monitoring of the strategy

	2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage) 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage 4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions 6. How has the evidence been weighed up in reaching our final decision? 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage?	developing a digital 'front door' to primary care services does not inadvertently compound barriers to access for people living in poverty. Poverty is often a common denominator for protected characteristic groups most marginalised in society. To this end, digital exclusion will have the greatest impact on the frail/elderly, those with disabilities, transgender people and those from Black, Asian and/or ethnic minority communities. Due to Primary Care Improvement Plan funding, the Community Link Worker (CLW) service was established in some GP practices located some HSCPs in the most deprived areas of NHSGGC. One of the services offered by CLW's is financial advice and they also link clients to the Welfare Advice Health Partnership project located within some GP surgeries or Third sector financial inclusion organisations.	
(k)	**Other marginalised groups** **How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?**	The strategy project team and the Patient Engagement and Public Involvement (PEPI) Team engaged with many groups of primary care contractors, HSCP staff and members of the public. In addition to the feedback (as per section F) from public engagement which outlined the main concerns in relation to New scots and non-English speaking communities, the communication and engagement commitments and associated delivery plans will set	The strategy aligns with the NHSGGC mental health and public health strategies and all marginalised and/or underrepresented groups will be considered and included as part of development of this strategy and its associated implementation/delivery plans.

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		out how we will work with marginalised groups in the future.	All workstreams and change proposals will be subject to EQIA.
8.	**Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☒ **2) Promote equality of opportunity** ☒ **3) Foster good relations between protected characteristics.** ☒ **4) Not applicable** ☐	A draft budget for primary care services has been set which reflects the anticipated funding. We are following the Scottish Government guidance and anticipate delivery within current forecasted funds.	We recognise that if any service was removed due to financial constraints, consideration would need to be given to the impact and this would have on patients in terms of access and travel, for example. Planning would be put in place to minimise or mitigate any foreseen adverse consequences.
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
9.	**What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic**	Equalities Training and staff development for primary care staff deliver are being further developed. Work is ongoing to progress this action, including a	

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	groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.	newsletter and updates provided to all staff on primary care initiatives with requirement for equalities training, including undertaking of EQIAs. Mechanisms are in place to record statutory & mandatory equalities training for HSCP staff and contractor groups as employer responsible for providing and maintaining training of their staff.	

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

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

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

Through the delivery of a coordinated EQIA programme for aligned service developments, the Primary Care Strategy and Implementation plan will ensure the right to protection from discrimination is upheld.

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

PANEL principles were used as part of this EQIA of the Primary Care Strategy 2023 – 2028 to ensure that services and programmes take a human rights-based approach with a focus on responding to and tackling inequality.

Participation- Primary care seeks active participation and engagement of patients and service users through direct engagement and evaluation. A comprehensive engagement exercise was undertaken from March - June 2023 with primary care contractors, HSCP staff and service users as detailed in Section 4.

Accountability- a dedicated equalities assessment of Primary Care Strategy 2023 – 2028 is now being undertaken and will be reviewed on a six monthly basis. Component programmes and services within the Primary Care have or will also produce EQIAs.

Non-discrimination - primary care services are universal services which are open to all.

Equality/Empowerment- The Primary Care Strategy seeks to promote equality and equity within NHSGGC and has continued to commission and utilise research reports to raise awareness, plan, resource and act on the significant health inequality challenges for the board. We have introduced and will embed patient and public involvement via the Communications and Engagement Sub-group.

Legality-The service is compliant with UK and Scottish Law.

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

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

☐ Option 1: No major change (where no impact or potential for improvement is found, no action is required)

■ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements

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☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

As part of GP contract and HSCPs associated PCIP 2019-21, the Community Links Worker programme was developed. The programme is a service that is in most HSCPs deprivation focused and operates within the GP practices. The enhanced support to patients within universal GP practices provides non-stigmatising targeted action against health inequalities. NHSGGC recognises the particular need to reduce inequalities of outcome caused by socioeconomic disadvantage, so the programme continues to request additional financial investment and further expansion at national level.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	**Date for completion/ Who is responsible? (initials)**
Progress developing access to LearnPro community for the non HSCP workforce to provide opportunity for staff to complete the Equality and Human Rights modules to ensure competence with regard to the protected characteristics.	TBC with Implementation
Provide or support access to awareness sessions in the NHSGGC and wider primary care workforce on issues affecting marginalised groups to ensure staff are able to understand and recognise the needs of marginalised groups.	TBC with Implementation
Provide or support access to more specialist training in NHSGGC and wider primary care workforce on issues affecting specific marginalised groups to ensure staff are knowable and skilled at responding to the needs of specific marginalised groups.	TBC with Implementation

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With an increasing BAME, asylum seeking and refugees population, 80 different languages are spoken within NHSGGC. We will: • Support the pathway for primary care contractors / practice requests for information in other languages and formats. • Provide information to practice staff with regard to the use of interpreters in primary care settings.	TBC with Implementation
Opportunities will be identified to encourage both primary care contractors and HSCP staff to gather standardised data related to the nine protected characteristics. This will also include incorporating the requirement for equalities data to be collected when commissioning services from other organisations.	TBC with Implementation
We will continue to look to other data sources in NHSGGC and nationally to benchmark and assess the equalities data as required.	TBC with Implementation
It is important that we understand the experience of equalities groups who access our service. We will build on our previous engagement events to gather the views of primary care contractors, HSCP staff and service users on primary care services. We will continue to progress our engagement work to seek to capture patient and service users experiences and perspectives across equalities groups. We will seek public health advice and support to ensure that Strategy actions do not negatively impact on equalities (and where possible, will positively impact on them).	TBC with Implementation
Throughout the duration of this Strategy and implementation phase, we have committed to build on and share learning from the PC services.	TBC with Implementation
We will continue to review and report on equalities performance to NHSGGC Primary Care programme Board – Strategic Group, on an as required basis.	TBC with Implementation

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

Oct 2024

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Lead Reviewer:	**Name:**	Ann Forsyth
EQIA Sign Off:	**Job Title:**	Head of Primary Care Support
	Signature:	
	Date:	**17/11/2023**
Quality Assurance Sign Off:	**Name**	**Alastair Low**
	Job Title	**Planning Manager**
	Signature	**Alastair Low**
	Date	**15/11/2023**

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

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

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

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

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

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AGENDA ITEM No. 8

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 2024
Agenda Item	8
Title	Unaudited Annual Report and Accounts 2023/24

Summary

This report provides an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2023 to 31 March 2024.

The Chair of Performance and Audit Committee will advise the Integration Joint Board of:-

- any matters arising from the Performance and Audit Committee in relation to the unaudited annual report and accounts
- the Performance and Audit Committee's decision taken 26 June 2024 on the remittance of the unaudited Annual Report and Accounts to the Integration Joint Board.

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

Action Required

The Integration Joint Board is requested to:

a) Agree the unaudited annual report and accounts for submission to Ernst & Young
b) Agree and endorse the proposed reserves allocations
c) Note the annual report and accounts is subject to audit review
d) Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
e) Note the summary overview of financial performance document will be presented with the audited accounts in September.

Directions	**Implications**	
☒ No Directions Required	☒ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☒ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☒ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

INTEGRATION JOINT BOARD

26 JUNE 2024

Report by Chief Financial Officer

UNAUDITED ANNUAL ACCOUNTS 2023/24

PURPOSE OF REPORT

1. The purpose of this report is to provide an overview of the unaudited annual report and accounts for the Integration Joint Board (IJB) covering the period 1 April 2023 to 31 March 2024 and outline the legislative requirements and key stages.

2. The Chair of the Performance and Audit Committee will advise the IJB of any matters arising from this committee.

RECOMMENDATION

3. The Integration Joint Board is requested to:
   a) Agree the unaudited annual report and accounts for submission to Ernst & Young
   b) Agree and endorse the proposed reserves allocations
   c) Note the annual report and accounts is subject to audit review
   d) Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
   e) Note the summary overview of financial performance document will be presented with the audited accounts in September.

BACKGROUND

4. The Public Bodies (Joint Working)(Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of Health and Social Care in Scotland.

5. The IJB is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of the Integration Scheme. NHS Greater Glasgow and Clyde (NHSGGC) and East Renfrewshire Council have delegated functions to the IJB which has the responsibility for strategic planning, resourcing and ensuring delivery of all integrated services.

6. The IJB is specified in legislation as a ‘section 106’ body under the terms of the Local Government Scotland Act 1973 and as such is expected to prepare annual accounts in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

REPORT

7. The unaudited annual report and accounts for the IJB has been prepared in accordance with appropriate legislation and guidance. An overview of the process is set out below:

8. **Financial Governance & Internal Control:** the regulations require the Annual Governance Statement to be approved by the IJB or a committee of the IJB whose remit include audit and governance. This will assess the effectiveness of the internal audit function and the internal control procedures of the IJB. The Performance and Audit Committee meet this requirement, as delegated by the IJB

9. **Unaudited Accounts:** the regulations state that the unaudited accounts are submitted to the External Auditor no later than 30th June immediately following the financial year to which they relate.

10. **Right to Inspect and Object to Accounts:** the public notice period of inspection should start no later than 1st July in the year the notice is published. This will be for a period of 3 weeks and will follow appropriate protocol for advertising and accessing the unaudited accounts. The required notice will be agreed with the external auditors and will be published on the HSCP website.

11. **Approval of Audited Accounts:** the regulations require the approval of the audited annual accounts by the IJB or a committee of the IJB whose remit include audit and governance. This will take account of any report made on the audited annual accounts by the 'proper officer' i.e. Chief Financial Officer being the Section 95 Officer for the IJB or by the External Auditor by the 30th September immediately following the financial year to which they relate. In addition any further report by the external auditor on the audited annual accounts should also be considered. The normal September timetable is back in place; the last two years were extended to November as a result of audit workloads associated with the pandemic.

12. The Performance and Audit Committee will consider for approval the External Auditors report and proposed audit certificate (ISA 260 report) and the audited annual accounts at its meeting on 25th September 2024 and, subject to agreement remit to the IJB for approval at its meeting on 25th September 2024.

13. **Publication of the Audited Accounts:** the regulations require that the annual accounts of the IJB be available in both hard copy and on the website for at least five years, together with any further reports provided by the External Auditor that relate to the audited accounts.

14. The annual accounts of the IJB must be published by 31st October and any further reports by the External Auditor by 31st December immediately following the year to which they relate.

15. **Key Documents:** the regulations require a number of key documents (within the annual accounts) to be signed by the Chair of the IJB, the Chief Officer and the Chief Financial Officer, namely:

Document	Signatories
Management Commentary / Foreword	Chair of the IJB Chief Officer
Statement of Responsibilities	Chair of the IJB Chief Financial Officer
Annual Governance Statement	Chair of the IJB Chief Officer
Remuneration Report	Chair of the IJB Chief Officer
Balance Sheet	Chief Financial Officer

Note: for the unaudited annual report and accounts only the Statement of Responsibilities and the Balance Sheet require to be signed by the Chief Financial Officer.

16. The main messages from the annual report and accounts are set out below:

17. This was a very challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget. We needed to deliver just over £7 million of savings as part of our plans to balance our budget and we were not able to do this. We used £1.9 million reserves as planned to support us to redesign how we deliver services and we achieved £2.7 million of savings during the year. This meant we had a £2.5 million shortfall against planned savings and when this shortfall is combined with the additional cost pressures from delivering services we ended the year with a deficit of £4.7 million.

18. This meant during the financial year 2023/24 we moved to a financial recovery position and had a number of discussions with both of our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde. Both partners have provided additional funding, on a non-recurring basis, for 2023/24 to eliminate this deficit:
    - East Renfrewshire Council provided an additional £2.6 million
    - NHS Greater Glasgow and Clyde provided an additional £2.1 million

19. The main operational challenges that led to the increased cost pressures were meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.

20. The main area we fell short on delivering planned savings was from our Supporting People Framework. This framework is based on eligibility criteria and was put in place early in the financial year to support reviews of the level of care we provide as we knew we would have to stop providing lower levels of need. We underestimated the impact and timeframe for the

culture and practice changes required to implement such significant change alongside managing the expectations of the individuals and families we support.

21. The operational overspend, before the additional funding from both partners is applied, is £4.752 million (2.99% of budget) and is marginally better than the last reported position taken to the IJB which showed £5.361 million of an overspend. The main variances to the budget were:
    - £2.499 million overspend within Intensive Services from Care at Home cost pressures combined with unachieved savings
    - £2.462 million overspend in prescribing resulting from both increased volume and costs
    - £1.371 million overspend in the Learning Disability In-Patients service resulted from the level of additional staffing for special observations and managing the patient dynamics
    - £0.788 million underspend in Children and Families was mainly from vacancy management and maximising available reserves
    - The remaining overspends were primarily not achieving savings and the underspends were from vacancy management and release of reserves

22. The financial reporting throughout the year provided detailed reporting. The main reasons for the reduction in projected costs of £0.609 million since last reported to the IJB in March were:
    - £0.451 million reduced care costs in community learning disability, partly due to provider capacity limitations
    - £0.196 million additional income to support unaccompanied asylum seekers
    - £0.324 million increase in prescribing costs, partly as costs had been omitted from the national system so £0.254 million “new costs” at month 12

23. Our reserves decreased significantly during the year, in line with reporting and the use of all available reserves to mitigate costs as part of the financial recovery process.

	£ Million	£ Million
Reserves at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net decrease in reserves during the year		(4.182)
Reserves at 31 March 2024		1.864

24. Within ring-fenced reserves we used £1.113 million per the Scottish Government funding mechanisms for PCIP, Mental Health Acton 15 and Alcohol & Drugs where we needed to use our uncommitted balance prior to drawing any in year funding. We also added £0.100 million received for Distress Intervention Seed funding.

25. Our Alcohol & Drugs Partnership reserve balance reflects the finding agreed with the Scottish Government to support the development of a Recovery Hub.

26. Our earmarked reserves are put in place to support specific activity such as; phase in of savings, support projects, provide transitional or bridging funding for service redesign etc. and to smooth impact of demand and timing of spend across multiple years. As part of the financial recovery process we released and used available funds to support cost pressures. We used £3.141 million in total, the vast majority of which was on a planned basis.

27. We also used the £0.272 million general reserve as part of cost mitigation during 2023/24. The IJB recognises that this means it is not compliant with its Reserves Policy which advocates a 2% of budget should be the level of reserves held. There is a tension between making additional savings to start to build reserves whilst maintaining service delivery. The IJB recognises the need to start to build reserves in the medium to longer-term as part of building back from financial recovery.

28. The full detail of our reserves is included in Note 8 of the unaudited annual report and accounts

IMPLICATIONS OF THE PROPOSALS

29. All financial and legal implications are detailed within the report.

30. The summary easy read version will be presented with the audited accounts in September.

DIRECTIONS

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

CONCLUSIONS

32. The preparation of the unaudited annual report and accounts for the IJB meets all legislative requirements. There has been no material movement to the projected outturn last reported to the IJB. There are no significant governance issues.

RECOMMENDATIONS

33. The Integration Joint Board is requested to:
    a) Agree the unaudited annual report and accounts for submission to Ernst & Young
    b) Agree and endorse the proposed reserves allocations
    c) Note the unaudited annual report and accounts is subject to audit review
    d) Agree to receive the audited annual report and accounts in September, subject to any recommendations made by our external auditors and/or the Performance and Audit Committee and Integration Joint Board
    e) Note the summary overview of financial performance document will be presented with the audited accounts in September.

REPORT AUTHOR AND PERSON TO CONTACT

Lesley Bairden, Head of Finance and Resources (Chief Financial Officer)
Lesley.Bairden@eastrenfrewshire.gov.uk
0141 451 0746

16 June 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

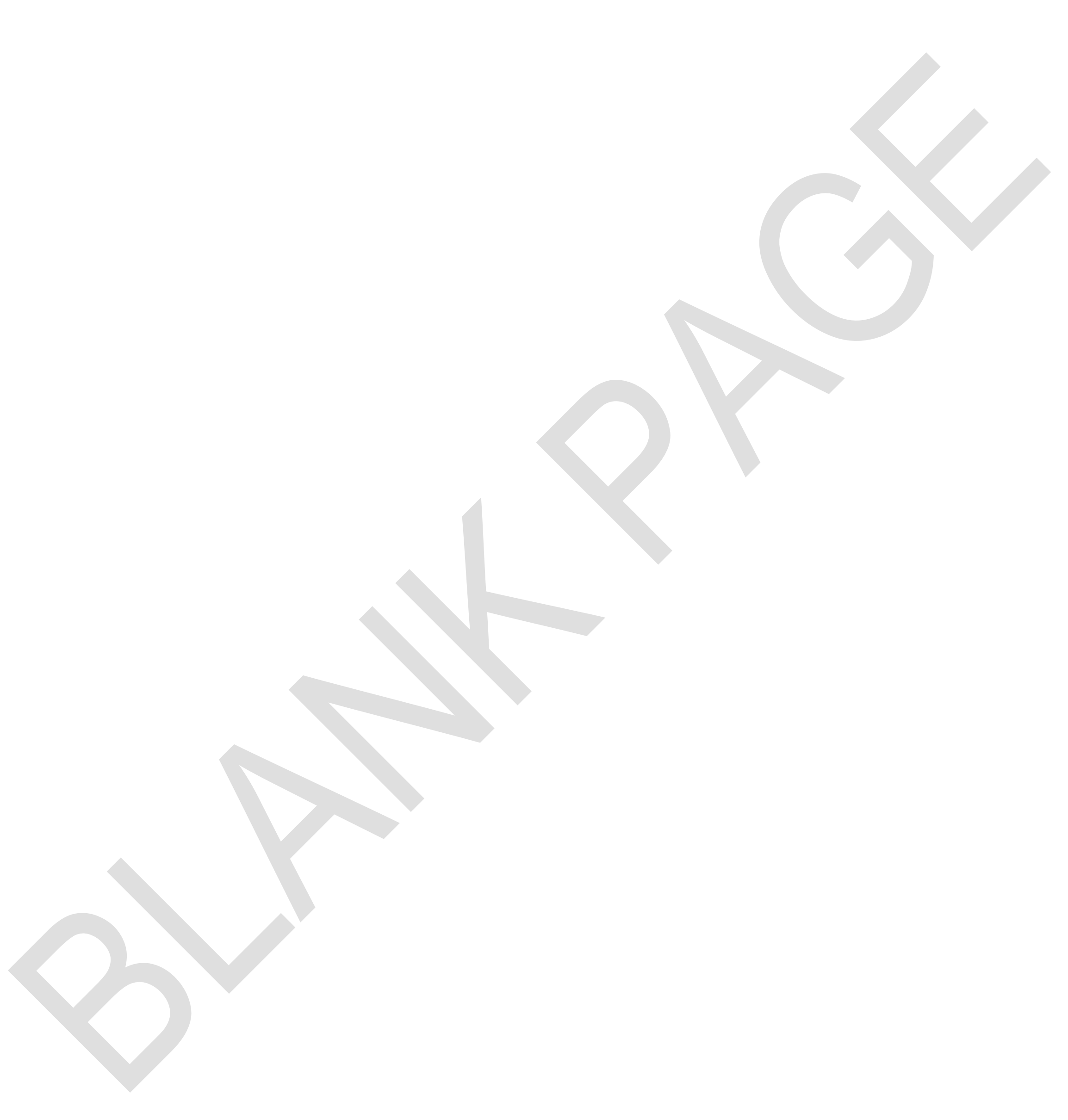
Annual Report and Accounts 2022/23
https://www.eastrenfrewshire.gov.uk/media/9535/IJB-Item-06-27-September-2023/pdf/IJB_Item_06_-_27_September_2023.pdf?m=1695053243790

Annual Report and Accounts 2021/22
https://www.eastrenfrewshire.gov.uk/media/8433/IJB-Item-07-23-November-2022/pdf/IJB_Item_07_-_23_November_2022.pdf?m=638036934513030000

Annual Report and Accounts 2020/21
https://www.eastrenfrewshire.gov.uk/media/7153/PAC-Item-08-24-November-2021/pdf/PAC_Item_08_-_24_November_2021.pdf?m=637727683975070000

PAC Paper: 18-03-2020 - Review of Integration Joint Board Financial Regulations and Reserves Policy

The relevant legislation is The Public Bodies (Joint Working)(Scotland) Act 2014, Local Government Scotland Act 1973



East Renfrewshire Integration Joint Board

for the

Health and Social Care Partnership

Un-Audited Annual Report And Accounts 2023/24

Covering the period 1st April 2023 to 31st March 2024

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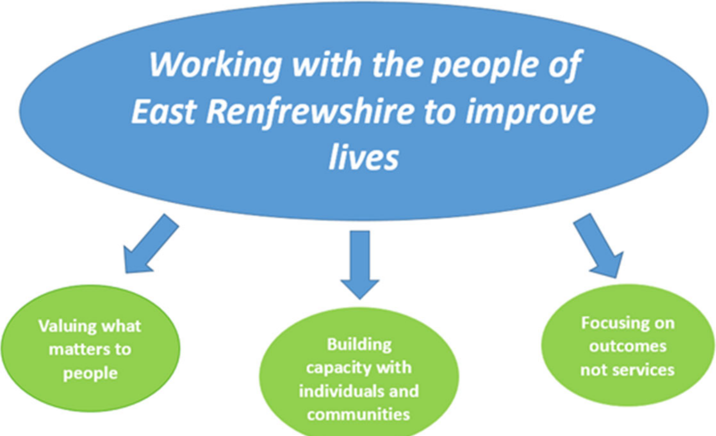
Management Commentary

Introduction

East Renfrewshire Integration Joint Board (IJB), was legally established on 27th June 2015 and has the strategic responsibility for planning and delivery of health and social care services for the residents of East Renfrewshire. The vision, values, priorities and outcomes we aim to achieve through working together with the people of East Renfrewshire to improve lives are set out in our HSCP 3 Year Strategic Plan for 2022/25. Our strategic vision is:



The IJB is responsible for planning, commissioning and delivery of services for children and adults from both of our partners, East Renfrewshire Council and NHS Greater Glasgow and Clyde, and also have the planning responsibility for our population's use of large hospital based services along with housing aids and adaptations. The Integration Scheme provides a detailed breakdown of all the services the IJB is responsible for. The delivery of services is through the Health and Social Care Partnership (HSCP).

This annual report gives the key messages for the IJB for the financial year ended 31st March 2024 and includes performance highlights and challenges along with the financial statements for 2023/24. The report also looks forward at the challenges the IJB is facing for 2024/25 and beyond as we endeavour to meet the needs and demands of our population.

The management commentary in this report discusses our;

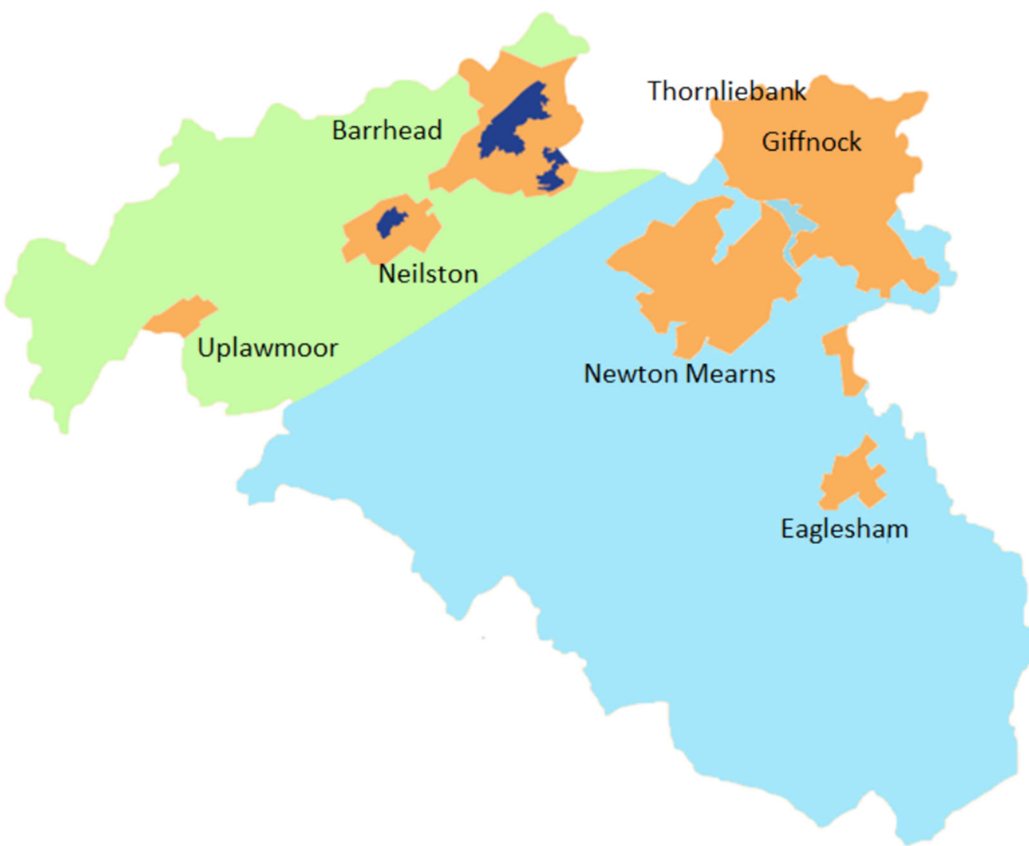
- Strategic Planning
- Key Messages and Operational Highlights and Challenges
- Performance Achievement and Challenges
- Financial Performance
- Future Challenges
- Conclusion

Strategic Planning

The East Renfrewshire HSCP Strategic Planning Group (SPG) has responsibility for the development of our Strategic Plan and supports ongoing review of the plan and provides oversight of the delivery of our strategic priorities. The SPG is a local forum for discussion on emerging themes and key initiatives in health and social care. The SPG is a multi-agency group made up of HSCP officers, IJB voting members, statutory stakeholders (e.g. housing colleagues), third and independent sector representatives, GPs, people who use our services and unpaid carers.

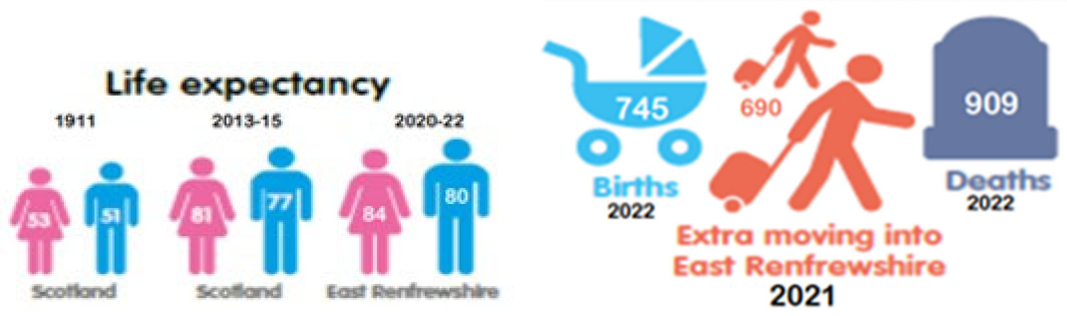
East Renfrewshire covers an area of 174 square kilometres and borders the City of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

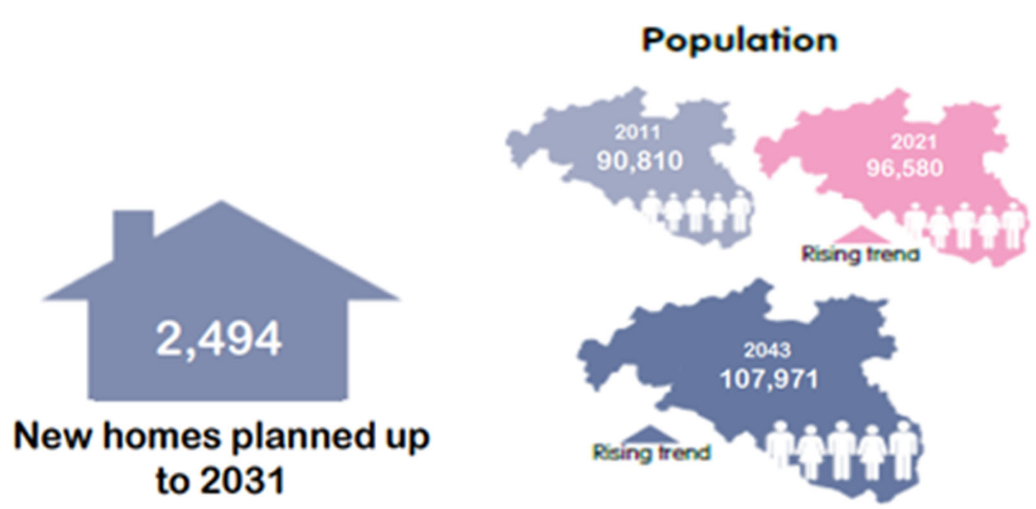
We have two localities; Eastwood and Barrhead. This best reflects hospital flows with the Eastwood Locality linking to the South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities and we continue to develop planning and reporting at a locality level.



Our population continues to grow and reached 97,160 in 2022. Geographically 75% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 25% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population and by 2043 almost one quarter will be aged 65 or over. In the last decade we have seen a 26% increase in the number of residents aged 85 years and over.





All of these changes will add pressures to the services that we provide.

Strategic Plan 2022/25

Our current Strategic Plan covers the 3 year period 2022-2025 and sets out the shared ambitions and strategic priorities of our partnership; and how we will focus our activity to deliver high quality health and social care to the people of East Renfrewshire. This document and our Annual Performance Report demonstrate how we have supported delivery of our strategic priorities.

Our Strategic Plan on a page:

The context for our Strategic Plan includes…			
East Renfrewshire's population, demographics and patterns of needs	Our recovery from the Covid-19 pandemic	The Independent Review of Adult Social Care and National Care Service	National Health and Wellbeing Outcomes National legislation, policies and strategies Local plans, strategies and improvement/change programmes

Our vision is…	*Our touchstones are…*
Working together with the people of East Renfrewshire to improve lives	• Valuing what matters to people • Building capacity with individuals and communities • Focusing on outcomes, not services

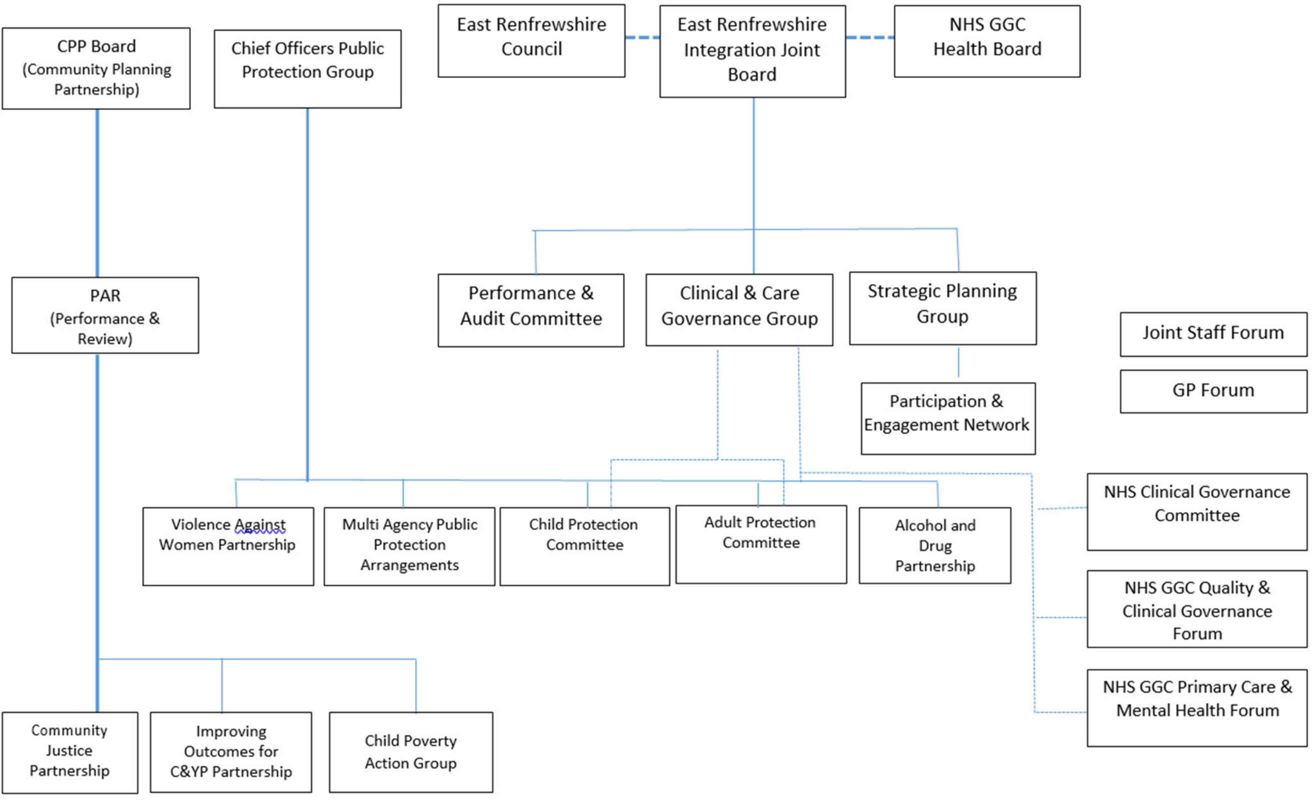
Our strategic priorities are… Working together...							
…with children, young people and their families to improve mental and emotional wellbeing	…with people to maintain their independence at home and in their local community	…to support mental health and wellbeing	…to meet people's healthcare needs by providing support in the right way, by the right person at the right time	…with people who care for someone ensuring they are able to exercise choice and control	…on effective community justice pathways that support people to stop offending and rebuild lives	…with individuals and communities to tackle health inequalities and improve life chances	..with staff across the partnership to support resilience and wellbeing
and… Protecting people from harm							

Our strategic enablers are…					
Workforce and organisational development	Medium-term Financial and Strategic Planning	Collaborative, ethical commissioning	Communication and Engagement	Data and intelligence	Digital technology and Infrastructure

We will deliver this strategy through supporting plans and programmes, including…								
HSCP Delivery and Improvement Plans	Commissioning and Market-shaping Plan	Medium-term Financial Plan	ER HSCP Workforce Plan	NHS Greater Glasgow and Clyde and ERC Improvement Plans	East Renfrewshire Children and Young People's Services Plan	East Renfrewshire Carers Strategy	Public Protection Improvement Plans	ER HSCP Participation & Engagement Strategy

We continue to strengthen our supportive relationships with independent and third sector partners, recognising the increased levels of participation in our communities and informal support within our localities. In our Commissioning Strategy, revised during the year, we also recognise that we need to extend beyond traditional health and social care services to a long term wider partnership with our local people, carers, volunteers, community organisations, providers and community planners. Our collaborative commissioning model supports how we will work.

The IJB continues to build on the long standing delivery of integrated health and care services within East Renfrewshire and the continued and valued partnership working with our community, the third, voluntary and independent sectors, facilitating the successful operation of the Health and Social Care Partnership (HSCP). The chart below shows the governance, relationships and links with partners which form the IJB business environment.



Key Messages, Operational Highlights and Challenges

This was a very challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget. We needed to deliver just over £7 million of savings as part of our plans to balance our budget and we were not able to do this. We used £1.9 million reserves as planned to support us to redesign how we deliver services and we achieved £2.7 million of savings during the year. This meant we had a £2.5 million shortfall against planned savings and when this shortfall is combined with the additional cost pressures from delivering services we ended the year with a deficit of £4.7 million.

This meant during the financial year 2023/24 we moved to a financial recovery position and had a number of discussions with both of our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde. Both partners have provided additional funding, on a non-recurring basis, for 2023/24 to eliminate this deficit:

- East Renfrewshire Council provided an additional £2.6 million
- NHS Greater Glasgow and Clyde provided an additional £2.1 million

The main operational challenges that led to the increased cost pressures were meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.

The main area we fell short on delivering planned savings was from our Supporting People Framework. This framework is based on eligibility criteria and was put in place early in the financial year to support reviews of the level of care we provide; we knew we would have to stop providing lower levels of need. We underestimated the impact and timeframe for the culture and practice changes required to implement such significant change alongside managing the expectations of the individuals and families we support.

Critical Risk

- Indicates that there are <u>significant</u> risks to an individual's independent living or health and wellbeing likely to call for the *immediate* or *imminent* provision of social care services (high priority).

Substantial Risk

- Indicates that there are <u>major</u> risks to an individual's independent living or health and well-being likely to call for the *immediate* or *imminent* provision of social care services (high priority).

Moderate Risk

- Indicates that there are <u>some</u> risks to an individual's independent living or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the *foreseeable future* without service provision, with appropriate arrangements for review.

Low Risk

- Indicates that there may be some quality-of-life issues, but low risks to an individual's independent living or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the *foreseeable future* or *longer term*.

As the year progressed it became clear that our approach was not delivering the level of cost reductions and savings needed and a formal financial recovery process was invoked at the November 2023 meeting of the Integration Joint Board.

Part of this process was to ensure that all possible earmarked and general reserves were released towards reducing the deficit, however this alone was insufficient and the difficult decision was taken by the IJB to move to delivering only substantial and critical levels of care. This means the IJB is in breach of its reserves policy, however the actions to mitigate cost pressures and the savings shortfall outweigh this, in the short-term.

Detailed discussions took place with both partners and culminated in additional funding, on a one-off basis, for 2023/24 to fund the deficit of £4.7 million. The IJB received an additional £2.1m from NHS Greater Glasgow and Clyde and £2.6 million from East Renfrewshire Council.

The savings shortfall and service pressure have been addressed by the IJB in the budget set for 2024/25. Whilst our financial challenges have been at the forefront for the majority of the year it is important to recognise the invaluable work that continues across the HSCP to ensure we continue to support the people of East Renfrewshire.

Our Annual Performance Report for 2023/24 provides a detailed overview and demonstrates how the HSCP delivered our key priorities during the year. The commentary included in this

report provides an overview of some of the highlights and challenges we faced across the range of services we provide. All of our services support delivery of one or more of our strategic priorities.

Children and Families

Our children's services have continued to see increasing demand and increasing levels of complexity including children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis. Despite an increase in the number of child protection referrals we continue to ensure the multi-agency safeguarding process and plans are in place.

Our Healthier Minds team saw 385 children and young people referred, with 21% diagnosed with autistic spectrum condition / attention deficit hyperactivity disorder at point of referral. We are seeing an increased level of distress reflected in the main reasons for referral with the top 4 reasons: anxiety/stress, suicidal ideation, emotional regulation & trauma. 97% of the children and young people supported report improved mental and emotional wellbeing, up from 93% in the previous year.

The number of unaccompanied asylum seeking children continues to rise and make up almost a fifth of our looked after population. This rise is also being mirrored in out aftercare population too. The majority of young people have yet to have their asylum claim resolved so the statutory duties remain with the local authority.

We continue to support young people with complex needs as they transition from one life stage to another. We have seen an increase in the numbers of young people being referred for transitions assessment, planning and support, with numbers forecast to continue increasing in future years. A new HSCP Transitions Team has been created to support improvement in this activity. This team works between ERC Education, HSCP Children and Families Services, and HSCP Adult Services. The focus is to provide an improved transition from children's services to adult services for young people with very complex needs.

During 2023/24, East Renfrewshire Women's Aid service reported significant change and improvement in safety and wellbeing outcomes for women who have experienced domestic abuse, 100 reviews were completed with 93% of women assessed reporting overall improvement in their outcomes (up from 90% in 2022/23, and above our target of 85%) indicating the positive impact of support. Women's Aid continue to provide emotional and practical support to women, children and young people with 1,059 women and children supported across the three core services. This compared to 1,086 during the same period last year, so a 2.5% reduction.

Supporting People at Home

We continued to support people to live independently and well at home, despite additional demand pressures due to more people seeking support at home. We are also seeing increased levels of frailty and complexity; 80.4% of adults supported at home agreed that they are supported to live as independently as possible with 89% reporting 'living where you/as you want to live'. 91% of adults supported at home reported that their 'living where

you/as you want to live' needs were being met (up from 89% in 2022/23, and ahead of our 90% target). In East Renfrewshire, 96.8% of local people aged 65+ live in housing rather than a care home or hospital – meeting our target and better than the Scottish average. The demand for supporting people at home is a significant factor in the financial challenges faced by the HSCP.

During the year our Initial Contact Team supported 86% of people with advice, resources, signposting and / or referral to our third sector and community groups. This meant that only 14% of people joined the waiting list for assessment. This is an improvement from 16% for the same period in 2022/23.

The Talking Points partnership continues to provide an excellent resource sharing referrals across the East Renfrewshire. There were 552 contacts throughout 2023/24, with the main areas of support including befriending, isolation and loneliness, carer support and requests for local groups and activities.

To further strengthen the development of the model, additional funding was received from East Renfrewshire Council to employ a post for a fixed time period; this will help to build resilience within this service model and respond to the changing needs associated with the Supporting People Framework.

In partnership with Voluntary Action East Ren (VAER) the HSCP has supported the delivery of the Home Safely project which links with the HSCP Home from Hospital and Intermediate Care Teams. Home Safely provides short term support (6-8 weeks) for isolated residents to re-connect with their communities after a stay in hospital. This project aims to support vulnerable residents to feel more supported and to settle home following discharge from a hospital or care setting. The intention is that residents are more connected to social activities. It is also an intention that support services, with HSCP staff are more connected to community activities. During 2023/24 we saw:

- 37 Referrals
- 22 Residents matched with volunteers. Participants now attending activities within their local area

Supporting People with Learning Disabilities

During 2023/24 our Learning Disability Team underwent an unannounced inspection by the Care Inspectorate. The Inspection recognised the service as being ‘Very Good’ for both Leadership and Health and Wellbeing indicators.

During the year we also saw the transformation of the former Learning Disability Day Services buildings into Community Hubs in partnership with VAER. This approach supports developing resources and activities available to all. In order to enable a shift from Day Services to Day Opportunities to provide person-centred and outcome-focussed support in a variety of forms, the service was successfully registered as a dispersed service, a sub-category of Care at Home.

Specialist Learning Disability Services

The service hosts three in-patient wards on behalf of all 6 HSCPs within Greater Glasgow and Clyde. This was a particularly challenging year managing an unplanned decant from one ward for a short period due to repairs, combined with a very high level of staffing across all three wards required given the particular patient mix and dynamics throughout the year.

The pilot year for health checks for people with a Learning Disability (a Scottish Government policy) was successfully completed with 76% of referrals coming via GPs. Of the 262 people referred 212 took up the offer of a health check and 81% resulted in onward referrals for a range of conditions and treatment.

The Community Living Change Fund continues and is aligned to NHSGGC ambitions to redesign services for people with complex needs including learning disabilities and autism, and for people who have enduring mental health problems. East Renfrewshire continues to lead and support fellow HSCPs with the priorities aligned to this fund. Whilst this non-recurring funding is time limited our local programme of work to redesign both inpatient and community services will continue.

Protecting and Supporting Adults at Risk of Harm

Adult Support and Protection activity has continued to rise with a 10% increase in inquiries from the previous year and the associated number of investigations increased by 25% (having increased by 33% in the previous year). During the year a Large Scale Investigation (LSI) was conducted in relation to a privately operated care home.

Whilst this was challenging on many fronts the overall feedback was that the HSCP process was supportive and promoted collaborative working. This helped to ensure all recommendations made were fully completed. The Care Home Management team advised that they found the LSI to be a very beneficial and supportive process. They said that they had never experienced this from any other authority, and felt previous experiences of LSI were punitive rather than supportive.

Care at Home

We have continued to experience demand pressure on our Care at Home service with increased referrals and demand outstripping supply at points during the year. This has meant that we had to buy services at a higher rate than that we would normally pay adding to our cost pressures. There was an unannounced inspection by the Care Inspectorate in January 2024, where the service was evaluated as adequate.

Performance for our reablement service improved in 2023/24 with 64% of people having their care need reduced following a period of reablement (up from 48% in 2022/23). However, although performance has improved, service user numbers reduced during the period due to staff absence in the service and also greater complexity of people being referred.

We continue to work to maintain a positive balance of care. We have managed to support 63% of people aged 65+ with intensive care needs (> 10 hours) to receive care at home, this is down slightly from 64% in 2022/23 but remains ahead of target.

We are not seeing a reduction in the complexity of people being supported, leading to an increase in the number of people requiring 2 to 1 levels of support, against a backdrop of recruitment challenges, both within the HSCP and by our partners. We continue to work hard to get people out of hospital as soon as possible, without delay.

Reducing Unplanned Hospital Care

During the year we have continued to implement, review and further develop the unscheduled care pathways aligned to the NHS Greater Glasgow and Clyde Falls and Frailty Programme.

This work focusses on identification, assessment and management of frailty in the community, and facilitation of early discharge from hospital, and is supported by the Home First Response Frailty service alongside the Community Rehabilitation Team. The Integrated Community Falls pathway in partnership with Scottish Ambulance Service (SAS) has seen steady monthly referral numbers for individuals who have fallen at home, but following assessment do not need to be taken, by the Scottish Ambulance Service to hospital.

There have been excellent patient outcomes for those reviewed by HSCP and supported in their home environment. Additional pathways for all care homes within the HSCP have been implemented through the Care Homes Falls pathway and Call Before You Convey model, increasing care home access to advanced clinical decision making and minimising conveyance to hospital where appropriate. Future care planning through the extension of anticipatory care plans both for individuals in their own homes and in care homes has been an ongoing focus for the partnership to ensure individuals and their carers have recorded and shared what matters most if there are changes in their life, health or care.

The partnership has continued to perform well, both within the health board area and in comparison across Scotland, in supporting people fit for discharge from hospital to return home or to a homely setting without delay.

Discharges with delay averaged seven delays for 2023/24, down from eight for 2022/23 but this is still high for East Renfrewshire as historically this averaged three or four before the pandemic. Adult bed days lost to delayed discharge increased slightly to 4,821, up slightly from 4,652 for 2022/23.

This is being driven in part by some people staying in hospital longer than they may need to because of complex needs where it may take time to source the right level of community based care and accommodation and sometimes by the legislative timescales required for adults with incapacity. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. Our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by promoting the use of intermediate care beds where a care at home package cannot be put in place straight away.

Unplanned hospital attendances and admissions are stable (having increased slightly and remaining within target) and have not returned to pre-pandemic levels. We continue to perform ahead of target for the rate of emergency readmissions.

Supporting People Experiencing Mental Ill-Health and Supporting Recovery from Addiction

We continue to experience a high level of demand within our recovery services (Alcohol and Drug Recovery Service (ADRS), Adult Mental Health Team, Primary Care Mental Health Team, and Older Adult Team).

Within Psychological Therapies we are still seeing high referral rates, with 78.3% of people seen within the 18 week target, so short by 12%. This service has had very significant recruitment challenges. Our Primary Care Mental Health Team are seeing all people starting any required treatment within the 18 week target time. Despite the demand and capacity challenges we saw that our rate of hospital admissions for mental health remained low at 1.2 admissions per 1,000 population.

For those accessing recovery-focused alcohol and drug treatment, 93% of people started treatment within 3 weeks of their referral date during 2023/24. We have seen a 122% increase in blood bourne virus testing in patients who are receiving Medication Assisted Treatment and 99% of whom have now been tested, with the other 1% declining to participate. Specific training has been provided to both health and social work staff on how to reduce transmission through safer practices and provide support.

We take a holistic approach to promoting mental health and wellbeing including promoting physical activity linked to mental wellbeing and work in partnership with Voluntary Action East Ren, funded by Paths 4 All and NHSGGC. This includes community health walks, strength and balance classes, healthier minds sessions and alcohol brief interventions and counselling sessions.

Through our Alcohol and Drugs Partnership (ADP) we continue to deliver the priorities in the East Renfrewshire Alcohol and Drugs Strategy. During 2023/24, significant progress was made in a range of areas including:

- Developing a business case for investing ADP reserves in the design and implementation of a Community Recovery Hub
- Work is now progressing on the recovery hub initiative. Draft building plans developed and discussed with members of the recovery community and local partners
- Community steering group in the process of being established, with three engagement meetings held and a site visit to the potential hub premises
- A range of activities to ensure that service user experiences shape services including interviews and focus groups to gather feedback on implementation of the Medication Assisted Treatment Standards conversation cafes to inform the development of occupational therapy within the Alcohol and Drug Recovery Service (ADRS)
- ADRS and children and families social work collaborated on a whole family support programme for family members of all ages affected by alcohol/drug harms. Aspects of

the programme include group work with young people, family inclusive events, development of a play therapy programme and an outdoor learning programme for children and young people
- 22 staff from across the alcohol and drugs partnership participated in Community Reinforcement and Family Training (CRAFT) which will build capacity and enhance professional practice in supporting families affected by alcohol and drugs

Glasgow Council on Alcohol (GCA) have been commissioned to deliver Alcohol Brief Interventions (ABIs), alcohol counselling sessions and training on the delivery of ABIs to staff across the HSCP and partners. 568 ABIs have been delivered to date (target 419) along with 379 alcohol counselling sessions. These interventions have taken place in leisure centres, libraries, Voluntary Action market places, community centres and food banks. Staff training on ABIs was delivered during the year.

Unpaid Carers

Working with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. We refreshed our Carers Strategy for the period 2024 to 2026 and will continue to work with our Carers Collective to progress and monitor progress of the key activities that will deliver positive outcomes for carers.

We know that carers have been adversely impacted by cost of living challenges and the partnership between the Centre and East Renfrewshire Citizens Advice Bureau ensured that carers were supported with grant funding as well as wider support covering practical and emotional needs.

Community Justice

The provision of Community Payback Orders (CPOs) was significantly impacted by the pandemic. However, the proportion of CPOs completed within court timescales has continued to improve steadily and was 89% for 2023/24, up from 83% in 2022/23 and ahead of target (80%).

We continue to support people with convictions into employment and volunteering. A new justice employability programme, Moving Forward 2 Change (MF2C), began in June 2023, resulting in a 181% increase in participants. 57% of participants achieved positive employability and volunteering outcomes, down from 64% in 2022/23. Although missing our target of 60% all other participants on the programme demonstrated a positive training or educational outcome.

The HSCP delivers accredited programmes aimed at reducing reoffending The criminal justice service uses appropriate risk assessment tools to identify need and reduce the risk of further offending and all staff access accredited risk assessment tool training. Justice Social Workers have undertaken training in the Throughcare Assessment Release Licence (TARL) process which will strengthen collaborative risk assessments between community-based and prison-based Social Work. All Justice staff are now trained in this approach.

New staff have accessed Trauma Informed Practice training as it has become available. All Justice Social Work Staff have now completed their Level 3 Trauma training. This has been complemented by all staff undertaking a range of training including cognitive behavioural therapy work.

The HSCP works to deliver a whole systems approach to diverting both young people and women from custody. The Justice Social Work Service continue to provide assessments and interventions within the Diversion from Prosecution scheme. Staff continue to utilise Justice Social Work Reports to explore all available community-based options where appropriate.

Staff Resilience and Wellbeing

Our staff across the HSCP continue to deliver services with incredible resilience, commitment and creativity. This ongoing dedication has allowed us to work through a difficult year including the impact on a reducing workforce as we try to manage our financial pressures.

Covid-19 and Flu Vaccination Programme

The HSCP continued to deliver vaccinations to care home residents and staff, as well as housebound patients within East Renfrewshire as part of the winter and booster vaccination programmes. The HSCP again supported the vaccination clinics run by Greater Glasgow and Clyde with weekend clinics were held at Barrhead and Eastwood Health and Care Centres.

Climate Change

Whilst the IJB completed the required Public Sector Compliance Report with Climate Change Duties 2022, the information was minimal as the IJB itself does not hold assets or directly deliver services. These are delegated to either the health board or the local authority. Therefore the accountability and responsibility for climate change governance and delivery sits with our partner organisations, with the HSCP supporting such delivery.

Other Support and Service Impacts

Our nationally hosted service, the Scottish Centre of Technology for the Communication Impaired (STCTI) has continued to support individuals across 12 health boards in Scotland making full use of remote and virtual communication.

Our hosted Autism service is still seeing very high demand for assessment and diagnosis with a 200% increase since 2020. This has meant significant capacity challenges and as the service was required to focus on diagnosis this diminishes capacity to support people after a diagnosis.

Our partner East Renfrewshire Council provided £0.853 million non-recurring support in 2023/24 for the HSCP to deliver a number of initiatives related to Covid-19 recovery:

- Increasing our Talking points capacity to support the development of more community groups
- Extend the warm spaces and community cafe initiatives in our Health & Care centres
- Additional staffing cover to help meet pressures over the winter months

- Wellbeing and recovery support along with "go bags" to support domestic abuse survivors
- Financial support for foster carers, recognising the cost of living challenges
- Support to extend the staff and our partners wellbeing programme within the HSCP
- Provide additional materials to support community justice work
- Provide additional wellbeing support for vulnerable individuals, particularly those with additional support needs
- Housing and mental health support for our young people
- Funding to work with older children as they transition into adult services
- Support work for young people affected by drugs and alcohol

Key Risks and Uncertainties

The IJB regularly reviews its Strategic Risk Register over the course of each year; there are currently 12 risks rated red, amber or green (RAG) depending on the likelihood and severity of the impact. This is one less risk than in 2022/23 as Failures within an IT System is no longer considered a strategic risk.

The trend shows whether the risk has increased, decreased or is unchanged, from the previous year. The table below summarises those risks and shows the RAG rating of each after mitigating actions to minimise impact.

Area of Risk	RAG	Trend
Death or significant harm to a vulnerable individual		
Scottish Child Abuse Inquiry		
Child, Adult and Multi-Agency Public Protection Arrangements		
Financial Sustainability		
Failure of a provider		
Access to Primary Care		
Increase in Older Population		
Workforce Planning and Change		
Increase in children & adults with additional support needs		
In-House Care at Home Service		
Business Continuity, Covid-19 & Recovery		
Analogue to Digital Switchover		

The link to our strategic risk register is included at the end of this document. The full risk register provides details of all the risks above and shows the risk rating pre and post mitigating actions.

The one red risk post mitigating actions is Financial Sustainability. This has been a red risk for a number of years for the HSCP given the pre and post pandemic savings required to deliver a balanced budget, managing demographic and demand pressures, managing the complexity and volatility of prescribing costs, the continued impact of Covid-19 and the ongoing economic factors including cost of living pressures. This culminated in a financial recovery process in

2023/24. The IJB members are fully aware of the challenges and risks we are facing and this is regularly discussed at meetings and seminars.

In addition to our Strategic Risk Register, each service area holds an operational risk register and business continuity plan. In addition to the risks shown above there are also a number of uncertainties facing the IJB and these are identified in the future challenges section within this report.

2023/24 Strategic Performance - Achievements and Challenges

Our Annual Performance Report demonstrates how we review our performance for 2023/24 against local and national performance indicators and against the commitments within our Strategic Plan. We take a quarterly update report to the Performance and Audit Committee of the IJB throughout the year. The information below provides and overview of the areas where we have performed particularly well and those areas where we need to focus improvement. The data shows that despite the severe pressures the partnership is facing we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators.

The extract below shows the headline indicators we look at each year to assess our performance. The RAG status and trend arrows are explained below. Intended performance direction is given in the description of each indicator.

Key to performance status	
Green	Performance is at or better than the target
Amber	Performance is close (approximately 5% variance) to target
Red	Performance is far from the target (over 5%)
Grey	No current performance information or target to measure against

Direction of travel*	
⇧	Performance is IMPROVING
▬	Performance is MAINTAINED
⇩	Performance is WORSENING

*For consistency, trend arrows always point upwards where there is improved performance or downwards where there is worsening performance including where our aim is to decrease the value (e.g. if we successfully reduce a value the arrow will point upwards).

Where We Have Performed Well

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. *(Aim to increase)*	**100%**	100%	100%	84%	87.5%	n/a	n/a	
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) *(Aim to decrease)*	n/a	Data only	**14.4%**	20.8%	20%	18.8%	24.5%	
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) *(Aim to increase)*	n/a	Data only	**92.2%**	92.7%	91.1%	94.9%	98.0%	

We have seen continuing strong performance on supporting our care experienced children (no children experiencing three or more placements); and positive outcomes for child protection cases (100% with increased levels of safety). We saw a slight decline in the proportion of children looked after in the community. However, at 92% our balance of care is very positive, comparing with a national average of 89% of children being looked after in the community.

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Percentage of people aged 65+ who live in housing rather than a care home or hospital (MSG) *(Aim to increase)*	n/a	97%	**97%**	97%	97%	97%	95.9%	–
People reporting 'living where you/as you want to live' needs met (%) *(Aim to increase)*	**91%**	90%	89%	89%	91%	88%	92%	↑
Percentage of those whose care need has reduced following re-ablement *(Aim to increase)*	**63.9%**	60%	48%	60%	31%	67	68	↑

We continue to support people to maintain their independence at home. 97% of people aged 65+ live in housing rather than a care home or hospital. 63% of people aged 65+ with intensive care needs (i.e. requiring 10 hours or more of support per week) are receiving care at home (ahead of our target). Our outcome measure shows that 91% of people are living where and as they want to live, reflecting our commitment to supporting independence. The percentage of people with reduced care needs following re-ablement / rehabilitation increased significantly during the year to 64% (from 48% in 2022/23).

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Mental health hospital admissions (age standardised rate per 1,000 population) *(Aim to decrease)*	n/a	2.3	**1.2**	1.2	1.4	1.6	1.5	–
Achieve agreed number of screenings using	**568**	419	173	0	5	33	93	↑

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. *(Aim to increase)*								
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. *(Aim to increase)*	**93%**	90%	96%	95%	95%	89%	95%	⬇

The latest data shows that the rate of mental health hospital admissions remains low in East Renfrewshire. During 2023/24 we saw continuing positive performance for drug and alcohol service waiting times with 93% accessing treatment within 3 weeks. We have been delivering increasing numbers of alcohol brief interventions (ABIs) – 568 up from 173 the previous year.

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
No. of A & E Attendances (adults) *(Aim to decrease)* (MSG data)	**17,824***	18,335	17,356	16,877	13,677	20,159	20,234	⬇
Number of Emergency Admissions: Adults *(Aim to decrease)* (MSG data)	**6,973***	7,130	6,692	7,894	7,281	7,538	7,264	⬇
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000	**73***	100	69	77	98	78	79	⬇

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
discharges) *(Aim to decrease)* NI-14								

*Full year data not available for 2023/24. Figure relates to 12 months Jan-Dec 2023.

In East Renfrewshire, unplanned hospital attendances and admissions are stable (having increased slightly and remaining within target) and have not returned to pre-pandemic levels. We continue to perform ahead of target for the rate of emergency readmissions.

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
People reporting 'quality of life for carers' needs fully met (%) *(Aim to increase)*	**84.5%**	80%	80%	92%	91%	92%	78%	⬆

We continue to support our unpaid carers in partnership with local support organisations. Our satisfaction measure on 'quality of life' for carers declined in 2022/23 reflecting the pressures of the pandemic period. In 2023/24, performance improved to 85% (up from 80%). Through our new Carers Strategy we are focused on ensuring that carers have access to the guidance and support they need.

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	**2023/24**	**2022/23**	**Current Target**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. *(Aim to increase)*	**89%**	80%	83%	81%	75%	71%	84%	⬆

The provision of Community Payback Orders (CPOs) was significantly impacted by the pandemic. However, the proportion of CPOs completed within court timescales has continued to improve steadily; now at 89% (up from 83%) and ahead of our target.

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) *(Aim to decrease)* NI-11	n/a	Data Only	**264**	333	334	295	308	⬆

As a partnership we are focused on tackling health inequalities and improving life chances for our residents. The premature mortality rate has dropped significantly and East Renfrewshire now has the lowest rate in Scotland.

Strategic Priority 9 - Protecting people from harm								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
% Change in women's domestic abuse outcomes *(Aim to increase)*	**93%**	85%	90%	87%	84%	79%	64%	⬆

During 2023/24, we continued to improve personal outcomes for women and families affected by domestic abuse. Improved outcomes were at 93%, up from 90% in 2022/23.

Where Our Performance Needs to Improve

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Percentage of children and young people subject to child protection who	**65%**	100%	61%	62%	63%	n/a	n/a	⬆

Strategic Priority 1 - Working together with children, young people and their families to improve mental wellbeing								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
have been offered advocacy. *(Aim to increase)*								
% Child Protection Re-Registrations within 18 months (LGBF) *(Aim to decrease)*	n/a	Data only	**12.5%**	0	0	15.8%	7.7%	⬇

In line with our Signs of Safety approach and ongoing commitment to the UN Convention on the Rights of the Child, we expect all children involved with a statutory assessment to be offered advocacy support. Our reporting mechanism for this measure has recently been improved to ensure our figures highlight accurately the offer of advocacy or reasons why declined. We expect performance to improve for this measure next year.

The figure for re-registrations has increased from 0% for the previous reporting year (21/22). This is due to a very small number of children (2 (siblings) out of 16 CP cases = 12.5%) being re-registered within an 18 month period. Performance on this measure tends to fluctuate for East Renfrewshire due to the impact of a small number of cases.

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. *(Aim to increase)*	**548**	600	488	458	551	575	514	⬆

We continue to work to maximise choice and control for the people we support and saw an increase in update of SDS in the 2023/24 but continued to miss our target. Due to the pressures facing the HSCP we are focusing our resources on people with higher levels of need and expect to see reduced number of people able to access SDS Options 1 and 2.

Strategic Priority 3 - Working together to support mental health and well-being								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Percentage of people waiting no longer than 18 weeks for access to psychological therapies *(Aim to increase)*	**84%**	90%	75%	76%	74%	65%	54%	↑
% of service users moving from drug treatment to recovery service *(Aim to increase)*	**4%**	10%	5%	9%	6%	16%	22%	↓

Performance on waiting times for psychological therapies improved during the year and we are moving towards the national target of 90%. Over the course of 2023/24, 416 individuals started Psychological Therapy within mental health services. The longest wait over the course of this year was 30 weeks. All services have had unforeseen staffing absences and vacancies, contributing to limited appointments being available and leading to waiting times increasing. Nevertheless, our teams have been working to minimise any decline in performance.

The proportion of people moving through treatment to recovery services decreased to 4% during the year (from 5%). Supporting people to progress through treatment into recovery continues to be a key priority however this can be influenced by a number of factors such as individuals experiencing crisis or ill health.

Strategic Priority 4 - Working together to meet people's healthcare needs								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) *(Aim to decrease)* (MSG data)	**4,821***	1,893	4,625	4,546	2,342	1,788	2,284	↓

*Full year data not available for 2023/24. Figure relates to 12 months Jan-Dec 2023.

As a result of the continuing pressures on the social care sector and particularly our care at home service during the year, we saw a higher than usual average number of delayed

discharges and the number of hospital bed days lost to delayed discharge as a result of the continuing pressures on the social care sector and particularly our care at home service. Increased pressures on care at home services through higher demand and staff capacity issues, and higher levels of frailty and complexity among people returning to the community from hospital impacted performance on delays. However, we continue to be one of the best performing partnerships for minimising delays in Scotland.

Strategic Priority 6 - Working together with our partners to support people to stop offending								
Indicator	**2023/24**	**2022/23**	**Current Target**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
% Positive employability and volunteering outcomes for people with convictions. (Aim to increase)	**57%**	60%	67%	56.5%	66%	65%	55%	↓

We continue to support people with convictions into employment and volunteering. A new justice employability programme began in June 2023, resulting in a 181% increase in participants. Although employment/volunteering outcomes dropped from 64% to 57% all other participants took up training/education opportunities.

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Breastfeeding at 6-8 weeks most deprived SIMD data zones *(Aim to increase)*	n/a	25%	**19.2%**	17.9%	7.5%	15.4%	22.9	↑

Although we remain below our target, breastfeeding rates in our most disadvantaged neighbourhoods have increased to 19.2% (22/23); up from 17.9% in 21/22 and 7.5% in 20/21. The drop-off rate between first visit and 6-8 weeks is very low. The gap in breastfeeding rates between the most affluent (SIMD 5) and the most deprived (SIMD 1) areas, has decreased for the third year in a row from 36.6% in 2019/20 to 25.7% in 2022/23.

Organisational measures								
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**Trend from previous year**
Percentage of days lost to sickness absence for HSCP NHS staff *(Aim to decrease)*	**8.3%**	4.0%	7.5%	6.9%	5.5%	7.3%	6.8%	⬇
Sickness absence days per employee - HSCP (LA staff) *(Aim to decrease)*	**19.5**	17.5	20.3	14.7	13.6	19.1	16.4	⬆

Sickness absence remains an area of focus for the partnership. Although absence has increased amongst NHS staff, we have seen an improvement in absence for Council staff groups during 2023/24. This can be attributed to the increased support measures implemented within Care at Home including Absence Panels and increasing the level of resource to support.

Financial Performance

Funding 2023/24

The net total health and social care funding from our partners during the financial year 2023/24 was £189.470 million to meet the cost of the services we provided. In addition to this, as part of the financial recovery process we received additional non-recurring funding; £2.657 million from East Renfrewshire Council and £2.095 million from NHS Greater Glasgow and Clyde to fund the deficit for the year.

	£ Million
NHS Greater Glasgow and Clyde Primary Care	90.484
NHS Greater Glasgow and Clyde Large Hospital Services	30.194
East Renfrewshire Council Social Care	68.343
East Renfrewshire Council Housing Aids and Adaptations	0.449
Net Funding per agreed budgets	**189.470**
Additional Funding from NHSGGC (budget)	2.095
Additional Funding from East Renfrewshire Council (income)	2.657
Total All Funding from Partners	**194.222**

The Comprehensive Income and Expenditure Statement (CIES) (page 53) shows the IJB gross income as £220.555 million, as that statement shows service income, grant funding and resource transfer which are included within the net funding from our partners in the table above. The purpose of the CIES presentation is to show the gross cost of the services we provide.

The legislation requires the IJB and Health Board to put in place arrangements to support the set aside budget requirements for unscheduled care (for large hospital services). The Greater Glasgow and Clyde wide Unscheduled Care Commissioning Plan continues to evolve and the latest plan and financial framework was last presented to the IJB in November 2022.

Resource Transfer shows NHS Greater Glasgow and Clyde specific funding for historic bed closures and is used to purchase care packages and community-based services. The historic Social Care Fund which was allocated by the Scottish Government to IJBs, via the NHS funding stream, to meet specific costs such as living wage and other fair work practices and adult demographic pressures is included within resource transfer.

Financial Performance 2023/24

The annual report and accounts for the IJB covers the period 1st April 2023 to 31st March 2024. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Unaudited Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	13.777	12.989	0.788	5.72%
Older Peoples Services	27.544	27.764	(0.220)	(0.80%)
Physical / Sensory Disability	6.234	6.348	(0.114)	(1.83%)
Learning Disability – Community	19.248	19.687	(0.439)	(2.28%)
Learning Disability – Inpatients	9.959	11.330	(1.371)	(13.77%)
Augmentative and Alternative Communication	0.295	0.219	0.076	25.76%
Intensive Services	15.788	18.287	(2.499)	(15.83%)
Mental Health	6.274	5.733	0.541	8.62%
Addictions / Substance Misuse	2.417	2.155	0.262	10.84%
Family Health Services	30.411	30.475	(0.064)	(0.21%)
Prescribing	17.318	19.780	(2.462)	(14.22%)
Criminal Justice	0.074	0.086	(0.012)	(16.22%)
Finance and Resources	9.488	8.726	0.762	8.03%
Net Expenditure Health and Social Care	**158.827**	**163.579**	**(4.752)**	**(2.99%)**
Housing	0.449	0.449	-	-
Set Aside for Large Hospital Services	30.194	30.194	-	-
Total Integration Joint Board	**189.470**	**194.222**	**(4.752)**	**(2.99%)**
Additional Funding from NHSGGC	2.095	-	2.095	-
Additional Funding from ERC	-	(2.657)	2.657	-
Total Integration Joint Board	**191.565**	**191.565**	**-**	**-**

The operational overspend, before the additional funding from both partners is applied, is £4.752 million (2.99%) and is marginally better than the last reported position taken to the IJB which was £5.361 million of an overspend. The main variances to the budget were:

- £2.499 million overspend within Intensive Services from Care at Home cost pressures combined with unachieved savings
- £2.462 million overspend in prescribing resulting from both increased volume and costs
- £1.371 million overspend in the Learning Disability In-Patients service resulted from the level of additional staffing for special observations and managing the patient dynamics
- £0.788 million underspend in Children and Families was mainly from vacancy management and maximising available reserves
- The remaining overspends were primarily from savings shortfalls and the underspends were from vacancy management and release of reserves

Detailed reporting is taken to each meeting of the IJB throughout the year and in the latter months of 2023/24 frequent discussions took place with both partners as part of the financial recovery process.

The set aside budget is shown as nil variance as this currently is not a cash budget to the HSCP and the annual amount reported is agreed each year with NHS Greater Glasgow and Clyde. The actual expenditure share for 2023/24 was identified as £30.194 million and is £1.590 million less than our notional budget, however there is nil cash impact. This notional underspend is net of increased costs in relation to older people, offset by less than our notional share of acute, emergency and respiratory medical services. As outlined earlier, work is ongoing to agree the mechanism for bringing the set aside budget into an operational stage and this includes ensuring a balanced budget will be achieved.

A number of services are hosted by the other IJBs who partner NHS Greater Glasgow and Clyde and our use of hosted services is detailed at Note 4 (Page 62-63). The hosted services are accounted for on a principal basis, as detailed at Note 11 (Page 70).

The information above reflects our management accounts reporting throughout 2023/24 whilst the CIES (Page 53) presents the financial information in the required statutory reporting format; the movement between these of £0.570 million is a result of the management accounting treatment of reserves:

Reconciliation of CIES to Operational Underspend	£ Million	£ Million
IJB operational underspend on service delivery *		0.000
Reserves planned use during the year	(4.526)	
Reserves added during the year	0.344	
Net movement between management accounts and CIES		(4.182)
IJB CIES overspend		(4.182)

* Inclusive of financial recovery funding from partners

Reserves

We used £4.526 million of reserves in year and we also added £0.344 million into earmarked reserves. The year on year movement in reserves is set out in detail at Note 8 (Page 68-69) and is summarised:

	£ Million	£ Million
Reserves at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net decrease in reserves during the year		(4.182)
Reserves at 31 March 2024		1.864

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2023.

The reserves of the IJB fall into three types:

- Ring-fenced: the funding is earmarked and can only be used for that specific purpose
- Earmarked: the funding has been allocated for a specific purpose
- General: this can be used for any purpose

As part of the financial recovery process for 2023/24 The IJB used all possible reserves available to mitigate cost pressures. This means the only reserves being taken into 2024/25 are for specific funding initiatives set by the Scottish Government or where funding is committed within an existing project.

Ring-Fenced Reserves
The spend in year was £1.113 million on existing initiatives and £0.1 million was added towards the end of the year for new Drug Intervention funding. The funding to support the development of a Recovery Hub at £0.489 million is the material element of the £0.8 million balance taken to 2024/25.

Earmarked Reserves
Our earmarked reserves are in place to support a number of projects and included bridging finance to support the delivery of savings. We used £3.141 million during the year and will take £1.064 million into 2024/25. This balance supports commitments already in place and the three main areas are supporting the whole family wellbeing project, trauma informed practice and the learning disability community living change fund. There are no bridging finance reserves remaining for 2024/25.

General Reserves
Our general reserve is now nil as we used the £0.272 million we held as part of the financial recovery process. The IJB recognises that this means it is not compliant with its Reserves Policy which advocates a 2% of budget should be the level of reserves held.

The use of reserves was reported to the IJB within our routine revenue reporting and during 2023/24 and this included the decision to un-hypothecate every reserve possible to mitigate cost pressures.

Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2024/25 to 2028/29 and our Strategic Plan for 2022/23 to 2024/25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how we use our funding over time.

The most significant challenges for 2024/25 and beyond include:

- delivering savings to ensure financial sustainability, ensuring sufficient flexibility to allow for slippage, shortfalls or changes
- recognising the tension between delivering a level of savings that will allow the IJB to start to rebuild reserves and protecting service delivery
- managing reduced service capacity as a result of savings and maintaining discharge without delay from hospital and other key indicators
- delivering on our Recovery & Renewal programme for areas of change, including the implementation of a new case recording system
- understanding the longer term impacts of Covid-19 on mental and physical health
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

The IJB agreed its budget for the financial year 2024/25 on 27th March 2024 recognising the significant challenges brought forward from 2023/24 as well as new demand and cost pressures for 2024/25.

Those cost pressures are £17.023 million and are offset in part by available funding of £7.206 million; leaving a funding gap of £9.817 million. A savings programme is in place to ensure we deliver a minimum level of savings to close this gap, and ideally to achieve more savings than required, as we know that £2.316 million of the funding that offsets the pressures is non-recurring for the next two years. We do not have reserves to offset any shortfall.

Revenue Budget	ERC	NHS	Total
	£m	£m	£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			

Savings progress will continue to be reported to the IJB within the routine financial reporting and the Supporting People Framework is the most significant saving at c£4 million.

The budget report sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met. The full detail of all savings is included in this report

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook.

The 2023/24 budget overspend was mitigated by additional non-recurring funding from both our partners; this will not be an option in 2024/25.

Looking forward to 2025/26 and beyond in any one year the modelled cost pressure could range from £3.5 million to £8.6 million depending on the combination of factors.

It also needs to be recognised that these scenarios show the potential level of cost pressure and do not make any allowance for any funding that may offset any future cost. For example in prior years the Scottish Government has provided funding for some pay and non-pay cost pressures.

Given the current levels of uncertainty it is not possible to assume anything beyond a flat cash approach at this time.

The assumptions are also predicated on full and recurring delivery of the 2024/25 savings.

Demographic pressures remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.

Economic challenges are significant as we are seeing little recovery in the global economy and although inflation is on a downward trend, particularly with utilities, although this is a slow decline. The biggest risk remains to the IJB remains the cost volatility in prescribed drugs with inflation remaining a significant factor (around 8% in 2023/24).

The cost of pay inflation is still comparatively high and although inflation across a range of goods and services (CPI) is falling, this dropped to 4% in December 2023, this is still well above the UK target of 2%.

Our population and households are not impacted equally by the cost of living crisis and we know those with lower income are disproportionately affected.

We have successfully operated integrated services for around 20 years so we have faced a number of challenges and opportunities over the years, including delivering significant levels of savings; this means that we need to take very difficult decisions and look at radical options for change.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict however system wide work is in place across NHS Greater Glasgow and Clyde to support the delivery of a range of actions to mitigate some of the cost pressures we are seeing

Maintaining Discharge without Delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration remains that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.

The longer term impact on the on the sustainability of our partner care provider market in the post Covid-19 pandemic and current economic climate remains a significant issue. Our Strategic Commissioning plan sets out the detail on how we will work with our partners in the third and independent sectors in the coming years. The way we commission services may be impacted by the creation of a national care service. There is an increasing tension between cost expectations from care providers including those on national procurement frameworks

and contracts and the funding, or more specifically the lack of that IJBs have to meet any additional increases

We plan to deal with these challenges in the following ways:

- Delivery of the required savings for 2024/25 with a deliberate intention to work to over-recover where possible to allow us to build back from financial recovery. Delivery of the Supporting People Framework savings programme is the most significant element of the programme
- Further develop full savings options for 2025/26 and beyond; this will include development of charging options for non-residential care and support
- Our Recovery and Renewal Programme continues and will focus on key projects to support the HSCP with major areas of change as well as short life projects to support delivery of benefits; this includes implementation of a new case recording IT system
- We will update our Medium-Term Financial Plan on a regular basis reflecting assumptions and projections as issues become clearer; this will also inform planning for our 2025/26 budget
- We will continue to monitor the impacts of Covid-19, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning
- We will review our Strategic Improvement Plan that was agreed by the IJB in January 2020 which set out the combined actions / areas for improvement from the Joint Strategic Inspection of the IJB in 2019 and from the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration, also 2019. This work was paused during the pandemic and will be incorporated if and where required to current plans
- We will complete the review of our Integration Scheme; work has progressed during 2023/24 and this should be finalised in 2024/25 with partners
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group, including follow up from any inspections. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. This partnership working is a key element to mitigating the impacts of the Supporting People Framework
- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. We are refreshing our 3-year workforce plan. This will also include any implications from the Health and Care Staffing (Scotland) Act 2019

- We will continue with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability, following a successful pilot year
- Governance Code; we have robust governance arrangements supported by a Governance Code
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the current economic climate, the longer term impact of Covid-19 on our population, the capacity for the HSCP and its partners to meet continued demand and complexity whilst delivering such challenging savings remain significant risks.

Conclusion

East Renfrewshire Integration Joint Board is well placed in terms of its maturity to address the coming challenges, building on many years of delivering integrated health and social care services and continuing to lead on developing new and innovative models of service delivery. However maintaining financial sustainability whilst meeting the needs of our population is increasingly challenging.

The level of uncertainty over the medium to long term on funding, the long term pandemic impact on our population and the associated demand for services, with very difficult shorter-term financial challenges give a difficult outlook however we continue to plan ahead and prepare for a range of scenarios.

Anne-Marie Monaghan
Chair
Integration Joint Board **26th June 2024**

Julie Murray
Chief Officer
Integration Joint Board **26th June 2024**

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board **26th June 2024**

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to ensure that one of its officers has the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In East Renfrewshire IJB, the proper officer is the Chief Financial Officer.

- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.

- Ensure the annual accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003) and (Coronavirus (Scotland) Act 2020).

- Approve the annual accounts for signature.

I confirm that the audited Annual Accounts will be presented on 25th September 2024 for approval.

Anne-Marie Monaghan
Chair
Integration Joint Board 26th June 2024

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the IJB's annual accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing these annual accounts, the Chief Financial Officer has:

- Selected appropriate accounting policies and applied them consistently.
- Made judgements and estimates that are reasonable.
- Complied with the legislation.
- Complied with the Local Authority Accounting Code (in so far as it is compatible with the legislation).

The Chief Financial Officer has also:

- Kept proper accounting records that were up-to-date.
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of East Renfrewshire Integration Joint Board as at 31st March 2024 and the transactions for the IJB for the period covering 1st April 2023 to 31st March 2024.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board **26th June 2024**

Remuneration Report

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) requires local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

The IJB does not directly employ any staff in its own right. All staff are employed through either East Renfrewshire Council or NHS Greater Glasgow and Clyde. The report contains information on the IJB's Chief Officer's remuneration together with any taxable expenses relating to voting members claimed in the year. The remuneration of senior officers is determined by the contractual arrangements of East Renfrewshire Council and NHS Greater Glasgow and Clyde.

For 2023/24 no taxable expenses were claimed by members of the IJB.

The board members are entitled to payment for travel and subsistence expenses relating to approved duties. Payment of voting board members' allowances is the responsibility of the member's individual partnership body. Non-voting members of the IJB are entitled to the payment of travel expenses.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by external auditors to ensure that it is consistent with the financial statements:

Integration Joint Board

The voting members of the IJB were appointed through nomination by East Renfrewshire Council and NHS Greater Glasgow and Clyde.

Senior Officers

The Chief Officer is appointed by the IJB in consultation with East Renfrewshire Council and NHS Greater Glasgow and Clyde. The Chief Officer is employed by East Renfrewshire Council and is funded equally between East Renfrewshire Council and NHS Greater Glasgow and Clyde.

The total remuneration received by the Chief Officer in 2023/24 amounted to £128,143 in respect of all duties undertaken during the financial year. The Chief Financial Officer total remuneration for the same financial year was £98,089.

Total 2022/23 £	Senior Officer	Salary, Fees and Allowances £	Taxable Expenses £	Total 2023/24 £
120,811	Julie Murray, Chief Officer	128,143	-	128,143
92,805	Lesley Bairden, Chief Financial Officer	98,089	-	98,089
213,616		226,232	-	226,232

Voting Board Members 2023/24		Total Taxable IJB Related Expenses £
Anne-Marie Monaghan (Chair)	NHS Greater Glasgow & Clyde	-
Councillor Katie Pragnell (Vice Chair)	East Renfrewshire Council	-
Mehvish Ashraf	NHS Greater Glasgow & Clyde	-
Councillor Caroline Bamforth	East Renfrewshire Council	-
Councillor Paul Edlin	East Renfrewshire Council	-
Jacqueline Forbes	NHS Greater Glasgow & Clyde	-
Diane Foy	NHS Greater Glasgow & Clyde	-
Councillor Owen O'Donnell	East Renfrewshire Council	-

The equivalent cost in 2022/23 was nil for all IJB members.

The current Chair of the IJB, Anne-Marie Monaghan, will reach the end of her term in office at the end of June 2024 and the current Vice Chair, Katie Pragnell will take on the Chair. Mehvish Ashraf will take on the role of Vice Chair. Jacqueline Forbes will also reach the end of her term in office at the end of June 2024.

The Pension entitlement for the Chief Officer for the year to 31st March 2024 is shown in the table below, together with the contribution made by the employing body to this pension during the year.

Senior Officer	In Year Pension Contribution		Accrued Pension Benefits		
	For Year to 31 March 2023 £	For Year to 31 March 2024 £		As at 31 March 2024 £'000	Difference From 31 March 2023 £'000
Julie Murray, Chief Officer	23,316	24,721	Pension	59	5
			Lump Sum	68	5
Lesley Bairden, Chief Financial Officer	17,848	18,923	Pension	16	2
			Lump Sum	-	-
Total	41,164	43,644	Pension	75	7
			Lump Sum	68	5

The Chief Financial Officer joined the pension scheme on appointment in August 2015 and under the terms of the scheme no lump sum benefit has been identified.

For the senior officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pension liability reflected on the IJB balance sheet for the Chief Officer, Chief Financial Officer, or any other officers.

However, the IJB has responsibility for funding the employer's contributions for the current year for the officer time spent on fulfilling the responsibilities of their role on the IJB. The table above shows the IJB's funding during 2023/24 to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned from a previous employment and from each officers' own contributions.

General Disclosure by Pay Bands

The regulations require the Remuneration Report to provide information on the number of persons whose remuneration was £50,000 or above. This information is provided in bands of £5,000.

Number of Employees 31 March 2023	Remuneration Band	Number of Employees 31 March 2024
-	£80,000 - £84,999	-
-	£85,000 - £89,999	-
1	£90,000 - £94,999	-
-	£95,000 - £104,999	1
-	£105,000 - £109,999	-
-	£110,000 - £114,999	-
-	£115,000 - £119,999	-
1	£120,000 - £124,999	-
-	£125,000 - £129,999	1

Anne-Marie Monaghan
Chair
Integration Joint Board 26th June 2024

Julie Murray
Chief Officer
Integration Joint Board 26th June 2024

Annual Governance Statement

Introduction

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control. This is in line with the Code of Corporate Governance and meets the requirements of the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control. This should ensure:

- A focus on the assessment of how well the governance framework is working and what actions are being taken.
- The importance of the role and responsibilities of partners in supporting IJB good governance is adequately reflected.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively. To ensure best value the IJB commits to continuous quality improvement in performance across all areas of activity.

To meet this responsibility the IJB continues to operate the governance arrangements first put in place during 2015/16, including the system of internal control. This is intended to manage risk to a reasonable level but cannot eliminate the risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable, but not absolute assurance of effectiveness.

In discharging these responsibilities, the Chief Officer has a reliance on East Renfrewshire Council and NHS Greater Glasgow and Clyde systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisations' aims and objectives, as well as those of the IJB.

The Purpose of the Governance Framework

The governance framework comprises the systems and processes and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with, and leads the community. It enables the IJB to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

We have robust governance arrangements in place and have consolidated these into a Governance Code.

The Governance Framework

The main features of the governance framework in place during 2023/24 are summarised below:

- The IJB, comprising all IJB Board members, is the key decision-making body
- The scope, authority, governance and remit of the IJB is set out in constitutional documents including the Integration Scheme, Board terms of reference, scheme of administration and financial regulations and as reflected in our Code of Governance
- The Performance and Audit Committee and Clinical and Care Governance Group provide further levels of scrutiny for the IJB
- The IJB's purpose and vision is outlined in the IJB Strategic Plan which sets out how we will deliver the national health and wellbeing outcomes. This is underpinned by an annual implementation plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan are provided to the Performance and Audit Committee and the IJB
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees. A register of interests is in place for all Board members and senior officers
- The Performance and Audit Committee routinely review the Strategic Risk Register.
- The IJB has in place a continuous development programme with an ongoing series of seminars covering a wide range of topics and issues
- The IJB has two localities Eastwood and Barrhead, aligned with hospital use and includes three clusters of GP practices. Each Locality has a dedicated Locality Manager

We continued to hold our IJB meetings on a video conferencing platform and agreed with our chair and vice chair a prioritised agenda for each meeting. We held all meetings as planned during 2023/24. We held four IJB seminars during the year focussing on prescribing, carers and planning for the budget for 2024/25.

We used our daily and weekly huddle during the year as needed to allow our senior managers to meet in the morning to assess the situation, prioritise workloads and support service delivery, in periods of capacity challenge and any events such as bad weather. This continues to provide an informal support network which has been invaluable.

Weekly huddles are also in place to support the delivery of the Supporting People Framework saving.

The action plan from the self-assessment of the CIPFA Financial Management Code, reported to the Performance & Audit Committee in June 2023 has been reviewed with no additional actions.

Best Value

The IJB has a duty of Best Value and this includes ensuring continuous improvement in performance, while maintaining an appropriate balance between the quality of those services provided by the HSCP and the cost of doing so. We need to consider factors such as the economy, efficiency, effectiveness and equal opportunities. The IJB ensures this happens through its vision and leadership and this is supported and delivered by:

The System of Internal Financial Control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by East Renfrewshire Council and NHS Greater Glasgow and Clyde as part of the operational delivery of the HSCP. In particular, these systems include:

- Financial regulations and codes of financial practice
- Comprehensive budgeting systems
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts
- Setting targets to measure financial and other performance
- Clearly defined capital expenditure guidelines
- Formal project management disciplines
- The IJB's financial management arrangements complies with the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2016)' and the CIPFA Financial Management Code

With regard to the entries taken from East Renfrewshire Council and NHS Greater Glasgow and Clyde accounts, the IJB is not aware of any weaknesses within their internal control systems and has placed reliance on the individual Statements of Internal Financial Control where appropriate.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2023/24. A member of East Renfrewshire Council's Audit and Scrutiny Committee is co-opted to the IJB Performance and Audit Committee to promote transparency.

The IJB's Performance & Audit Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. The IJB's internal audit arrangements comply with the governance requirements of the CIPFA statement: 'The Role of the Head of Internal Audit in Public Organisations (2019).

The Chief Internal Auditors opinion will be added for the audited accounts

We have a formal Code of Governance and the sections in the code and our level of compliance can be summarised as detailed below:

Code Section	Level of Compliance
Integration Scheme	Full
Local Governance Arrangements & Delegation of Functions	Full
Local Operational Delivery Arrangements	Full
Performance and Audit	Full
Clinical and Care Governance	Full
Chief Officer	Full
Workforce	Full
Finance	Full
Participation and Engagement	Full
Information Sharing and Data Handling	Full
Complaints/ Dispute Resolution Mechanism	Full
Claims Handling, Liability & Indemnity	Full
Risk Management	Full

Governance Issues during 2023/24

Whilst all operational and transactional governance issues are considered within our partner's governance frameworks, the IJB Performance and Audit Committee also take an overview on all actions resulting from both internal and external audit reports, covering all live actions whether pre or post 31st March 2024.

Regular reports on audit recommendations and associated actions are presented to and considered by the Performance and Audit Committee of the IJB. The IJB will also receive direct reports where appropriate.

Significant Governance Issues

The move to financial recovery during 2023/24 was a significant issue and the IJB took the decision in November 2023 to increase the eligibility threshold for care to substantial and critical only as part of measures to reduce costs and mitigate the shortfall in the Supporting People Framework saving. The recovery process included a series of discussions with both partners and the Chief Officer and Chief Financial Officer. This culminated in additional non-recurring funding; East Renfrewshire Council provided an additional £2.6 million and NHS Greater Glasgow and Clyde provided an additional £2.1 million.

We will continue to work closely with both partners during 2024/25, recognising that further additional funding is not a viable option.

Operational Governance

The Performance and Audit Committee received an update report to each committee that identified progress on open recommendations as well as any new audit activity and associated response (for both IJB specific and for HSCP operational). The table below summarises the number of recommendations and the status for each audit.

Audit Report	Recommendations		
	Total for HSCP	Considered implemented by HSCP (awaiting verification)	Total open
Follow-up of HSCP Audits	8	0	8
Emergency Payments	10	10	0
Thornliebank Resource Centre	13	13	0
Debtors	1	1	0
Self Directed Support – Direct Payments	3	0	3
Ordering and Certification	4	4	0
Follow up of Business Operations and Partnerships	2	1	1
Payroll	8	8	0
TOTAL	**49**	**37**	**12**

In March 2023 we reported to the IJB on Equality and Human Rights Mainstreaming Report along with an Interim Review of outcomes for the year. This outlined: the ways in which equalities considerations are part of the structures, behaviours and culture of our partnership; how we carry out our duties and promote equality; and how this is helping us improve as a partnership. The report also set out an interim update on progress towards the partnership's six equalities outcomes for the following two years until 2025.

The Civil Contingencies Act 2004 (CCA), is supplemented by the Contingency Planning (Scotland) Regulations 2005 and “Preparing Scotland” Guidance identifies IJBs as Category 1 responders to an emergency:

- an event or situation which threatens serious damage to human welfare
- an event or situation which threatens serious damage to the environment
- war, or terrorism, which threatens serious damage to the security of the UK

During 2023/24 the IJB did not need to act in this capacity.

Action Plan

The table below shows the progress made during 2023/24 against the actions that we identified in our 2022/23 annual report and accounts.

Action	Progress
Deliver the Savings, Recovery and Renewal programme with progress reported to every meeting of the IJB.	The programme was reported to every IJB throughout the year. The significant shortfall on savings achieved, particularly supporting people contributed to the move to financial recovery. All cost pressures and legacy savings from 2023/24 are included in the budget agreed for 2024/25.
Maintain the Medium Term Financial Plan and use this to inform the 2024/25 budget planning and beyond.	The latest refresh of the Medium Term Financial Plan will be presented to the IJB in June 2024.
Ensuring financial sustainability is a key priority in 2023/24 through IJB reporting, discussion with board members, our funding partners and other stakeholders.	Financial sustainability remains a risk and financial reporting will be taken to the IJB throughout 2024/25. We will also remain engaged in detailed financial discussions with both partners during the year.
Continue to work to implement the Unscheduled Care Commissioning Plan in partnership with the other HSCPs across Greater Glasgow and Clyde.	This is part of an NHSGGC wide programme and will continue to be implemented, The last update to the IJB was in November 2022.
Our Integration Scheme will be refreshed in line with appropriate guidance and the current timetable across NHSGGC is to complete for submission to the Scottish Government by the current financial year.	Our integration scheme consultation period ended in January 2024 and is expected to go to our partner bodies during 2024.
We will continue to monitor the financial impact of Covid where we can to inform local reporting and decision making. We will also report on the £0.750 million provided by ERC to support Covid recovery in 2023/24.	This was reported to the IJB through our regular financial reporting and with ERC.
Take our latest Commissioning Plan to 2025 to the IJB in August 2023 along with an implementation timeline.	The Strategic Commissioning Plan was agreed by the Integration Joint Board on 16th August 2023.

We will recommence review of our Strategic Action Plan, paused during the response to the pandemic and continue to develop of performance reporting.	We need to review this plan to ensure all relevant actions have been progressed / incorporated into other plans / superseded.
We will continue to place equality and fairness at the heart of our planning processes and over the next two years we will work to further progress our agreed equalities outcomes and will review these ahead of our next scheduled report in 2025.	We established Equalities Outcomes for the HSCP in 2023. We will report on progress against these in 2025. We have developed our process for undertaking Equality, Fairness and Rights Impact Assessment (EFRIA) with support to staff completing assessments through the Planning and Performance Team and Planning Leads within service areas. We continue to participate ERC Equalities forums and in the national HSCP Equality Peer Support Network.
We will implement the recommendations resulting from the Adult Joint Inspection report, published in June 2023 including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.	An Improvement plan was developed through the Adult Protection Committee (APC) and submitted to the care inspectorate. This improvement plan includes the area of improvement identified by the inspection and the multiagency improvements and aspirations of the APC. This plan includes short and long term improvements which will be delivered through the work of the sub-committees and will run until March 2025. Work on the plan has progressed well with many action completed or in progress at this time. Some areas have been delayed to keep step with national developments. There has been ongoing support from the Lead Officer and the Practice Policy and Improvement manager to support the chairs of sub-committees in progressing actions within the Improvement Plan to meet the required scrutiny of the Adult Protection Committee.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB system of governance.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principle objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Anne-Marie Monaghan
Chair
Integration Joint Board **26th June 2024**

Julie Murray
Chief Officer
Integration Joint Board **26th June 2024**

Independent auditor's report to the members of East Renfrewshire Integration Joint Board and the Accounts Commission

The opinion of Ernst & Young will be added for the audited accounts

(this will be multiple pages in final report)

The Financial Statements

The (Surplus) or Deficit on the Income and Expenditure Statement shows the income received from and expenditure directed back to East Renfrewshire Council and NHS Greater Glasgow and Clyde for the delivery of services.

Comprehensive Income and Expenditure Statement for the year ended 31st March 2024

2022/23 Gross Expenditure £000	2022/23 Gross Income £000	2022/23 Net Expenditure £000	Objective Analysis	Note	2023/24 Gross Expenditure £000	2023/24 Gross Income £000	2023/24 Net Expenditure £000
18,264	3,850	14,414	Children and Families		16,309	3,183	13,126
28,325	943	27,382	Older People's Services		34,000	2,250	31,750
7,576	774	6,802	Physical/Sensory Disability		8,163	1,078	7,085
24,325	915	23,410	Learning Disability – Community		26,239	1,573	24,666
10,770	1,179	9,591	Learning Disability – Inpatients		12,216	886	11,330
460	195	265	Augmentative & Alternative Communication		384	165	219
21,328	3,443	17,885	Intensive Services		22,677	3,070	19,607
6,499	349	6,150	Mental Health		7,100	576	6,524
3,295	533	2,762	Addictions / Substance Misuse		3,647	948	2,699
29,862	941	28,921	Family Health Services		31,588	1,114	30,474
17,873	1	17,872	Prescribing		19,780	1	19,779
913	915	(2)	Criminal Justice		989	903	86
19,417	17,678	1,739	Management and Admin		10,743	5,035	5,708
243	-	243	Corporate Services		259	-	259
189,150	31,716	157,434	Cost of Services Managed by ER IJB		194,094	20,782	173,312
29,075	-	29,075	Set Aside for delegated services provided in large hospitals		30,194		30,194
486	-	486	Aids and Adaptations		449		449
218,711	31,716	186,995	Total Cost of Services to ER IJB		224,737	20,782	203,955
-	172,289	172,289	Taxation and Non Specific Grant Income	3	-	199,773	199,773
218,711	204,005	14,706	(Surplus) or Deficit on Provision of Services		224,737	220,555	4,182

Movement in Reserves Statement

This statement shows the movement in the financial year on the reserve held by the IJB, analysed into 'usable reserves' (i.e. those that can be applied to fund expenditure) and 'non usable reserves'. The (Surplus) or Deficit on the Provision of Services reflects the true cost of providing services, more details of which are shown in the Comprehensive Income and Expenditure Statement.

2022/23 £000	Movement in Reserves	2023/24 £000
(20,752)	Balance brought forward	(6,046)
14,706	Total Comprehensive Income & Expenditure	4,182
14,706	**(Surplus) or Deficit on the Provision of Services**	**4,182**
(6,046)	**Balance as at 31st March 2023 Carried Forward**	**(1,864)**

The reserves above are all useable.

Balance Sheet
As at 31st March 2024

The Balance Sheet as at 31st March 2024 is a snapshot of the value at that reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31st March 2023 £000	Balance Sheet	Notes	31st March 2024 £000
9,901	**Current Assets**		**2,145**
9,901	Short Term Debtors	7	2,145
3,855	**Current Liabilities**		**281**
3,855	Short Term Creditors	7	281
6,046	**Net Assets - Reserves**	8	**1,864**

The Statement of Accounts present a true and fair view of the financial position of the IJB as at 31st March 2024 and its income and expenditure for the year then ended.

The audited annual report and accounts will be submitted for approval and issue by the IJB on 25th September 2024.

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board 26th June 2024

Notes to the Financial Statements

1. Accounting Policies

1.1 General Principles

The Statement of Accounts summarises the IJB's transactions for the 2023/24 reporting period and its position as at 31st March 2024.

The East Renfrewshire IJB is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between East Renfrewshire Council and NHS Greater Glasgow and Clyde.

IJBs are specified as Section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 supported by International Finance Reporting Standards (IFRS).

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year it takes place not simply when cash payments are made or received. In particular:

All known specific and material sums payable to the IJB have been brought into account.

Where revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.

1.3 Going Concern

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future.

The IJB Financial Statements for 2023/24 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Practice on Local Authority Accounting in the United Kingdom 2023/24, the IJB is required to prepare its Financial Statements on a going concern basis unless informed by the relevant national body of the intention of dissolution without transfer of services or function to another entity. The Annual Accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future.

The IJB's budget contribution from and direction to partners has been confirmed for 2024/25, and a Medium Term Financial Plan has been prepared covering the period 2024/25 to

2028/29. The IJB considers there are no material uncertainties around its going concern status.

1.4 Accounting Convention

The accounting convention adopted in the Statement of Accounts is an historic cost basis.

1.5 Funding

East Renfrewshire IJB receives contributions from its funding partners, namely East Renfrewshire Council and NHS Greater Glasgow and Clyde to fund its services. Expenditure is incurred in the form of charges for services provided to the IJB by its partners.

1.6 Reserves

Reserves are created by appropriate amounts from the Statement of Income and Expenditure in the Movement in Reserves Statement.

Reserves have been created in order to finance expenditure in relation to specific projects. When expenditure to be financed from a reserve is incurred it will be charged to the appropriate service in that year and will be funded by an appropriation back to the Comprehensive Income and Expenditure Statement in the Movement in Reserves Statement.

A general reserve has also been established as part of the financial strategy of the East Renfrewshire IJB in order to better manage the risk of any future unanticipated events that may materially impact on the financial position of the IJB.

1.7 Events after the Balance Sheet Date

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised.

Where events take place before the date of authorisation and provide information about conditions existing as at 31st March 2024 the figures in the financial statements and notes have been adjusted in all material aspects to reflect the impact of this information.

Events taking place after the date when the Accounts were authorised are not reflected in the financial statement or notes.

1.8 Related Party Transactions

As partners of East Renfrewshire IJB both East Renfrewshire Council and NHS Greater Glasgow and Clyde are related parties and material transactions with those bodies are disclosed in Note 5 (Page 66-67) in accordance with the requirements of International Accounting Standard 24.

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions. The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB.

1.9 Provisions, Contingent Assets and Liabilities

Provisions are made where an event has taken place that gives the IJB a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential and a reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to the appropriate service line in the Statement of Income and Expenditure in the year that the IJB becomes aware of the obligation and measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made they are charged to the provision held in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year. Where it becomes less probable that a transfer of economic benefits will be required (or a lower settlement than anticipated is made) the provision is reversed and credited back to the relevant service.

A contingent asset or liability arises where an event has taken place that gives the IJB a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent assets or liabilities also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but are disclosed in a note to the Accounts where they are deemed material.

1.10 Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Greater Glasgow and Clyde and East Renfrewshire Council have responsibility for claims in respect of the services they are statutorily responsible for and that they provide.

Unlike NHS Boards the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore similar to normal insurance arrangements.

In the event that known claims were identified they would be assessed as to the value and probability of settlement. Where material the overall expected value of any such known claims, taking probability of settlement into consideration, would be provided for in the IJB's Balance Sheet. No such claims were identified as at 31st March 2024.

Similarly, the likelihood of receipt of an insurance settlement to cover any claims would be separately assessed, and where material, they would be presented as either a debtor or disclosed as a contingent asset. No such receipts were identified as at 31st March 2024.

1.11 Corresponding Amounts

These Financial Statements cover the period 1st April 2023 to 31st March 2024, with corresponding full year amounts for 2022/23.

1.12 VAT

The IJB is not a taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure and income within the Accounts depends upon which of the partners is providing the service as these bodies are treated differently for VAT purposes.

The services provided by the Chief Officer to the IJB are outside the scope of VAT as they are undertaken under a specific legal regime.

1.13 Post - Employment Benefits – Pension Costs

The accounting requirements for pension costs in respect of Post - Employment Benefits under IAS19 and FRS17 are reflected in the accounts of East Renfrewshire Council and NHS Greater Glasgow and Clyde as the respective employers of current and former staff members. The IJB does not directly employ any members of staff in its own right and accordingly has accrued no liability in regards to post employment pension benefits.

1.14 Prior Period Restatement

When items of income and expenditure are material, their nature and amount is disclosed separately, either on the face of the CIES or in the notes to the Accounts, depending on how significant the items are to the understanding of the IJB's financial performance.

Prior period adjustments may arise as a result of a change in accounting policy, a change in accounting treatment or to correct a material error. Changes are made by adjusting the opening balances and comparative amounts for the prior period which then allows for a consistent year on year comparison.

2. Expenditure and Income Analysis by Nature

There are no statutory or presentational adjustments which affect the IJB's application of funding received from partner organisations. The movement in the IJB balance sheet is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these accounts.

2022/23 £000	Expenditure and Income Analysis by Nature	2023/24 £000
(172,289)	Partners funding contribution and non-specific grant income	(199,773)
(31,716)	Fees and charges and other service income	(20,782)
(204,005)	**Total Funding**	**(220,555)**
56,809	Employee Costs	58,578
985	Premises Costs	1,031
401	Transport Costs	391
9,890	Supplies & Services	9,958
71,347	Third Party Payments	70,701
2,304	Support Costs	2,257
17,717	Prescribing	19,780
29,940	Family Health Service	31,588
29,075	Acute Hospital Services	30,194
213	Corporate Costs	226
30	External Audit Fee	33
218,711	**Cost of Services**	**224,737**

3. Taxation and Non Specific Grant Income

2022/23 £000	Taxation and Non Specific Grant Income	2023/24 £000
50,593	East Renfrewshire Council	64,612
109,533	NHS Greater Glasgow and Clyde	122,772
12,163	Resource Transfer	12,389
172,289	**Partners Funding Contribution & Non Specific Grant Income**	**199,773**

The funding contribution from NHS Greater Glasgow and Clyde includes East Renfrewshire's use of set aside for delegated services provided in large hospitals (£30.194 million in 2023/24 and £29.075 million in 2022/23). These services are provided by the NHS, which retains responsibility for managing the costs of providing the service; the IJB however, has responsibility for the consumption of and level of demand placed on these services.

4. Hosted Services - Learning Disability Inpatients & Augmentative and Alternative Communication

As detailed at Note 11 the IJB has considered the basis of the preparation of the 2023/24 accounts for Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services hosted by the East Renfrewshire IJB for other IJBs within the NHS Greater Glasgow & Clyde Area.

The IJB is considered to be acting as a 'principal' and the 2023/24 financial statements have been prepared on this basis with the full costs of such services being reflected in the 2023/24 financial statements. The cost of the hosted service provided to other IJBs as well as that consumed by East Renfrewshire for the Learning Disability Inpatients and Augmentative and Alternative Communication is detailed in the following tables.

2022/23 £000	Learning Disability In-Patient Servies Hosted by East Renfrewshire IJB	2023/24 £000
6,872	Glasgow	9,010
1,834	Renfrewshire	1,370
521	Inverclyde	97
291	West Dunbartonshire	658
-	East Dunbartonshire	-
9,518	Learning Disability In-Patients Services Provided to other IJBs	11,135
73	East Renfrewshire	195
9,591	**Total Learning Disability In-Patient Services**	**11,330**

2022/23 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2023/24 £000
124	Glasgow	93
27	Renfrewshire	55
32	Inverclyde	10
5	West Dunbartonshire	6
27	East Dunbartonshire	23
215	AAC Services Provided to other IJBs	187
50	East Renfrewshire	32
265	**Total AAC Services**	**219**

Likewise, other IJBs act as the principal for a number of other hosted services on behalf of the East Renfrewshire IJB, as detailed below; such costs are reflected in the financial statements of the host IJB.

2022/23 £000	Services Prvided to East Renfrewshire IJB by Other IJBs within NHSGGC	2023/24 £000
476	Physiotherapy	556
50	Retinal Screening	68
788	Podiatry	520
306	Primary Care Support	318
419	Continence	457
631	Sexual Health	603
1,183	Mental Health	1,597
978	Oral Health	899
374	Addictions	479
232	Prison Health Care	223
156	Health Care in Police Custody	185
4,032	Psychiatry	5,197
n/a	Specialist Childrens Services*	3,344
9,625	**Net Expenditure on Services Provided**	**14,446**

*Hosted by East Dunbartonshire IJB from 1 April 2023

5. Related Party Transactions

The following financial transactions were made with East Renfrewshire Council and NHS Greater Glasgow and Clyde relating to integrated health and social care functions during 2023/24. The nature of the partnership means that the IJB may influence, and be influenced by its partners.

2022/23 £000	Income – Payments for Integrated Functions	2023/24 £000
121,759	NHS Greater Glasgow and Clyde	128,119
82,246	East Renfrewshire Council	92,436
204,005	**Total**	**220,555**

2022/23 £000	Expenditure – Payments for Delivery of Integrated Functions	2023/24 £000
121,759	NHS Greater Glasgow and Clyde	128,119
96,952	East Renfrewshire Council	96,618
218,711	**Total**	**224,737**

2022/23 £000	Closing Reserve Balance (held within ERC on behalf of IJB)	2023/24 £000
-	NHS Greater Glasgow and Clyde	-
6,046	East Renfrewshire Council	1,864
6,046	**Total**	**1,864**

Related parties also include organisations that we may have no transactions with, but who can still exert significant influence over our financial and operating policy decisions.

The Scottish Government is such a related party of the IJB as it can exert significant influence through legislation and funding of the IJB's partner bodies, and therefore can indirectly influence the financial and operating policy decisions of the IJB.

The value of transactions directly with the Scottish Government in 2022/23 and 2023/24 was nil.

6. Corporate Expenditure

2022/23 £000	Corporate Expenditure	2023/24 £000
213	Staff Costs	226
30	Audit Fee	33
243	**Total**	**259**

The cost associated with running the IJB has been met in full by East Renfrewshire Council and NHS Greater Glasgow and Clyde reflecting the continuation of the arrangement for the previous Community Health and Care Partnership.

The costs charged to the IJB in respect of non-voting members include the Chief Officer and Chief Financial Officer. Details of the remuneration for post holders are provided in the Remuneration Report.

The costs of other key management staff who advise the IJB, such as the Chief Social Work Officer and the Chief Nurse are reflected within operational budgets. Those costs above reflect only the IJB statutory posts.

NHS Greater Glasgow and Clyde did not charge for any support services provided in the year ended 31st March 2024.

The support services provided through East Renfrewshire Council are included within the funding provided to the IJB as set out in the Scheme of Integration and the charge is included for 2023/24.

Fees payable to Ernst & Young in respect of external audit services undertaken in accordance with Audit Scotland's Code of Audit Practice for 2023/24 amounted to £33,360 (this was £29,867 in 2022/23). Ernst & Young did not provide any non-audit services during 2023/24.

VAT is not included in the costs identified.

7. Short Term Debtors and Creditors

2022/23 £000	Short Term Debtors	2023/24 £000
-	NHS Greater Glasgow and Clyde	-
9,901	East Renfrewshire Council	2,145
9,901	**Total**	**2,145**

2022/23 £000	Short Term Creditors	2023/24 £000
3,855	NHS Greater Glasgow and Clyde	281
-	East Renfrewshire Council	-
3,855	**Total**	**281**

8. Reserves

As at 31st March 2024 the IJB holds earmarked reserves in order to fund expenditure in respect of specific projects. In addition a general reserve is normally held to allow us to meet any unforeseen or unanticipated events that may impact on the IJB, however this was fully depleted as part of the financial recovery process.

Reserves are a normal part of the financial strategy of the IJB in order to better manage the costs and risks across financial years and work is required to rebuild reserves in the longer term.

The reserves of the IJB fall into three types:

- Ring-fenced: the funding is earmarked and can only be used for that specific purpose
- Earmarked: the funding has been allocated for a specific purpose
- General: this can be used for any purpose

The year on year movement in reserves is summarised:

Summary	£ Million	£ Million
Reserves as at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net increase in reserves during the year		(4.182)
Reserves as at 31 March 2024		1.864

For the £1.864 million balance of reserves we are taking forward into 2024/25 we expect to use c£1.4 million earmarked reserves:

- £0.3m is ring-fenced SG funding for Primary Care, ADP, MH Action 15
- £1.1m is committed in year for earmarked activity, mainly within Childrens and Learning Disability services

We will also use some of the £0.5m ring-fenced SG funding for the Recovery Hub building, the timing of the spend is to be confirmed.

The table on the following page provides the detailed movement across all reserves between 2022/23 and 2023/24.

2022/23 £000	Reserves	Used £000	Added £000	Transfers In / (Out) £000	2023/24 £000
118	Mental Health Action 15				118
851	Alcohol & Drugs Partnership	362			489
661	Primary Care Improvement	570			91
181	GP Premises Fund	181			0
2	COVID Allocations (Carers PPE)				2
-	Distress Brief Intervention Seed Funding		100		100
1,813	**Total Ring-Fenced Reserves**	**1,113**	**100**	**0**	**800**
1,434	Budget Savings Phasing	1,434			0
165	In Year Pressures	165			0
1,599	**Total Bridging Finance**	**1,599**	**0**	**0**	**0**
82	Health Visitors	82			0
382	Counselling in Schools	382			0
473	Children and Adolescent Mental Health Services	473			0
100	Trauma Informed Practice				100
466	Whole Family Wellbeing		195		661
9	Unaccompanied Asylum Seekers Children	9			0
1,512	**Children & Families**	**946**	**195**	**0**	**761**
254	Learning Disability Community Living Change	100			154
37	Addictions Residential Rehabilitation	37			0
61	Mental Health Officer/Community Psychology/Capacity	61			0
77	Care Home Oversight Support	77			0
104	Augmentative & Alternative Communication	104			0
32	Learning Disability Health Checks		21		53
13	Armed Forces Covenant	13			0
45	Wellbeing	45			0
109	Dementia Funding	109			0
18	Telecare Fire Safety				18
-	Cancer Screening Inequalities		28		28
750	**Adult Services**	**546**	**49**	**0**	**253**
100	**Renewals & Repairs Fund**	**50**		**0**	**50**
3,961	**Total Earmarked Reserves**	**3,141**	**244**	**0**	**1,064**
272	**Total General Reserves**	**272**	**0**	**0**	**0**
6,046	**Total All Reserves**	**4,526**	**344**	**0**	**1,864**

9. Contingent Assets and Liabilities

There are no contingent assets or liabilities as at 31st March 2024.

10. New standards issued but not yet adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2024/25 Code:

- Amendments to IAS1 Classification of Liabilities as Current or Non-Current Assets
- Amendments to IAS1 Non-Current Liabilities with Covenants

The Code requires implementation of these new standards from 1 April 2024 therefore there is no impact on the 2023/24 annual accounts.

These new or amended standards are not expected to have a significant impact on the Annual Accounts.

11. Critical Judgements

In applying the accounting policies set out above, the IJB has had to make a critical judgement relating to complex transactions in respect of Learning Disability Inpatients Services and Augmentative & Alternative Communication services hosted within the East Renfrewshire IJB for other IJB's within the NHS Greater Glasgow & Clyde area.

Within NHS Greater Glasgow & Clyde each IJB has operational responsibility for services which it hosts on behalf of other IJB's. In delivering these services the IJB has primary responsibility for the provision of services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal' and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which the 2023/24 accounts have been prepared.

There were no judgements required which involved uncertainty about future events.

12. Estimation Uncertainty

There are no estimations included within the 2023/24 accounts.

13. Post Balance Sheet Events

The final annual report and accounts will be presented for approval on 25th September 2024.

There have been no adjusting events (events which provide evidence of conditions that existed at the balance sheet date) and no such adjusting events have been reflected in the financial statements or notes. Likewise there have been no non – adjusting events, which are indicative of conditions after the balance sheet date, and accordingly the financial statements have not been adjusted for any such post balance sheet events.

14. Prior Period Restatement

There are no restatements included in the unaudited accounts.

Where to find more information

In This Document

The requirements governing the format and content of the IJB annual accounts follows guidance issued by the Integrated Resources Advisory Group and by The Local Authority (Scotland) Accounts Advisory Committee (LASAAC). This information does not fall under audit parameters.

On Our Website

Further information on the Accounts can be obtained on East Renfrewshire Council's website http://www.eastrenfrewshire.gov.uk/health-and-social-care-integration or from East Renfrewshire HSCP, Eastwood Health and Care Centre, Drumby Crescent, Clarkston, G76 7HN.

Useful Links

Strategic Plan – full plan and summary

https://www.eastrenfrewshire.gov.uk/media/7569/HSCP-Strategic-Plan-2022-2025/pdf/East_Renfrewshire_HSCP_-__Strategic_Plan_2022-2025.pdf?m=637847662804030000

https://indd.adobe.com/view/badd5a41-54e9-4205-973a-06e3b4134c9b

Medium Term Financial Plan

https://www.eastrenfrewshire.gov.uk/media/7567/Medium-term-financial-plan-2022-23-to-2026-27/pdf/Medium_Term_Financial_Plan_-_Mar_2022.pdf?m=637846608465330000

Integration Scheme

https://www.eastrenfrewshire.gov.uk/media/7035/East-Renfrewshire-Integration-Scheme-2018-Update/pdf/East_Renfrewshire_Integration_Scheme_-_2018_Update.pdf?m=637704037531600000

Annual Performance Report

https://www.eastrenfrewshire.gov.uk/media/10438/IJB-Item-10-26-June-2024/pdf/IJB_Item_10_-_26_June_2024.pdf?m=1718702873170

Strategic Risk Register

https://www.eastrenfrewshire.gov.uk/media/10459/PAC-Item-13-26-June-2024/pdf/PAC_Item_13_-_26_June_2024.pdf?m=1718729972863

It should be noted that the links above relate to the latest published versions of each document at the point of completion of this report and there may be later versions available on our website.

Acknowledgement

I wish to record my thanks to staff within the HSCP for their co-operation in producing the audited Annual Report and Accounts in accordance with the prescribed timescale. In particular the support of the Accountancy and Policy & Performance staff within the partnership are gratefully acknowledged.

Anne-Marie Monaghan
Chair
Integration Joint Board **26th June 2024**

Julie Murray
Chief Officer
Integration Joint Board **26th June 2024**

Lesley Bairden ACMA CGMA
Chief Financial Officer
Integration Joint Board **26th June 2024**

AGENDA ITEM No. 9

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 2024
Agenda Item	9
Title	Medium Term Financial Plan

Summary

To provide the Integration Joint Board with a refreshed Medium Term Financial Plan for the IJB covering the five year period 2024/25 to 2028/29.

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

Action Required

The Integration Joint Board is asked to:

- Approve the revised Medium Term Financial Plan
- Agree to receive updates that reflect significant changes in the financial outlook for the Integration Joint Board

Directions

☒ No Directions Required
☐ Directions to East Renfrewshire Council (ERC)
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)
☐ Directions to both ERC and NHSGGC

Implications

☒ Finance	☒ Risk
☐ Policy	☐ Legal
☒ Workforce	☐ Infrastructure
☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2024

Report by Chief Financial Officer

MEDIUM TERM FINANCIAL PLAN

PURPOSE OF REPORT

1. To advise the Integration Joint Board of the medium term financial outlook as set out in the refreshed Medium Term Financial Plan. This plan supports the strategic planning process and provides a financial context to support medium term plans and decision making.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
   - Approve the revised Medium Term Financial Plan
   - Agree to receive updates that reflect significant changes in the financial outlook for the IJB

BACKGROUND

3. This report builds on the Revenue Budget for 2024/25 and looks at the potential cost implications for the next 5 years. Given the numerous uncertainties we are facing this plan will be refreshed and assumptions refined and revised as we work through the coming year.

4. In previous iterations of this plan the scenarios have included a range of "what if" cost pressures and also "what if" levels of income to offset these, at least in part. Given the current level of uncertainty in public sector finance it is not possible to assess any likely funding so the most prudent assumption is therefore "flat cash".

5. This is a refresh of the previous Medium Term Financial Plan 2023/24 – 2027/28 previously agreed by the IJB on 28 June 2023.

REPORT

6. The Medium Term Financial Plan (MTFP) is a relatively straightforward document and considers:

Section	Contents
Executive Summary	Main messages and purpose
Local Context	Localities, budget 2024/25, demographic analysis and challenges, scale of purchased care, hosted services consumption, ERC Covid recovery one off reserves
National Context	Legislative and policy implications, economic considerations, Covid-19, Workforce, Care providers, Audit Scotland reports

Medium Term Financial Outlook	Sets out high level cost pressure scenarios over remaining 4 years with supporting assumptions
Our Response	2024/25 funding gap , reserves summary, possible future cost pressures = funding gaps and implications
Risk and Sensitivity	Key risks, indication of 1% change in factors and financial implications

7. This revised MTFP reflects the agreed budget for 2024/25 which was agreed by the IJB on 27 March 2024 and uses this as the baseline for calculating future cost pressures.

8. The MTFP confirms the scale of the financial challenge in 2024/25 and includes legacy saving shortfalls and operational cost pressures from 2023/24. The non-recurring support from both partners for 2023/24 will not be an option for 2024/25, therefore full delivery of all savings must be achieved.

9. The latest savings progress position for 2024/25 shows:

    - The total savings needed in 2024/25 to close the funding gap per the budget is £9.8 million
    - The target included in the agreed budget is £11.9 million to allow for planned over-recovery and some flexibility
    - £9.8 million savings proposals are identified so far with £2.1 million being worked on
    - Savings achieved to date total £3.4 million (or 27% of the target)
    - The RAG status is currently: Red 73%, Amber 14% and Green 13%.

    The detail is included at Appendix 3 and progress will be reported in every revenue budget monitoring report to the IJB throughout the year.

10. The Supporting People Framework remains a key element of the savings required in 2024/25 and the focus on reviewing care cost reductions has been increased, with lessons learned from 2023/24 fully embedded in changes in approach and prioritisation.

11. We do not have reserve funding to support any shortfall or in year smoothing in of savings and need to ensure that the sufficient part year impact covers all required savings to balance the budget. This will also allow a full year effect to be considered for 2025/26.

12. The scenarios and supporting information and assumptions recognise that the lasting and longer term impact of Covid-19 remains unclear and there are numerous factors that will change as we progress towards the 2025/26 budget.

13. The MTFP is a “living document” and will also be used to inform engagement with our partners in our future budget discussions, inform financial reporting and decision making. The financial strategy is one of a suite of strategic plans that will help shape how we plan for likely levels of service delivery, the models for doing so and for managing the tensions between demand and funded activity.

14. The Scottish Government is expected to publish its forward financial plan for health and social care during 2024 and any subsequent impact will be included locally.

15. Our Recovery and Renewal programme will continue to capture all project change activity.

CONSULTATION AND PARTNERSHIP WORKING

16. The Medium Term Financial Plan is based on the 2024/25 opening budget agreed by the IJB, recognising the significant savings challenge for the current year.

17. The Chief Financial Officer will continue to work in partnership with colleagues to further develop budget setting and financial planning process for future years. Detailed discussions with both partners will continue into 2024/25 following the financial recovery process for 2023/24.

IMPLICATIONS OF THE PROPOSALS

Finance

18. In any one year the modelled cost pressure could range from £3.5 million to £8.6 million depending on the combination of factors. It needs to recognised that the non-recurring pension gain for our social care workforce costs will end in 2026/27.

19. Given the level of uncertainty on future levels of funding it is not possible at this stage to model any funding increase with any level of certainty. Therefore only cost pressures are included in the “what if” scenarios at this time; this reflects the most prudent position i.e. flat cash.

20. As the future outlook becomes clearer then the assumptions and scenarios can be revised.

21. The Scottish Government budget settlement for each year will determine any specific funding conditions.

Risk

22. The risk to the Integration Joint Board remains delivering a sustainable budget in 2024/25 and beyond. The plan includes a number of risks along with sensitivity assumptions.

23. The IJB is in breach of its reserves strategy and needs to consider building reserves in the medium to longer-term.

Workforce

24. There are no specific staffing implications in the MTFP however we recognise that capacity, recruitment and retention as well as staffing ratio models of care, continue to challenge. Our three year workforce plan is currently being refreshed.

25. The costs of the living wage and fair work practices are considered as part of the budget setting process and will include the impact of any Scottish Government conditions on the Living Wage rate as part of the care and support we purchase.

Equalities and Fairer Scotland Duty

26. All equalities issues will be addressed through implementation of savings and investment programmes.

27. There are no infrastructure, policy or legal implications.

DIRECTIONS

28. There are no directions arising from this report.

CONCLUSIONS

29. The Medium Term Financial Plan 2024/25 - 2028/29 will support strategic planning and decision making along with engagement on future budget discussions with our partners.

RECOMMENDATIONS

30. The Integration Joint Board is asked to:
    - Approve the revised Medium Term Financial Plan
    - Agree to receive updates that reflect significant changes in the financial outlook for the IJB

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BACKGROUND PAPERS

PUT IN LAST YEARS

IJB Paper – 16.03.2022 Item 9. Medium Term Financial Plan
https://www.eastrenfrewshire.gov.uk/media/7469/IJB-item-09-16-March-2022/pdf/IJB_item_09_-_16_March_2022.pdf?m=637825202733130000

IJB Paper – 23.06.2021 Item 8: Medium Term Financial Plan
https://www.eastrenfrewshire.gov.uk/media/5739/IJB-Item-08-23-June-2021/pdf/IJB_Item_08_-_23_June_2021.pdf?m=637596096756770000

IJB paper – 20.03.19 Item 9: Medium Term Financial Plan

https://www.eastrenfrewshire.gov.uk/media/2239/Integration-Joint-Board-Item-09-20-March-2019/pdf/Integration_Joint_Board_Item_09_-_20_March_2019.pdf?m=637351707429130000

IJB paper – 17.03.21 Item 5: Revenue Budget 2021/22
https://www.eastrenfrewshire.gov.uk/media/4788/IJB-Item-05-17-March-2021/pdf/IJB_Item_05_-_17_March_2021.pdf?m=637511548486770000

East Renfrewshire Integration Joint Board

Medium Term Financial Plan 2024/25 to 2028/29

(Subject to IJB approval 26 June 2024)

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1. Executive Summary

This medium term financial plan for East Renfrewshire Integration Joint Board sets out the financial outlook covering the next 5 financial years for the IJB and the associated delivery of services through East Renfrewshire Health and Social Care Partnership, as directed by the IJB.

The annual revenue budget for 2024/25 is £186.8 million and this will be spent delivering a range of health and social care services to the residents of East Renfrewshire. The budget savings required in 2024/25 reflect the legacy challenges from 2023/24 as well as new cost and demand pressures for 2024/25.

For context in 2023/24 we needed to deliver just over £7 million of savings as part of our plans to balance our budget and we were not able to do this and had a £2.5 million shortfall against planned savings; when combined with the additional cost pressures from delivering services we ended the year with a deficit of £4.7 million.

This meant during the financial year 2023/24 moved to a financial recovery position and had significant discussions with both of our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde. Both partners have provided additional funding, on a non-recurring basis for 2023/24 to eliminate this deficit:

- East Renfrewshire Council provided an additional £2.6 million
- NHS Greater Glasgow and Clyde provided an additional £2.1 million

The main operational challenges that led to the increased cost pressures were meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all the HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.

The main area we fell short on delivering planned savings was from our Supporting People Framework. This framework is based on eligibility criteria and was put in place early in the financial year to support reviews of the level of care we provide as we knew we would have to stop providing lower levels of need. We underestimated the impact and timeframe for the culture and practice changes required to implement such significant change alongside managing the expectations of the individuals and families we support.

This means we are facing a very challenging and difficult period ahead. Whilst in the main this reflects the national economic position this does not lessen the local impacts and difficult decisions that need to be taken to ensure financial sustainability.

We have a long standing history of integration and this allows the HSCP to continue to build on a solid foundation of providing health and social care. Our objectives and strategic direction, how we meet the national outcomes, where we need to make

changes, how we work together with a wide range a partners and stakeholders is set out in our strategic plan and associated implementation plans.

Our long standing history of integration means we are well placed to understand the impacts and implications on the services we provide as we start to understand the longer term impact of Covid-19, as well as any changes that may come from the creation of a national care service and any other policy changes in the coming years.

The demography of East Renfrewshire continues to be a specific challenge with growing populations of children and of older adults and in particular those aged over 85. As the youngest and oldest members of our society tend to be the biggest users of universal health and care services this means we have a relatively unique challenge in planning our services and ensuring we meet national outcomes.

The IJB is clear about the challenges and our Strategic Plan sets out or strategic priorities for 2022 to 2025:

- Working together with children, young people and their families to improve mental and emotional wellbeing;
- Working together with people to maintain their independence at home and in their local community;
- Working together to support mental health and wellbeing;
- Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time;
- Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities;
- Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives;
- Working together with individuals and communities to tackle health inequalities and improve life chances;
- Working together with staff across the partnership to support resilience and wellbeing; and,
- Protecting people from harm.

A summary of the strategic plan; a plan on a page:

Working Together for East Renfrewshire - Our plan on a page

The context for our Strategic Plan includes...			
East Renfrewshire's population, demographics and patterns of needs	Our recovery from the Covid-19 pandemic	The Independent Review of Adult Social Care and National Care Service	National Health and Wellbeing Outcomes National legislation, policies and strategies Local plans, strategies and improvement/change programmes

Our vision is...	*Our touchstones are...*
Working together with the people of East Renfrewshire to improve lives	• Valuing what matters to people • Building capacity with individuals and communities • Focusing on outcomes, not services

Our strategic priorities are... Working together...							
...with children, young people and their families to improve mental and emotional wellbeing	...with people to maintain their independence at home and in their local community	...to support mental health and wellbeing	...to meet people's healthcare needs by providing support in the right way, by the right person at the right time	...with people who care for someone ensuring they are able to exercise choice and control	...on effective community justice pathways that support people to stop offending and rebuild lives	...with individuals and communities to tackle health inequalities and improve life chances	...with staff across the partnership to support resilience and wellbeing
and... Protecting people from harm							

Our strategic enablers are...					
Workforce and organisational development	Medium-term Financial and Strategic Planning	Collaborative, ethical commissioning	Communication and Engagement	Data and intelligence	Digital technology and Infrastructure

We will deliver this strategy through supporting plans and programmes, including...								
HSCP Delivery and Improvement Plans	Commissioning and Market-shaping Plan	Medium-term Financial Plan	ER HSCP Workforce Plan	NHS Greater Glasgow and Clyde and ERC Improvement Plans	East Renfrewshire Children and Young People's Services Plan	East Renfrewshire Carers Strategy	Public Protection Improvement Plans	ER HSCP Participation & Engagement Strategy

This medium term financial plan will complement and assist in the strategic planning process and will allow the IJB to take informed decisions when planning for the future with a focus on financial sustainability in the medium term.

The IJB needs to be financially sustainable to allow us to continue to plan for and deliver services in an incredibly difficult financial and challenging operational climate, whilst maintaining some flexibility to allow us to adapt, ideally invest, even if very modestly, where needed to redesign and to change models of service delivery as required moving forward. We may need to further retract services depending on the funding available to us in future years.

We also need to try to build back some reserves, whilst delivering a challenging programme of savings.

We still do not fully understand the ongoing and longer term impact the Covd-19 pandemic has had on our population and on the health and social care workforce; recruitment and retention is a significant challenge to how we deliver services, including those we purchase from care providers. Our Strategic Commissioning Plan sets out how we will collaborate with our stakeholders and work together to create opportunities to shape the local health and social care environment to ensure that together we can progress the aims of the HSCP Strategic Plan 2022-2025 and be responsive to the changing needs and aspirations of the people of East Renfrewshire.

For 2024/25 the cost pressures identified in our budget are of £17.023 million is offset by available funding of £7.206 million leaving a funding gap of £9.817 million; a savings programme is in place to ensure we deliver a minimum level of savings to close this gap, and ideally over recover as we know some of the funding that offsets the pressures is non-recurring for the next two years. We do not have reserves to offset any shortfall.

Revenue Budget	**ERC**	**NHS**	**Total**
	£m	**£m**	**£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			

Savings progress will continue to be reported to the IJB on a regular basis. The Supporting People Framework is the most significant saving at c£4 million.

The budget agreed by the IJB on 27th March 2024 sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met. The full detail of all savings is included in this report.

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook, with funding pressures including; pay, inflation, demand & complexity, demographics, transitions from child to adult services and recruitment and retention challenges.

During the period of this plan we will implement any policy decisions as directed by the Scottish Government along with any recommendations or specific actions that may arise from the preparation and / or implementation of a national care service.

There is no doubt that 2024/25 will be a very challenging year, with a difficult medium term outlook.

2. Local Context

We are structured around two localities one for Eastwood and one for Barrhead. The localities also reflect our hospital flows with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the RAH.

Within the Eastwood locality our Eastwood Health and Care Centre provides social work, district nursing, rehabilitation, care at home and mental health services for adults and older people. Social work and health visiting services for children and young people are also provided from this building, as are a number of GP practices. Thornliebank Resource Centre is based within the Eastwood locality and provides day opportunities to those with learning disability. Bonnyton House provides residential care, palliative care and intensive rehabilitation services support to older people.

Within the Barrhead (Levern Valley) locality our Barrhead Health and Care Centre provides services including GP, social work, district nursing, and rehabilitation and is also the base for the Learning Disability team, Children & Adolescent Mental Health (CAMHS) team and Speech and Language Therapy. Children & Families social work and Health visiting teams are based in the adjacent council building. St Andrew's House is the location of the Community Addictions Team. Barrhead Resource Centre provides day opportunities to those with a learning disability.

- The Partnership also hosts three services on behalf of NHS Greater Glasgow & Clyde; the Learning Disability Specialist Services based in 3 in-patient buildings within the Greater Glasgow and Clyde area at Renfrew, Anniesland and on the Gartnavel site
- The Scottish Centre of Technology for the Communication Impaired (SCTCI) service which provides specialist equipment across the board along with a national assessment service.
- The Autism service providing assessment and diagnosis across the health board area.

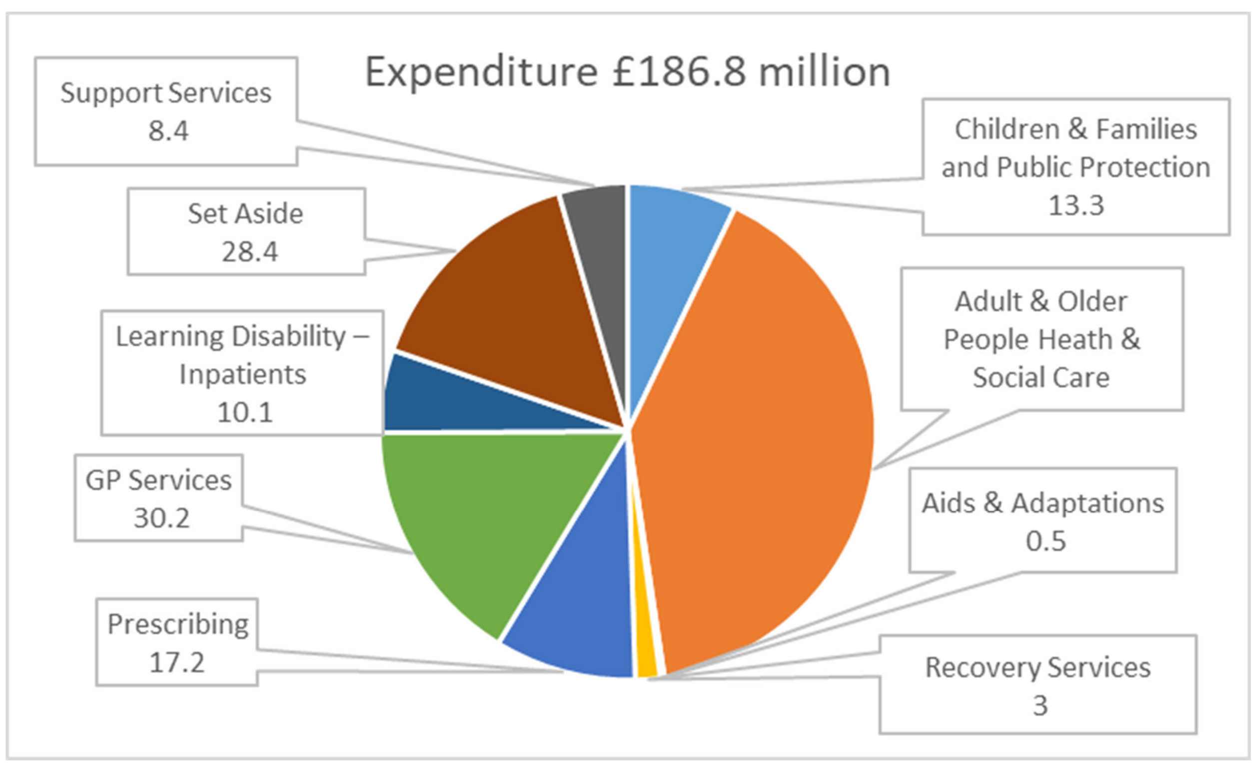
In addition to the 8 GP practices located within our two Health and Care Centres we also have 7 with their own premises. Given the population demographics and impact from factors such as new housing we recognise that the number of practices we will need is likely to increase. We are working closely with our GPs and with our partners and other stakeholders to identify potential locations and funding options.

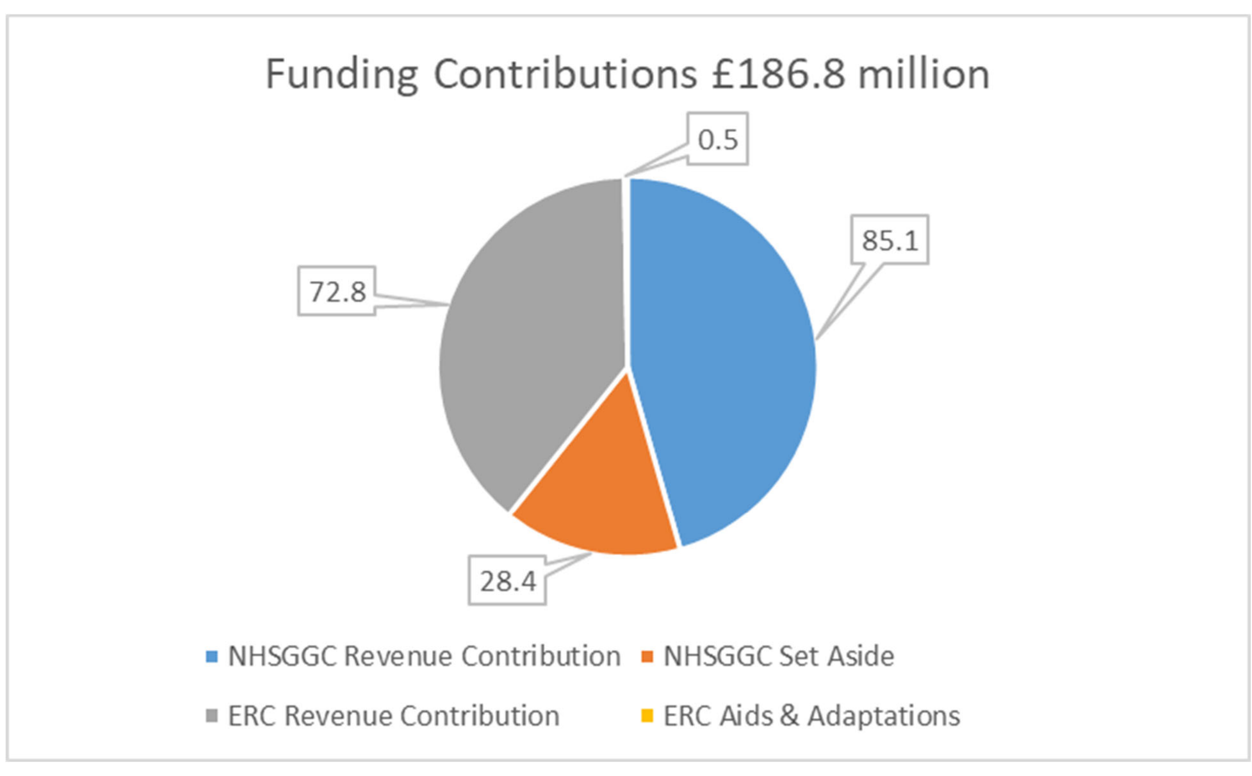
The use of our buildings and the way we work was been significantly impacted in the response to the pandemic and latterly in the recovery period. We are reviewing how use our space going forward to optimise the use of all our buildings.

Our Property Strategy provides more detail on our buildings and how we use them and looks at current developments along with future opportunities and risks.

Our Budget 2024/25

The opening budget for 2024/25 is £186.8 million and this is likely to change during the year for any additional funding or adjustments to our budget.





Our budget broadly falls into two types of spending;

- the revenue budget to deliver health and social care services
- housing aids and adaptations and the budget for large hospital services which come under the strategic direction of the IJB

The revenue budgets for those “day to day” health and social care services delivered by the HSCP is £157.9 million, with a further £0.6 million community justice funded by grant. We usually receive other ad-hoc funding and grants throughout the year to support various initiatives and this is reported within our routine financial reporting.

The budget is inclusive of the £9.8 million savings we need to deliver in 2024/25 to balance the budget and of this over £4 million needs to come from our Supporting People Framework which we will use to prioritise care for those with the greatest level of need.

We also receive funding allocations for specific Scottish Government initiatives such as Primary Care Improvement Fund (c£2.9 million), Mental Health Action 15 (c£0.6 million) and Alcohol & Drugs Partnership (c£0.8 million). Where we hold any ring-fenced reserve balances against these funds it is likely we will be required, by the Scottish Government to utilise these balances before applying any in year allocation. The allocations for 2024/25 are not yet known and it is difficult to forward plan for these initiatives as the HSCP is not in a financial position to underwrite any risk.

We host the Learning Disability Specialist Services, Adult Autism Service and Augmentative and Alternative Communication Service on behalf of the other 5 HSCPs within the Greater Glasgow and Clyde area, totalling c£10.7 million and this cost is met by the HSCP.

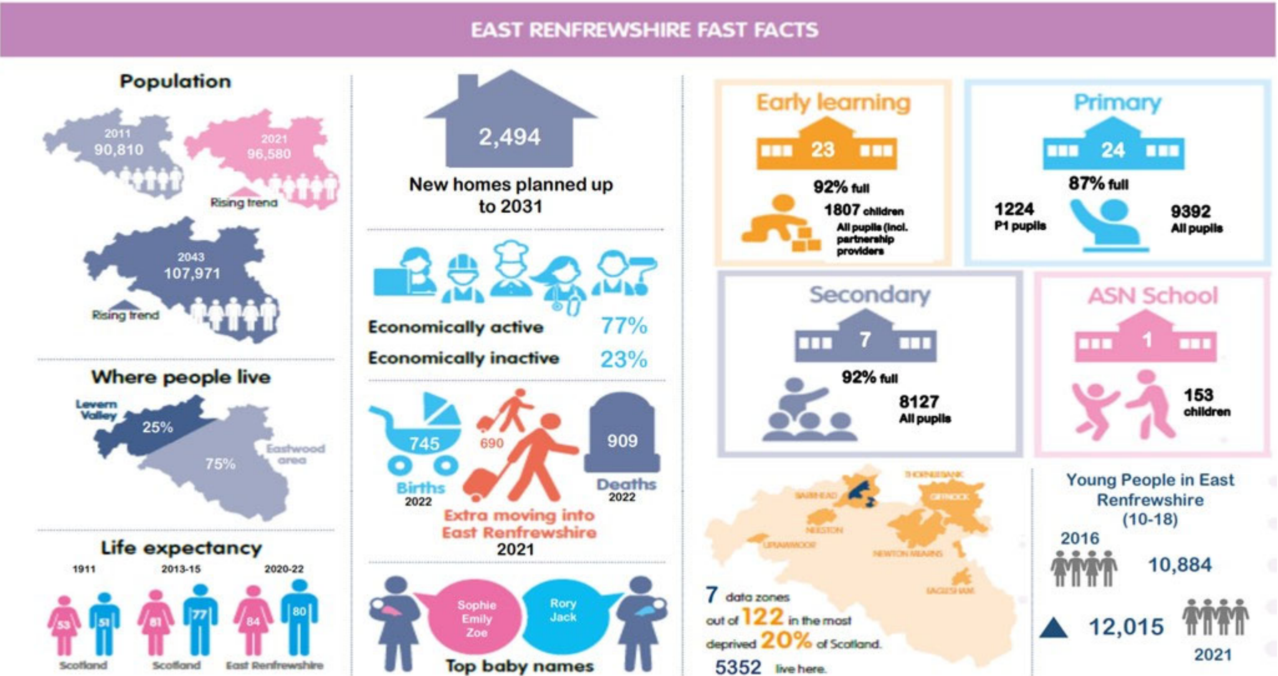
Similarly each of the other 5 HSCPs host one or more services on behalf of the other HSCPs. Our use of a range of services is around £14 million but the costs are met by the host HSCP under current arrangements.

The respective use of hosted services is shown in each HSCPs annual report and accounts in order to demonstrate the total system wide cost of our populations use of services.

Our population demographic is one of our main challenges

Demographics and needs assessment

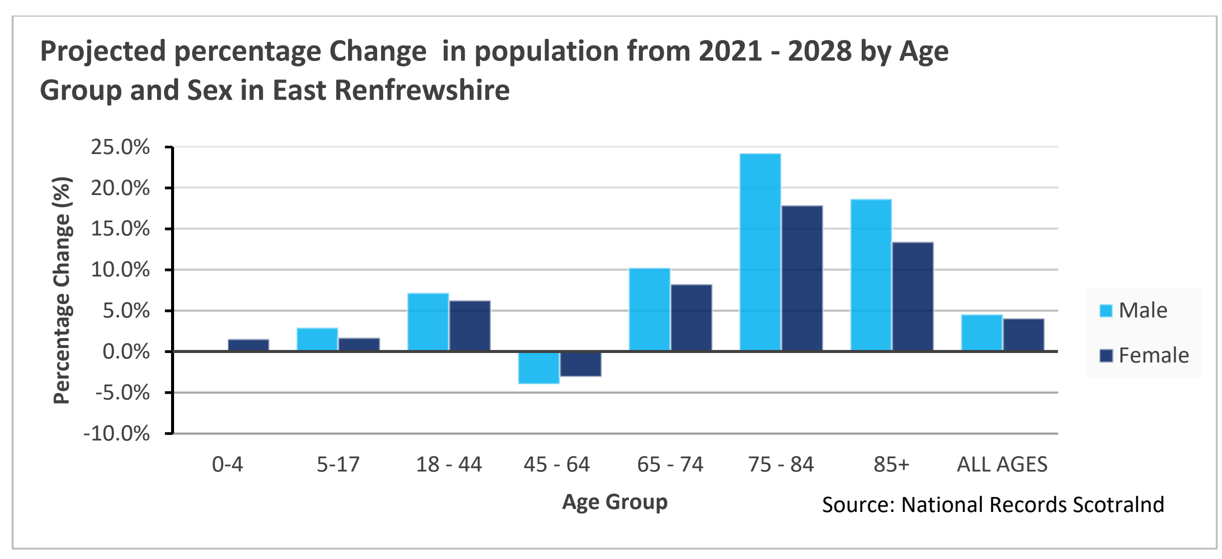
Our Joint Strategic Needs Assessment provides the detailed needs assessment to support the Strategic Plan. A full socio-demographic profile has been developed for East Renfrewshire and covering our two localities (Eastwood and Barrhead) giving information on population, households, deprivation, health profile, life expectancy and use of services.



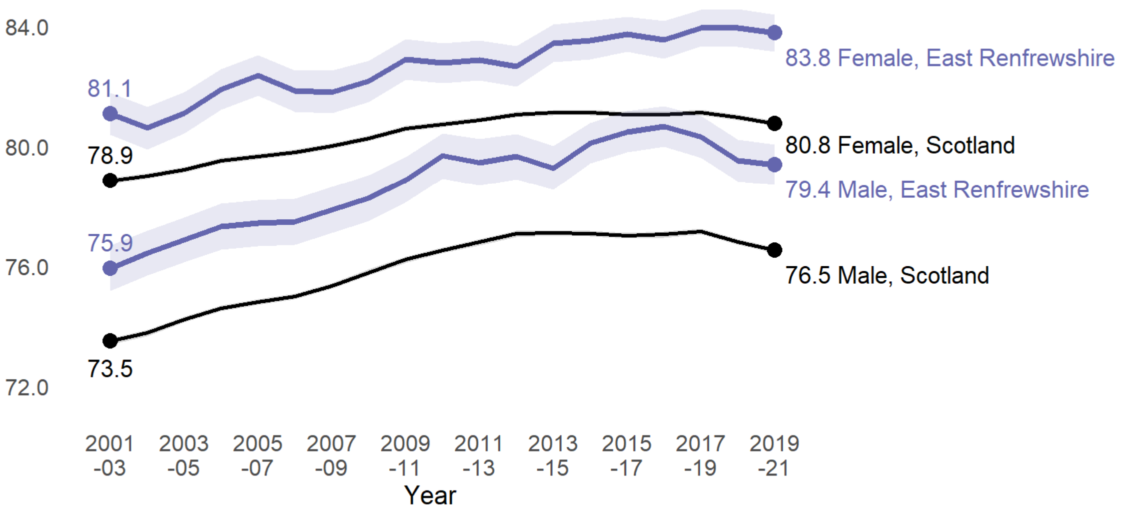
From this detailed analysis we know our population is changing with corresponding increase in the health and care needs of our residents. Overall East Renfrewshire's population is growing with particular growth for our younger and older residents, who make greater use of universal health services.

The table overleaf provides an overview;

The overall projected rise in population is similar to the increase seen in the five years to 2021, the population aged 75 and over is projected to increase at a rate of 18.8%. The 65+ population is projected to increase from 20.6% of the population in 2021 to 22.5% of the population by 2028.



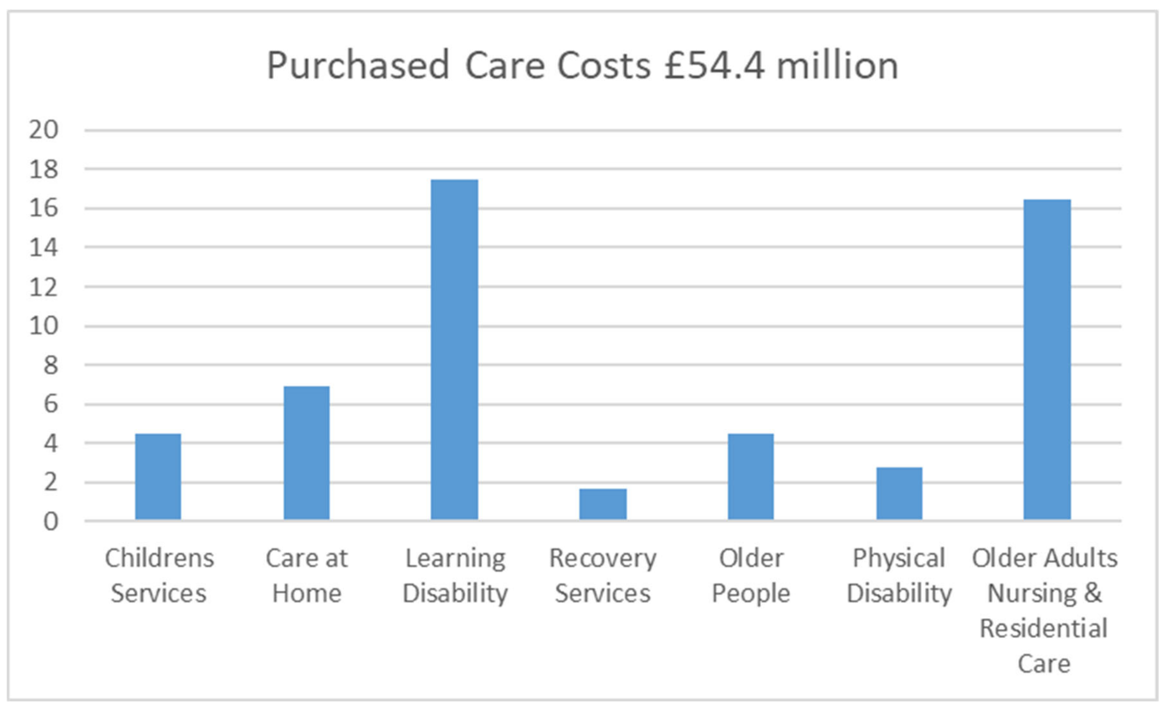
Life expectancy within East Renfrewshire amongst males has grown at a higher than national rate with the increase in life expectancy rising 3.5 years in the last 20 years. This is shown in the projection of population of males in the coming years.



In addition there has been significant growth in our most elderly population with a 49% increase in the number of residents aged 75 years and over the last decade. The 85+ population is projected to increase by 15% between 2021 and 2028. People over 80 are the greatest users of hospital and community health and social care services.

Our Current Purchased Care Costs

The care that we purchase from a range of providers currently costs around £54.4 million for a year and this is funded in part by individual contribution (nursing and residential care) and resource transfer. The chart below shows how this relates to care groups:



Our Strategic Commissioning Plan sets out how we will work with our partner care providers over the coming years to continue to develop and deliver services locally and a collaborative basis.

3. National Context

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how and where we use our funding over time.

The most significant challenges for 2024/25 and beyond include:

- delivering a difficult savings programme to ensure financial sustainability, recognising this is at odds with our historic focus on prevention and the modest scale of East Renfrewshire HSCP

- managing the real tension between reduced service capacity as a result of savings and maintaining discharge without delay from hospital
- understanding the longer term impacts of Covid-19 on mental and physical health in the longer term, we are seeing increased levels of complexity
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges
- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening within the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

Economic challenges are significant as we are seeing little recovery in the global economy and although inflation is on a downward trend, particularly in utilities, this is a slow decline. The biggest risk to the IJB remains the cost volatility in prescribed drugs with inflation remaining a significant factor (around 8% in 2023/24).

The cost of pay inflation is still comparatively high and although inflation across a range of goods and services (CPI) is falling, this dropped to 4% in December 2023, this is still well above the UK target of 2%.

Our population and households are not impacted equally by the cost of living crisis and we know those with lower income are disproportionately affected.

Our Workforce is the most significant asset of the IJB and our 3 year workforce plan 2022 to 2025 is being refreshed and will help inform budget discussions, service modelling and associated cost implications as we move forward. Our staffing models may also be impacted by the Health and Care Staffing (Scotland) Act 2019 which was enacted in June 2022 and this sets out safe staffing, quality service and best outcomes for service users. We have been working on the implications in advance of these duties going live during 2024.

Recruitment and retention remains a real challenge across health and social care. We have had some significant operational challenges, particularly within our care at home service. The IJB maintains a keen focus on the wellbeing agenda to support our people.

Our daily / weekly huddles are a mechanism that we can step up and down as we need to during any periods of particular pressure.

Care Providers the longer term impact on the sustainability of our partner care provider market in the post Covid-19 pandemic and current economic climate is a significant issue. Our Strategic Commissioning plan sets out the detail on how we will work with our partners in the third and independent sectors in the coming years. The way we commission services may be impacted by the creation of a national care service. There is an ever increasing tension between cost expectations from care providers including those on national procurement frameworks and the lack of funding for IJBs to meet any non-policy funded, increases.

The Scottish Government has provided funding in recent years to meet its policy for care providers to ensure that the Scottish Living Wage is paid to the care workforce.

Primary Care Improvement Plan funding to support the GP contract and develop sustainable services going forward. Our plans include both local and system wide work. The post Covid-19 impact and population increases directly impact on demand for GP services will inform future planning for services, albeit capacity for property development is constrained to any future funding that may become available.

Mental Health Action 15 funding is intended to allow improvement for a wide range of mental health services and increase the number of workers in this field by 800 nationally at the end of the programme. Our plans include both local and Greater Glasgow and Clyde system wide work and the demand for Mental Health Services has increased significantly as we recover from the pandemic.

A financial framework across the six partnerships within NHS Greater Glasgow & Clyde is in development to support the strategic redesign of services towards community based provision.

National policy decisions and / or legislation such as a National Care Service, Fair Work Practices including the Scottish Living Wage impact on the costs of the services we provide and purchase and The Promise and Getting it Right for Every Child (GIRFEC) to support children and families. The United Nations Convention on the Rights of the Child is also now incorporated into Scottish Law.

We are seeing a significant increase in the number of unaccompanied asylum seeking children and whilst there is some funding from the Home Office to support individuals there can be significant cost pressures depending on the nature if the required placement.

There are increasing pressures to increase costs on a number of existing national contracts and procurement frameworks. This could create further cost pressures and, at present, the only way to fund this would be through reducing services to create savings to fund cost increases.

The Scottish Government's Medium Term Financial Strategy was revised in May 2023 and sets out its view on Scotland's fiscal outlook 2023/24 to 2027/28. In prior years the Scottish Government have set out conditions in their annual budget settlement to specify the minimum contribution each partner should make to the IJB for that year. The budget settlement may also provide funding for specific policy decisions such as the rate of Living Wage which care providers must pay and IJBs will fund. There is nothing to suggest any move away from the "flat cash / minimum" approach for the coming years and there is a high level of uncertainty around future funding levels.

A refresh of the Scottish Governments Strategy for Health and Social Care is expected to be published in the coming months.

Work remains ongoing to adopt a mechanism to implement the intentions for the set aside budget for large hospital services, a delegated planning responsibility to the IJB. The latest Unscheduled Care Commissioning Plan and associated financial framework was last considered by the six IJBs who work within the NHS Greater Glasgow and Clyde boundary in November 2022.

4. Medium Term Financial Outlook

The IJB receives the vast majority of its funding from our two partners East Renfrewshire Council and NHS Greater Glasgow and Clyde along with any specific grant funded initiatives from the Scottish Government via our partner organisations.

We recognise that these contributions are determined in the context of our partner funding settlements and any associated criteria and constraints. The IJB is engaged with partners in their respective budget setting processes.

The cost pressures over the coming years relate to demand for services, legislative and policy changes, increasing population, inflation and economic uncertainty. Prescribing remains volatile both in demand and costs that can be impacted by short supply of drugs, new drugs to the market, existing drugs coming off patent and other price mechanism changes, with inflation on the cost of drugs remaining high.

The 2024/25 cost pressures of £17.023 million and the ultimate funding gap of £9.817 million inform the modelled cost pressures for the following 4 years and the high level scenarios below look at Low, Medium and High impacts of cost pressures.

The detailed savings for 2024/25 are set out in the 27 March 2024 budget report to the IJB.

The level of potential cost pressures set out in the scenarios below are based on "what if" percentage levels of pressure and are not any indication of where any settlement or agreement may land. This allows us to look forward using the current year and look at how we will need to plan for possible scenarios. The further ahead the year is the less certainty of any assumption; albeit even short term assumptions carry a high degree of uncertainty in the current climate.

It also needs to be recognised that these scenarios are showing the potential level of cost pressure and do not make any allowance for any funding that may offset a future cost. Again given the current levels of uncertainty it is not possible to assume anything beyond a flat cash approach at this time.

In any one year the modelled cost pressure could range from £3.5 million to £8.6 million depending on the combination of factors.

The assumptions are predicated on full and recurring delivery of the 2024/25 savings.

Scenario 1 –“what if” lower level of cost pressures

MODELLED SCENARIO LOW - Per Year				
Modelled % Increases	**2025/26**	**2026/27**	**2027/28**	**2028/29**
Inflation - Pay	2%	2%	1%	1%
Inflation - Care and Contractual	4%	4%	2%	2%
Demographics and Demand	3%	3%	3%	3%
Prescribing	5%	4%	3%	3%
Modelled Cost Pressure	**£m**	**£m**	**£m**	**£m**
Inflation - Pay	1.0	1.0	0.5	0.5
Inflation - Care and Contractual	2.4	2.4	1.2	1.2
Demographics and Demand	1.5	1.5	1.5	1.5
Prescribing	0.9	0.7	0.5	0.5
Pension Gain	(2.3)			
Total Pressures per year	**3.5**	**5.6**	**3.7**	**3.7**
Cumulative Pressure 2025/26 to 2028/29				16.5

Scenario 2 – “what if” medium level of cost pressures

MODELLED SCENARIO MEDIUM - Per Year				
Modelled % Increases	**2025/26**	**2026/27**	**2027/28**	**2028/29**
Inflation - Pay	3%	3%	2%	2%
Inflation - Care and Contractual	5%	5%	3%	3%
Demographics and Demand	4%	4%	4%	4%
Prescribing	6%	5%	4%	4%
Modelled Cost Pressure	**£m**	**£m**	**£m**	**£m**
Inflation - Pay	1.5	1.5	1.0	1.0
Inflation - Care and Contractual	3.0	3.0	1.8	1.8
Demographics and Demand	2	2	2	2
Prescribing	1.0	0.9	0.7	0.7
Pension Gain	(2.3)			
Total Pressures per year	**5.2**	**7.4**	**5.5**	**5.5**
Cumulative Pressure 2025/26 to 2028/29				23.6

Scenario 3 – “what if” high level of cost pressures

MODELLED SCENARIO MEDIUM - Per Year				
Modelled % Increases	**2025/26**	**2026/27**	**2027/28**	**2028/29**
Inflation - Pay	4%	3%	2%	2%
Inflation - Care and Contractual	6%	6%	4%	4%
Demographics and Demand	5%	5%	5%	5%
Prescribing	7%	6%	5%	5%
Modelled Cost Pressure	**£m**	**£m**	**£m**	**£m**
Inflation - Pay	2.0	1.5	1.0	1.0
Inflation - Care and Contractual	3.6	3.6	2.4	2.4
Demographics and Demand	2.5	2.5	2.5	2.5
Prescribing	1.2	1.0	0.9	0.9
Pension Gain	(2.3)			
Total Pressures per year	**7.0**	**8.6**	**6.8**	**6.8**
Cumulative Pressure 2025/26 to 2028/29				29.2

There is always a possibility that the Scottish Government budget settlement may allow for some cost pressure for pay and / or inflation funding and all scenarios are subject to the terms of the Scottish Government budget settlement.

It is also assumed that any policy changes determined by the Scottish Government should be cost neutral.

We are in a difficult economic climate and the financial impacts of delivering service to people are dynamic. Our forward planning assumptions will be updated as issues emerge and become clearer. The resulting funding gap in each year will ultimately be determined by the difference between pressures and the funding settlement agreed with our partners, including any policy funding or directives as part of the Scottish Government budget settlement for that year.

There are a number of areas where caseload or staffing ratio to number of patients will determine changes to the workforce. We also need to consider how we can continue to work with a range of partners to look at any system wide opportunities to minimise costs and mitigate any impact of reducing resources and the services we deliver.

The pay increases for 2024/25 have not yet been agreed so the impact to the current and future years may require review.

Inflation for care costs needs to allow for fair work policies, workforce and economic challenges. For the 2024/25 budget settlement the Scottish Living Wage increased from £10.90 to £12.00 per hour and as with prior years this has been applied to pay element of the contract hourly rate as directed by Scottish Government. Whilst the Living Wage funding in the Scottish Government 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. We expect some funding towards the cost of the childrens impact during 2024/25.

The Scottish Government will determine the Living Wage rate as a policy decision along with any associated funding.

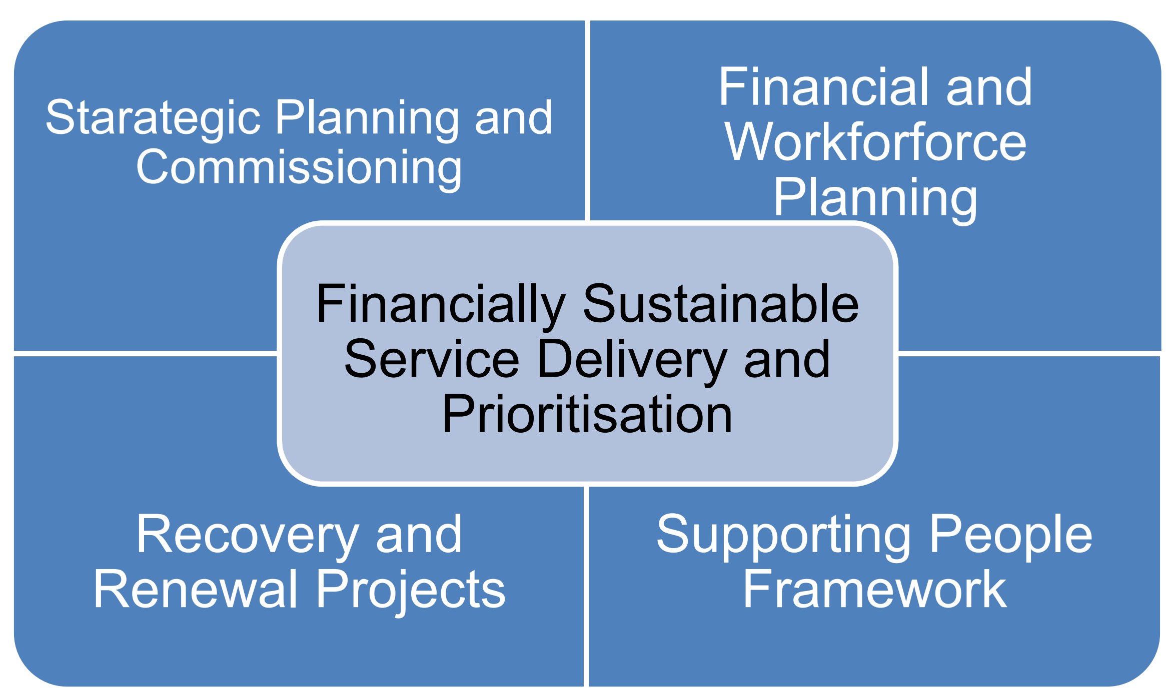
Demographic and Demand pressure was shown at 4% per annum, pre pandemic reflecting the Scottish government assumption for social care. The long-term post Covid-19 impact on complexity and demand is still unclear, however the population in East Renfrewshire continues to grow particularly at the older and younger ends of the age spectrum. We are seeing increasing complexity of need across a range of care groups.

The changes in our population also impact on General Practice, Dental and other family health services within East Renfrewshire.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict however

system wide work is in place across NHS Greater Glasgow and Clyde to support the delivery of a range of actions to mitigate some of the cost pressures we are seeing.

5. Our Response



The delivery of the required savings in 2024/25 is fundamental to ensuring service delivery remains within the funding available to the IJB. Ideally we should aim to meet the planned over-recovery to allow us to build back from financial recovery.

The delivery of the Supporting People Framework savings are fundamental to ensuring financial balance is achieved. A dashboard approach has been developed to allow immediate and real time monitoring of progress.

Our Recovery and Renewal programme will continue to be reported to the IJB on a regular basis and provides detail on project work and service redesign.

The projected reserves balance (subject to the audit of the 2023/24 Annual Report and Accounts) to 31 March 2023 is £6.046 million can be summarised into the following categories:

Reserves	Projected balance at 31/3/24 £m
Scottish Government ring-fenced initiatives; fully committed and unable to apply to general use.	0.8
Earmarked funding for specific projects and initiatives	1.064
General reserves	0
Total	1.864

The level of reserves we are currently holding is minimal and is in breach of the 2% of budget level set out in the IJB Reserves Policy. Clearly there is a tension between building reserves when delivering such significant savings.

Whilst it is appropriate that we set ourselves future efficiency savings targets it will not be possible to meet the scale of cost pressures we are facing without significant impact to the level of service we deliver.

On the basis of cost pressures being in the region of £3.5 million to £8.6 million per year the good / average / poor implication could be:

- Good – fully funded plus some flexibility for investment and / or reduction in the recurring savings requirement
- Average – fully funded pressures; acceptance of a realistic efficiency target
- Poor – anything below average

For a budget falling into the range of average we may not be able to deliver savings without further impact to the services we deliver and to our workforce; we will need to look at reduction or cessation of some service areas.

For a budget falling into the poor range it is increasingly possible the IJB will be unable to set a balanced budget in future years.

This strategy will be updated to reflect significant changes and policy decisions as they are identified.

6. Risk and Sensitivity

This medium term plan sets out modelled future implications and that in itself is a risk, underestimated costs pressures mean we may plan to save more than we need to and vice versa – both scenarios will impact on the funding available to deliver services.

Successfully closing the 2024/25 funding gap is a fundamental assumption when assessing future cost pressures. Any shortfall will impact on future year pressures and on financial sustainability. We do not have reserves to bridge any gap and further support from our partners is not an option for 2024/25.

There is a judgement and balance needed when estimating and planning for future savings.

The table below shows the impact of a 1% change to each of assumptions used to identify cost pressures for budget planning for the remaining four years of this Medium Term Financial Plan:

Impact of 1% Change	£m
Pay	0.5
Inflation and Policy (including care costs)	0.6
Prescribing	0.2
Demographic and Demand	0.5

A change of 1% to the 2023/24 contribution from each partner would equate to:

Impact of 1% Change	£m
ERC Contribution	0.7
NHSGGC Contribution	0.9
NHSGGC Set Aside Budget	0.3
ERC Housing Aids & Adaptations	negligible

In addition to the funding assumptions and sensitivity impacts there are a number of other risks that need to be considered, including:

Financial sustainability and the conflict between delivering savings and efficiencies to the preventative agenda, maintaining discharge from hospital without delay and increasing demand for statutory services.

The ability to deliver significant savings on an ongoing basis.

The impacts of legislative, political or policy changes.

The implication for the set aside budget moving from an allocation to the unscheduled care commissioning framework could have a “real cash” impact in the future.

The Learning Disability In-Patient Service can incur significant cost pressures depending on the complexities of the individuals within the service at any time. The Community Change Fund work continues and should support mitigation of some pressures at the service model evolves.

Prescribing has always been volatile due to the numerous factors involved and without any reserve to smooth this impact this is presenting the most significant pressure within primary care. There are NHSGGC wide and local action plans developed to help address this pressure.

Ranking 1 to 5 with 1 being easiest and 5 being most difficult.
C = Complete and N = Not yet ranked

Appendix 3

	2025/25 Saving £m	ERC	Delivered	Detailed Plans on track	More Work Needed		NHS	Delivered	Detailed Plans on track	More Work Needed	
1	Current Business Support vacancies	0.037	0.037				0.059	0.059			
1	Childrens Services Redesign						0.072	0.072			
1	Whole Family Wellbeing Fund	0.320		0.320							
1	Crisis Stabilisation	0.042	0.042								
	Total Prioritisation 1	**0.399**	**0.079**	**0.320**	**-**		**0.131**	**0.131**	**-**	**-**	
2	CaH external - application of SPF	1.700	0.672		1.028						
2	CaH external - 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	0.067				0.372	0.172	0.200		
2	Redesign LD & Recovery	0.041	0.041								
2	Family Group Decision Making Service	0.050		0.050							
2	St Andrews House	0.020			0.020						
2	Wider review of all accommodation										
2	Prescribing - GGC wide initiatives – drug switches						0.340			0.340	
2	Prescribing - Polypharmacy reviews						0.150			0.150	
2	Prescribing - PIIGlets (Practice Indicator Implementation Guides)						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**	**0.780**	**0.050**	**1.498**		**1.047**	**0.172**	**0.200**	**0.675**	
3	Supporting People Framework	2.300	0.428		1.872						
3	LD Review of Care Packages (Was SRR)	0.120	0.116	0.007							
3	VS/ER Work up Phase 2	0.300		0.128	0.172						
3	Intensive Services posts and running costs (Was SRR)	0.064			0.064						
3	Adult Planning & Service Redesign						0.071	0.018		0.053	
3	Summer play schemes / activity	0.075			0.075						
3	Shared Services	0.025			0.025						
3	Transport Strategy										
	Total Prioritisation 3	**2.884**	**0.544**	**0.135**	**2.208**		**0.071**	**0.018**	**-**	**0.053**	

Ranking 1 to 5 with 1 being easiest and 5 being most difficult.
C = Complete and N = Not yet ranked

Appendix 3

	2025/25 Saving £m	ERC	Delivered	Detailed Plans on track	More Work Needed		NHS	Delivered	Detailed Plans on track	More Work Needed	
4	Grant Funded (Was partly SRR)	0.530	0.264		0.266						
4	LD University funded activity						0.050			0.050	
4	Prescribing - Further saving programme						0.150			0.150	
4	Top slice supplies budgets 20%	0.480	0.148		0.332		0.440	0.322		0.118	
4	Income / Charging for Services	0.200	0.058		0.142						
4	Review Council Support Costs Charges	0.200			0.200						
	Total Prioritisation 4	**1.410**	**0.470**	**-**	**0.940**		**0.640**	**0.322**	**-**	**0.318**	
C	VS/ER Phase 1	0.781	0.784								
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**	**0.874**	**-**	**-**		**-**	**-**	**-**	**-**	

	ERC	Delivered	Detailed Plans on track	More Work Needed	NHS	Delivered	Detailed Plans on track	More Work Needed
Total All Identified So Far	**7.892**	**2.747**	**0.505**	**4.646**	**1.889**	**0.643**	**0.200**	**1.046**
Still Needed to Balance NHS					**2.100**			**2.100**
Total	**7.892**	**2.747**	**0.505**	**4.646**	**3.989**	**0.643**	**0.200**	**3.146**

AGENDA ITEM No. 10

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 2024
Agenda Item	10
Title	Annual Performance Report 2023/24

Summary

This report provides members of the Integration Joint Board with the Annual Performance Report for the Health and Social Care Partnership for 2023/24. This is our eighth Annual Performance Report and outlines performance in relation to the delivery of our Strategic Plan 2022-25. The Annual Performance Report is a high level, public facing report. It summarises the performance of the HSCP against agreed local and national performance indicators and outlines the ways we have delivered services and supports during the year.

Presented by	Steven Reid Policy, Planning and Performance Manager

Action Required

The Integration Joint Board is asked to:

- Approve the report and its submission to the Scottish Government by the deadline of 31 July 2024.
- Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

Directions	**Implications**	
☒ No Directions Required	☐ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☒ Policy	☒ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☒ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 JUNE 2024

Report by Chief Officer

ANNUAL PERFORMANCE REPORT 2023/24

PURPOSE OF REPORT

1. This report advises the members of the Annual Performance Report for the Health and Social Care Partnership for 2023/24.

RECOMMENDATIONS

2. The Integration Joint Board is asked to:
   - Approve the report and its submission to the Scottish Government by the deadline of 31 July 2024.
   - Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

BACKGROUND

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible. The 2014 Act requires publication of the report within 4 months of the end of the financial year being reported on, therefore by 31 July each year.

4. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that publication of the report should include making the report available online, and should ensure that the report is as accessible as possible to the public. Guidance suggests that partnerships may wish to consider a range of media to engage with the public, illustrate performance and disseminate the Performance Report. The Integration Joint Board must also provide a copy of this report to each constituent authority (NHS Greater Glasgow & Clyde and East Renfrewshire Council).

5. The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. In addition Scottish Government has issued guidance for the preparation of performance reports:
   - Performance against national health and wellbeing outcomes.
   - Performance in relation to integration planning and delivery principles.
   - Performance in relation to strategic planning and any review of strategic plan during year.
   - Financial planning, performance and best value.
   - Performance in respect of locality arrangements.
   - Inspections of services.

6. Subject to approval of the report by the Integration Joint Board, the report will be published on our website by 31 July and promoted through appropriate media channels.

REPORT

7. The Annual Performance Report sets out how we delivered on our vision and commitments over 2023/24 recognising the continuing challenges in the aftermath of the Covid-19 pandemic, its impact of our ways of working and potential disruption to performance trends. This is our eighth Annual Performance Report. We review our performance against agreed local and national performance indicators and against the commitments set out in our Strategic Plan for 2022-25. The report is principally structured around the priorities set out in our strategic plan, linked to the National Health and Wellbeing Outcomes as well as those for Criminal Justice and Children and Families.

8. The main elements of the report set out: the current strategic approach of the East Renfrewshire Health and Social Care Partnership; how we have been working to deliver our strategic priorities; our financial performance; and detailed performance information illustrating data trends against key performance indicators.

9. The report meets the requirements of the national statutory guidance and is a static 'backward looking' review of activities and performance during the previous financial year. We continue work with the Chair of the Performance and Audit Committee to look at our in-year reporting to ensure we are looking at forward actions to improve performance as well as a retrospective.

10. National performance indicators can be grouped into two types of complementary measures: outcome measures and organisational measures.

11. The national outcome measures are based on survey feedback available every two years from a national survey of people taken from a random sample based on GP practice populations. The respondents have not necessarily used HSCP services. Data from the 2023/24 survey was not publically available at the time of writing the report. The HSCP collects local data relating to people who have used our services and supports. This is included in the report as it is collected throughout the year and can be tracked over a longer time period. We believe this better reflects outcomes achieved by the HSCP.

12. The national organisational measures are taken from data that is collected across the health and care system for other reasons. In all cases we have included the latest available data. The updated indicators may not represent the full end year position as some of the data completion rates are not yet 100% but will be the most up-to-date data available at the statutory deadline. We have identified 'provisional' figures in the report.

13. The remaining performance information in the report relates to the key local indicators and targets developed to monitor progress against our Strategic Plan 2022-25. Our performance indicators illustrate progress against each of our nine strategic priorities. Chapter 4 of the report gives trend data from 2016/17 and uses a Red, Amber, Green status key to show whether we are meeting our targets.

14. In addition to activity and performance in relation to the nine strategic priorities the report includes sections on our hosted Specialist Learning Disability Service.

Our performance

15. The data shows that despite continuing demand and resource pressures, there has been strong performance across service areas. Throughout the period we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners.

16. Headline performance information by service area is given below.

Supporting children and families

- Care experienced children – 14.4% with more than one placement in the year, down from 20.8% in 22/23. And no children in East Renfrewshire with 3 or more placements
- Child protection - 100% of child protection cases with increased safety – maintaining excellent performance from 22/23
- 92% of care experienced children supported in community rather than a residential setting (22/23 figure) – a high rate and better than the Scottish average (89%) but performance dropped slightly from the previous year
- % of children subject to child protection offered advocacy increased to 65% from 61% in 22/23.
- Child protection re-registrations within an 18 month period increased during 2023/24 form 0% to 12.5%. This was due to a very small number of children requiring re-registration in the year.

Supporting people to maintain their independence at home

- 96.8% of local people aged 65+ live in housing rather than a care home or hospital – meeting our target and better than the Scottish average.
- 64% of people had a reduced care need following a period of reablement / rehabilitation support – up significantly from 48% in 22/23.
- % of people reporting outcome of 'living where you/as you want to live' increased to 91% from 89% - now ahead of target (90%)
- % of people aged 65+ with intensive care needs (10+ hours) receiving care at home dropped from 64.4% to 62.5% although still within our agreed target of 62%.
- The number of people self-directing their care through direct payments and other forms of self-directed support increased to 548 for 2023/24 (up from 488 in 22/23).
- In East Renfrewshire, spend on direct payments for adults as a % of total social work spend for adults was 9.3% in 22/23 – up from 8.9% in the previous year and better than the Scottish average (8.7%).

Supporting mental health and wellbeing and supporting recovery from addiction

- Mental health hospital admissions remain low (at 1.2 admissions per 1,000 population)
- 84% of people waiting no longer than 18 weeks for access to psychological therapies – a significant improvement from 75% in 22/23
- 93% accessing recovery-focused treatment for drug/alcohol within 3 weeks – a slight decline from 96% in 22/23 but we are maintaining performance ahead of target (90%)

- 568 alcohol brief interventions undertaken in 23/24 – up from 173 last year, reflecting continued support for this service.
- % of people moving from drug/alcohol treatment to recovery services in the year declined from 5% to 4%. This can be impacted by circumstances for individuals including crisis or ill health but remains an area of focus for the HSCP.

Meeting healthcare needs and reducing unplanned hospital care

- Discharge with delay – averaged 7 delays for 23/24 – down from 8 for 22/23 but historically high, having sat at 3 or 4 before the pandemic.
- Adult bed days lost to delayed discharge increased slightly to 4,821 (2023 fig), up from 4,652 for 22/23
- Adult A&E attendances – 17,824 (2023) – up slightly from 17,356 22/23 but ahead of target
- Adult Emergency admissions – 6,943 (2023) – up slightly from 6,692 in 22/23 and ahead of target
- Emergency admission rate (per 100,000 pop) – 9,606 up from 9,215 for 22/23
- Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) – 73, up from 69 in 22/23

Supporting unpaid carers

- 84.5% of those asked reported that their 'quality of life ' needs were being met – up from 80% in 22/23 and continuing to perform ahead of target.

Supporting people through criminal justice pathways

- 89% of unpaid work placement completions within Court timescale – up from 83% and ahead of target (80%)
- 83% Community Payback Orders (CPOs) commencing within 7 days – down slightly from 86% in 22/23 but ahead of target (80%)
- 83% of people reported that their order had helped address their offending – down from 100% and impacted by the low number of people completing the voluntary survey.
- Positive employability and volunteering outcomes for people with convictions – 57% down from 64% in 22/23. Although missing our target of 60% all other participants demonstrated a positive training/education outcome.

Tackling health inequalities and improving life chances

- Our premature mortality rate remains significantly below the national average at 264 per 100,000 (22/23 fig) – down from 333 the previous year. Scotland average is 442 per 100,000. East Renfrewshire now has the lowest premature mortality rate in Scotland.
- 19.2% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at 6-8 weeks (22/23 fig) – up from 17.9% for the previous year and 7.5 for 2020/21.

Supporting staff resilience and wellbeing

- 89% of staff agreed that "My manager cares about my health and wellbeing" – up from 85% in previous iMatter staff survey
- 75% agreed that "I feel involved in decisions in relation to my job" – up from 71% in previous survey
- 77% agree that "I am given the time and resources to support my learning growth" – up from 74% in previous survey

Protecting people from harm
- Improvement in safety and wellbeing outcomes for women who have experienced domestic abuse – 93% up from 90% in 22/23 - target met.
- People agreed to be at risk of harm and requiring a protection plan have one in place – continues to be 100% of cases

17. Following any comments from either the Performance and Audit Committee or the Integration Joint Board on 26 June 2024, we will use the remaining weeks until the publication date to enhance any content and make presentational changes.

CONSULTATION AND PARTNERSHIP WORKING

18. The Annual Performance Report reflects the work of the Health and Social Care Partnership throughout 2023/24. The East Renfrewshire HSCP Participation and Engagement Strategy sets the following objectives for the ways in which we work with our communities:
    - Our communities, our partners, our staff and those who receive support will be engaged with, involved and participate in ways that are meaningful to them.
    - We will deliver a strategy that supports and resources new ways of engagement, and embraces digital platforms.
    - We will deliver a strategy that has a focus on prevention, choice and stronger communities and people will be enabled to share their views.
    - We will have a coordinated approach to community engagement and participation.

19. There are multiple examples of these commitments in action throughout the report.

20. The Participation and Engagement Strategy is being delivered and developed through our local multi-agency Participation and Engagement Network. Partners in the network have been engaged with in the drafting of the Annual Performance Report.

IMPLICATIONS OF THE PROPOSALS

Finance

21. The Annual Performance Report incorporates relevant financial end of year performance information in Chapter 3. A separate Annual Accounts Report has also been produced and will be presented at the IJB in June.

Workforce

22. One of the strategic priorities in the HSCP Strategic Plan 2022-25 is “Working together with staff across the partnership to support resilience and wellbeing”. There is a section in the report outlining how we are delivering on this priority.

Legal

23. The Annual Performance Report is a statutory requirement of the Integration Joint Board.

Equalities

24. The Integration planning and delivery principles include a requirement that Integration Joint Boards:
    - Take account of the particular needs of different service-users.
    - Takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
    - Take account of the particular characteristics and circumstances of different service-users.

25. There are examples of this throughout the report.

26. There are no implications in relation to risk, policy or infrastructure.

DIRECTIONS

27. There are no directions required.

CONCLUSIONS

28. The Annual Performance Report is the eighth performance report for East Renfrewshire Health and Social Care Partnership. This report provides a comparison of our performance against Scotland and the previous baseline year, recognising the significant pressures being faced by HSCPs across Scotland.

29. The report demonstrates the exceptional work undertaken by the partnership and the continued progress in the delivery of our priority outcomes. It shows that despite the continuing challenges we are facing in terms of demand pressures and increased levels of complexity, we have continued to support our most vulnerable residents and have performed well against many of our outcome-focused performance indicators. Through the continuing delivery of our Strategic Plan for 2022-25 we will ensure that our priorities and approaches meet the changing needs of our population.

RECOMMENDATION

30. The Integration Joint Board is asked to:
    - Approve the report and its submission to the Scottish Government by the deadline of 31 July 2024.
    - Agree that the Policy, Planning and Performance Team will work with the Communications Team to consider a range of media to engage with the public, illustrate performance and publish the Performance Report on our website and through social media.

REPORT AUTHOR AND PERSON TO CONTACT

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13 June 2024

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

East Renfrewshire HSCP Annual Performance Report 2022/23
https://www.eastrenfrewshire.gov.uk/annual-performance-report

East Renfrewshire HSCP Annual Performance Report 2021/22
https://www.eastrenfrewshire.gov.uk/media/8178/Performance-and-Audit-Committee-Item-06-21-September-2022/pdf/Performance_and_Audit_Committee_Item_06_-_21_September_2022.pdf?m=637987495043070000

East Renfrewshire HSCP Annual Performance Report 2020/21
https://www.eastrenfrewshire.gov.uk/media/7015/HSCP-Annual-performance-report-2020-2021/pdf/HSCP_Annual_Performance_Report_2020-21.pdf?m=637695436741570000

Working Together for East Renfrewshire

East Renfrewshire Health and Social Care Partnership (HSCP) Annual Performance Report 2023-24

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1. Introduction

1.1 Purpose of Report

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible.

This is the eighth report for the East Renfrewshire Integration Joint Board. It sets out how we delivered on our vision and commitments over 2023-24. As required, we review our performance against agreed local and national performance indicators and against the commitments set out in our 2022-25 Strategic Plan.

The HSCP provides care, support and protection for people of all ages, to enhance their wellbeing and improve outcomes for them as children, young people, families and adults. Over the course of 2023-24, our teams in collaboration with our partners and communities have continued to deliver this work in the context of changing demands on health and care services and pressures on available resources. We continue to respond to higher demands for support, supporting individuals with higher levels of emotional distress, complex needs and limited informal support networks. Our teams respond compassionately, creatively and with an unwavering commitment to improve outcomes for the individuals and families we support.

This report looks at our performance during another extremely challenging 12 month period. We continue to see changing patterns of demand in the aftermath of the Covid-19 pandemic and significant financial constraints for the health and social care sector locally and nationally. The main elements of the report set out:

- the established strategic approach of the East Renfrewshire Health and Social Care Partnership (HSCP);
- how we have been working to deliver our strategic priorities over the past 12 months and additional activity to meet the challenges of the pandemic;
- our financial performance; and,
- detailed performance information illustrating data trends against key performance indicators.

Throughout 2023-24, we have continued to maintain and deliver safe and effective services to our residents. Our performance information shows that despite this very challenging period, there has been strong performance across service areas. Over the year, we have seen excellent collaboration across the HSCP and with our independent, third and community sector partners. And we are seeing positive performance across many of our strategic performance indicators.

1.2 Local context

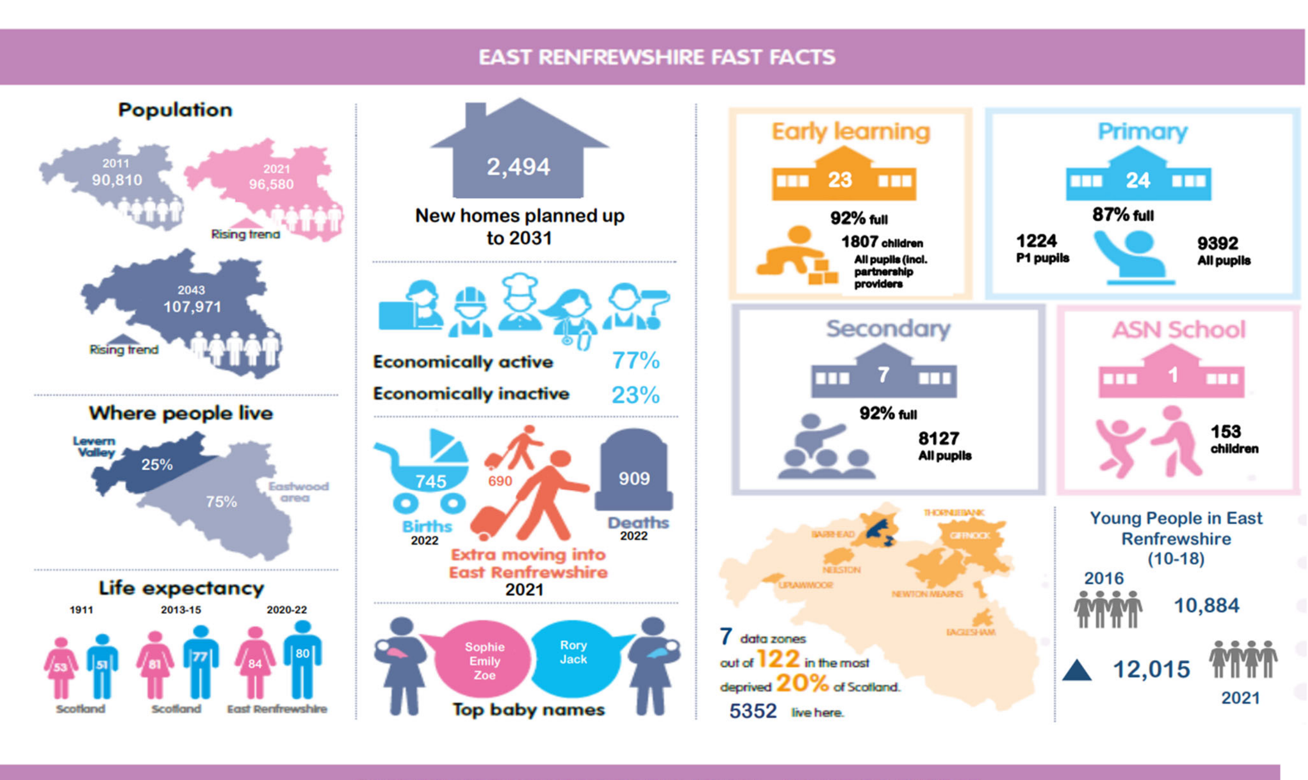
East Renfrewshire covers an area of 174 square kilometres and borders the city of Glasgow, East Ayrshire, North Ayrshire, Renfrewshire and South Lanarkshire.

Our population continues to grow and reached 97,160 in 2022. 74% of the population live in the Eastwood area (Busby, Clarkston and Williamwood, Eaglesham and Waterfoot, Giffnock, Netherlee and Stamperland, Newton Mearns and Thornliebank) and 26% live in the Barrhead area (Barrhead, Neilston and Uplawmoor).

East Renfrewshire has an ageing population. By 2043, almost one quarter of East Renfrewshire is projected to be aged 65 or over (23.8%). There has been a 26% increase

in the number of residents aged 85 years and over during the last decade. People over 80 are the greatest users of hospital and community health and social care services.

Overall, East Renfrewshire is one of the least deprived local authority areas in Scotland. However, this masks the notable differences that we see across the area with some neighbourhoods experiencing significant disadvantage. All of East Renfrewshire's neighbourhoods that are among the 20% most deprived are concentrated in the Barrhead locality with a quarter of the population living in these data zones.



EAST RENFREWSHIRE'S POPULATION – WHAT TO EXPECT

East Renfrewshire's population is growing faster than previously projected and faster than Scotland as a whole

East Renfrewshire is and will continue to be an attractive place to live

The number of people living in east Renfrewshire is projected to increase by 6.4% by the year 2028. This is higher than the Scottish rate of 1.8%

6.4%

The increase in East Renfrewshire will be as a result of more people moving into the area

The two age groups that will grow the most

Children and young people aged 0-15 years

Older people aged 85+

More houses are being built for three reasons

More families are moving in

Fewer people live in the average house

People are living longer

Demand will increase for services

For older people, as well as general public services (such as health and care, leisure and environmental services)

More places will be needed in early years, primary and secondary education establishments

East Renfrewshire currently has the highest average household size in Scotland, but this is projected to shrink as more people live alone

2.36

2.29

East Renfrewshire has the second highest life expectancy at birth for females and the fourth highest for males

83.8

79.4

East Renfrewshire Health and Social Care Partnership (HSCP) was established in 2015 under the direction of East Renfrewshire's Integration Joint Board (IJB) and it has built on

the Community Health and Care Partnership (CHCP), which NHS Greater Glasgow and Clyde and East Renfrewshire Council established in 2006.

Our Partnership has always managed a wider range of services than is required by the relevant legislation. Along with adult community health and care services, we provide health and social care services for children and families and criminal justice social work.

During the last 18 years our integrated health and social care management and staff teams have developed strong relationships with many different partner organisations. Our scale and continuity of approach have enabled these relationships to flourish. We have a history of co-production with our third sector partners and we are willing to test new and innovative approaches.

East Renfrewshire HSCP is one of six partnerships operating within the NHS Greater Glasgow and Clyde Health Board area. We work very closely with our fellow partnerships to share good practice and to develop more consistent approaches to working with our colleagues in acute hospital services.

The integrated management team directly manages over 900 health and care staff, this includes 52 social workers who are trained and appointed as council officers. ER HSCP has long-established relationships with third and independent sectors to achieve our strategic aims around early intervention and prevention. In addition, the HSCP hosts the Specialist Learning Disability Inpatient Services, Adult Autism Service on behalf of the six HSCPs in NHSGGC and the Scottish Centre of Technology for the Communication Impaired (SCTCI) which provides specialist support for Alternative and Augmentative Communication to 12 Scottish Health Boards. The services within East Renfrewshire are community based with the exception of the inpatient wards for people with learning disabilities. There are no acute hospital sites or prisons in East Renfrewshire.

1.3 Our Strategic Approach

1.3.1 Our Strategic Vision and Priorities

In East Renfrewshire we have been leading the way in integrating health and care services. From the outset of the CHCP we have focused firmly on outcomes for the people of East Renfrewshire, improving health and wellbeing and reducing inequalities. Under the direction of East Renfrewshire's IJB, our HSCP builds on this secure foundation. Throughout our integration journey during the last 17 years, we have developed strong relationships with many different partner organisations. Our longevity as an integrated partnership provides a strong foundation to continue to improve health and social care services.

Our Vision

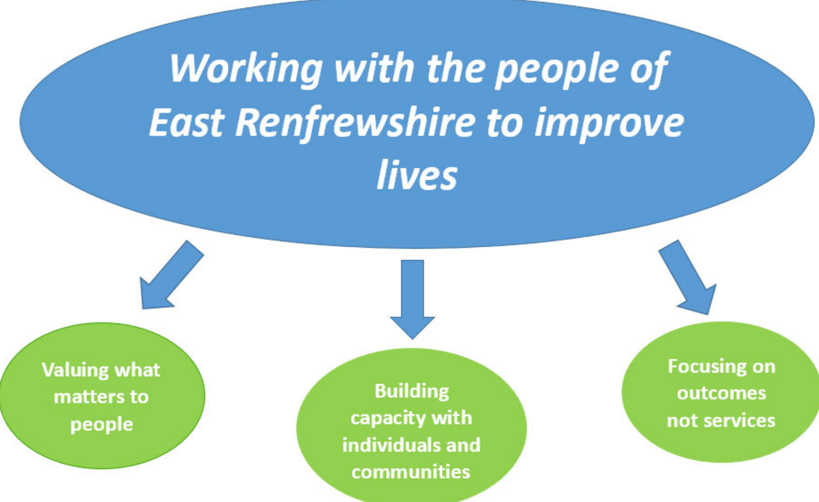
Our vision statement, *"Working together with the people of East Renfrewshire to improve lives"*, was developed in partnership with our workforce and wider partners, carers and members of the community. This vision sets our overarching direction through our Strategic Plan. At the heart of this are the values and behaviours of our staff and the pivotal role individuals, families, carers, communities and wider partners play in supporting the citizens of East Renfrewshire.

We developed integration touchstones to progress this vision. These touchstones, which are set out below, are used to guide everything we do as a partnership.

- *Valuing what matters to people*
- *Building capacity with individuals and communities*

- *Focusing on outcomes, not services*

The touchstones keep us focused when we are developing and improving the quality of our service delivery.



Our Strategic Plan

Our first Strategic Plan covered the period 2015-18 and took its priorities from the National Health and Wellbeing Outcomes. It set our high level planning intentions for each priority and was underpinned by an Annual Implementation Plan reviewed and monitored at HSCP level.

Our second Strategic Plan covering 2018-21 recognised that the partnership must extend beyond traditional health and care services to a wide partnership with local people and carers, volunteers and community organisations, providers and community planning partners. The plan placed a greater emphasis on addressing the wider factors that impact on people's health and wellbeing, including activity, housing, and work; supporting people to be well, independent and connected to their communities.

Recognising the challenges of undertaking planning activity at the height of the Covid-19 pandemic, and in line with the approach of other HSCPs in Scotland, it was agreed that we would establish a one-year 'bridging' plan for 2021-22 reflecting priorities during our continuing response and recovery from the pandemic.

Our third 'full' Strategic Plan covers 2022-25. The plan was developed in consultation with stakeholders and East Renfrewshire residents, despite the continuing challenges we faced from the pandemic. This included a highly participative engagement process coproduced with wider partners through our Participation and Engagement Network and a comprehensive strategic needs assessment.

The consultation found that people were supportive of our strategic priorities and the key areas of focus set out in the plan. Many people emphasised the crucial importance of partnership and collaborative working and there was a focus on ensuring the necessary support is in place for our staff and for local unpaid carers. Key changes we made to our strategic plan in light of the consultation included:

- Strengthening the emphasis in the plan on safety, preventing harm and addressing rising incidence of violence against women and girls following the pandemic.
- Reference to the practical supports available for digital solutions; and recognition to the role of peer support in recovery and supporting independence.

- More emphasis on how we are working to enhance mental health support through primary care; and local initiatives using the Community Mental Health and Wellbeing Fund.
- More recognition of the impact of the Covid pandemic on unpaid carers and increased pressures for carers including increased caring requirement.
- In our existing discussion of health inequalities, greater reference to the wider impacts of poverty and focus on supporting people with protected characteristics.
- For our priority supporting staff wellbeing recognition our intention to be a 'listening' partnership; and outlining activities including wellbeing group, plan and appointment of wellbeing lead.

Our headline planning priorities build on those set out in our previous strategic plans. We extended our priority for mental health to include mental health and wellbeing across our communities. We changed the emphasis of our priorities relating to health inequalities and primary and community-based healthcare and we introduced a new strategic priority focusing on the crucial role of the workforce across the partnership. For the 2022-25 plan we also added a distinct priority focusing on protecting people from harm, reflecting the cross-cutting and multi-agency nature of this activity. For each priority we set out the contributing outcomes that we will work to, key activities for the three year period and accompanying performance measures. Our strategic priorities for 2022-25 are:

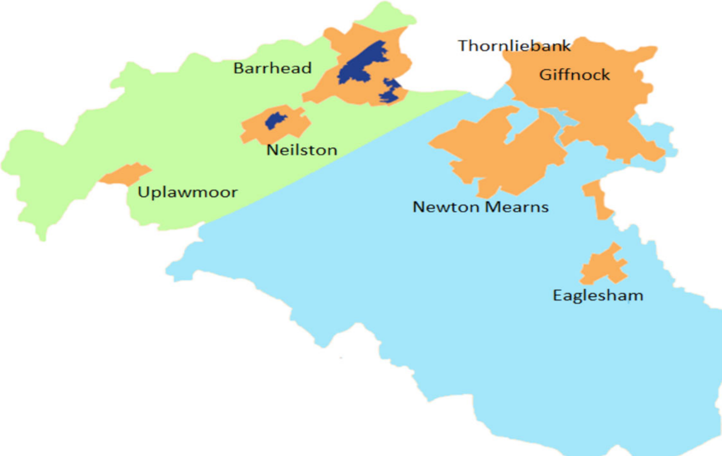
- Working together with **children, young people and their families** to improve mental and emotional wellbeing;
- Working together with people to maintain their **independence at home** and in their local community;
- Working together to support **mental health and wellbeing**;
- Working together to meet people's **healthcare needs** by providing support in the right way, by the right person at the right time;
- Working together with **people who care for someone** ensuring they are able to exercise choice and control in relation to their caring activities;
- Working together with our community planning partners on new **community justice pathways** that support people to stop offending and rebuild lives;
- Working together with individuals and communities to tackle **health inequalities** and improve life chances;
- Working together with **staff across the partnership** to support resilience and wellbeing; and,
- Protecting people from **harm**.

The plan illustrates how the HSCP will contribute to the priorities established in the East Renfrewshire Community Plan and Fairer East Ren. Under our strategic priorities we set out our key activities and critical indicators that link to the HSCP contribution to East Renfrewshire Council's Outcome Delivery Plan. The plan also links to relevant planning at NHSGGC Board level, including the priorities set out in Moving Forward Together, and commitments set out in supporting plans including: the Public Health Strategy, the Adult Mental Health Strategy, the Primary Care Strategy and the Public Protection Strategy. The plan fully recognises the implications from the Independent Review of Adult Social Care and planned National Care Service.

1.3.2 Locality planning in East Renfrewshire

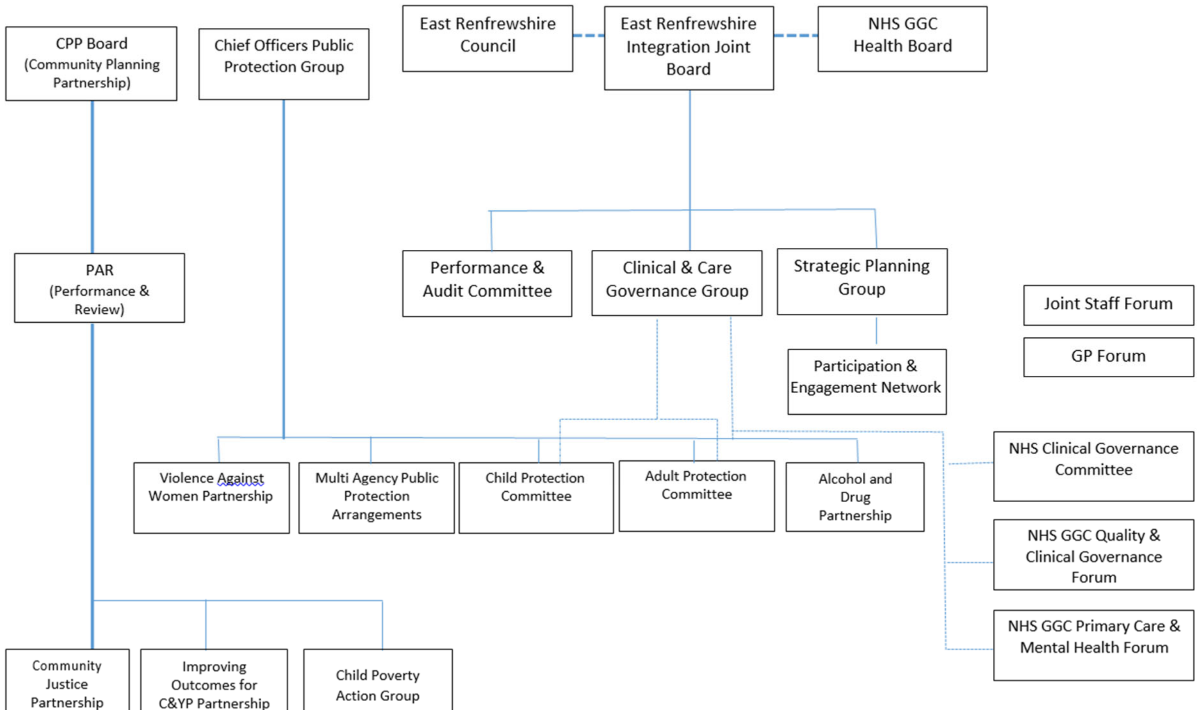
Our previous 2018-21 Strategic Plan reduced our locality planning areas from three to two localities – one for Eastwood and another for Barrhead. This allowed us to coordinate our approach with our local GP clusters while also reflecting the natural communities in East Renfrewshire.

Our locality areas also reflect our hospital flows, with the Eastwood Locality linking to South Glasgow hospitals and the Barrhead Locality to the Royal Alexandra Hospital in Paisley. Our management and service structure is designed around our localities. Our locality planning arrangements continue to develop and will be supported by planning and market facilitation posts and financial reporting at a locality level.



The IJB continues to deliver integrated health and care services within East Renfrewshire in our valued partnership working with community, the third, voluntary and independent sectors, facilitating the successful operation of the HSCP.

The chart below shows the governance, relationships and links with partners which form the IJB business environment.



1.3.3 Our integrated performance management framework

We have a commitment to integrated performance management. Our performance management framework is structured around our Strategic Plan, with all performance measures and key activities clearly demonstrating their contribution to each of our nine

strategic planning priorities. The framework also demonstrates how these priorities link to the National Health and Wellbeing Outcomes and East Renfrewshire's Community Planning Outcomes.

We have developed an Implementation Plan and a supporting performance framework accompany our Strategic Plan. Working with key stakeholders in our Strategic Planning Group, we developed these through outcome-focused planning. The plan is presented as a series of 'driver diagrams'. These diagrams show how we will achieve our strategic outcomes through 'critical activities' measured by a suite of performance indicators. This is the basis for strategic performance reporting to the Integration Joint Board (IJB) and it also feeds into East Renfrewshire Council's Outcome Delivery Plan and NHS Greater Glasgow and Clyde's Operational Plan. Our Strategic Performance Reports are presented to the IJB Performance and Audit Committee every six months (at mid and end year). We also provide quarterly updates (at Q1 and Q3) when data updates are available.

Every six months we hold an in-depth Performance Review meeting which is jointly chaired by the Chief Executives of NHS Greater Glasgow and Clyde and East Renfrewshire Council. At these meetings both organisations have the opportunity to review our Strategic Performance Report and hear presentations from Heads of Service, which set out performance progress and key activities across service areas.

The HSCP draws on qualitative and quantitative information from a range of sources. Our main sources of performance data include Public Health Scotland, Scottish Public Health Observatory and National Records Scotland. We also use local service user data and service data from NHS Greater Glasgow and Clyde.

We gather feedback from people who use services from a variety of sources. These include patient/service user surveys through for example, our Primary Care Mental Health Team; community groups; and people who use our integrated health and social care centres. We monitor feedback from residents through the recently established Care Opinion system. We also gather local feedback from East Renfrewshire Council's Citizens' Panel, Talking Points data and the National Health and Wellbeing Survey. We support a local Mental Health Carers Group, where carers are able to raise issues about their needs and the support they receive. We continue to develop our approach to engagement through our multi-agency Participation and Engagement Network, strengthening our methods in drawing in residents' views to our evaluation processes.

1.3.4 Supporting People Framework

East Renfrewshire HSCP has a strong track record in supporting people to live well. We have historically invested significantly in services and support to help people at the earliest opportunity. We will try our best to continue to do this to support people within their communities.

Until 2023-24 East Renfrewshire HSCP had resisted the development of a criteria to determine access to social care. Our approach has been largely outcome focussed whilst adhering to national policy and guidance on care provision such as self-directed support and nursing / residential care for older people. However, in 2023 it was recognised that, due to the resource pressures facing the HSCP, we would have to take a new approach.

The flat cash settlement that East Renfrewshire Council received and passed on to the Integration Joint Board has resulted in us having to fund all of our pressures. These have been particularly challenging in 2023-24 due to the growing demands and complexity of need, alongside pressures relating to pay and inflation. It was recognised that, we simply could not afford to support everyone in the way that we had been doing and we needed to think differently about how we support people and where they get support from.

Our new Supporting People Framework sets out our criteria for providing social care; sharing finite resources fairly, and focusing our resources on people assessed as having the highest levels of needs. The Framework supports practitioners to deploy finite resources in a way that ensures that resources are provided to those in greatest need. Lower level need should not automatically be seen as a deficit requiring allocation of resource but should be considered in relation to an individual's personal or community assets holistically. The Supporting People Framework encourages creativity and collaboration to widen and enhance support. The framework will allow access to the most appropriate support in line with levels of risk and need.

The Supporting People framework will recognise risk as the key factor in the determination of eligibility for adult social care services. However, we know that risk can increase or decrease and be offset by strengths and protective factors which can be assessed via ongoing assessment and review. Where a person is eligible for a statutory service, the urgency of risk and complexity of need should be borne in mind when determining how and when to respond to their support requirements. The principles guiding our practice when implementing the new Framework are underpinned by the HSCP strategic vision to "work together with the people of East Renfrewshire to improve lives". The principles ensure that support provided by East Renfrewshire HSCP will:

- Promote, support and preserve maximum independence and resilience where practical and practicable
- Promote equitable access to social care resources
- Adhere to the principals of early and minimum intervention
- Target resource to those vulnerable individuals most at risk of harm or in need of protection.

In managing access to finite resources, the HSCP will focus first on those people assessed as having the most significant risks to their health, wellbeing and independent living. Where people are assessed as being in the *critical* or *substantial* risk categories their needs will generally call for the immediate or imminent provision of support. People experiencing risk at this level will receive that support as soon as reasonably practicable.

Where eligibility is assessed as *moderate* or *low*, the primary response of the HSCP will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to support where practical and practicable.

To ensure support to those at the lower categories of need, the HSCP is continuing to invest in voluntary and community resources that help people to live well and independently.

2 Delivering our key priorities

2.1 Introduction

This section looks at the progress we made over 2023-24 to deliver the key priorities set out in our Strategic Plan and how we are performing in relation to the National Health and Wellbeing Outcomes. For each area we present headline performance data showing progress against our key local and national performance indicators. In addition to an analysis of the data we provide qualitative evidence including case studies and experience from local people engaging with our services. Our intention is to illustrate the wide range of activity taking place across the partnership.

A full performance assessment covering the period 2016-17 to 2023-24 is given in Chapter 4 of the report.

2.2 Working together with children, young people and their families to improve mental wellbeing

National Outcomes for Children and Young People contributed to:
Our children have the best start in life and are ready to succeed
Our young people are successful learners, confident individuals, effective contributors and responsible citizens
We have improved the life chances for children, young people and families at risk

2.2.1 Our strategic aims and priorities during 2023-24

Improving the mental and emotional wellbeing of children and young people continues to be one of the highest priorities for East Renfrewshire HSCP. Our multi-agency approach to supporting the needs of children and young people in East Renfrewshire is set out in our Children and Young People's Services Plan 2020-2023. Together all partners in East Renfrewshire are building an approach to mental health support for children, young people and families that will ensure they receive the right care and interventions at the right time and in the right place. We aim to provide a holistic range of appropriate supports through our multi-stakeholder Healthier Minds Service which works alongside our Family Wellbeing Service and links to GP practices and the Child and Adolescent Mental Health Service (CAMHS).

An emerging area of increasing need is from children and young people with a neurodevelopmental diagnosis (including autism) or suspected diagnosis. In partnership with the Council and other partners we work to ensure service responses are effective and the workforce is sufficiently equipped to help children and their families in the right way. We continue to support our care experienced children and young people and are committed to fully implementing the findings of the national Independent Care Review report "The Promise".

Our aim is to **improve mental wellbeing among children, young people and families in need**, by:

- Protecting our most vulnerable children, young people and families
- Delivering on our corporate parenting responsibilities to our care experienced children and young people by fully implementing The Promise
- Responding to the mental and emotional health and wellbeing needs of children and young people

- Ensuring children and young people with complex needs are supported to overcome barriers to inclusion at home and in their communities

2.2.2 Our performance in 2023-24

During 2023-24 our children's services have continued to see increasing demand and higher levels of complexity among referrals. We continue to work with an increasing number of children with diagnosed neurodevelopmental disorders and a high prevalence of families in crisis.

Headline performance data includes:

- Care experienced children – 14.4% with more than one placement in the year, down from 20.8% in 22/23. And no children in East Renfrewshire with 3 or more placements
- Child protection - 100% of child protection cases with increased safety – maintaining excellent performance from 22/23
- 92% of care experienced children supported in community rather than a residential setting (22/23 figure) – a high rate and better than the Scottish average (89%) but performance dropped slightly from the previous year
- % of children subject to child protection offered advocacy increased to 65% from 61% in 22/23.
- Child protection re-registrations within an 18 month period increased during 2023-24 form 0% to 12.5%. This was due to a very small number of children requiring re-registration in the year.

2.2.3 Ways we have delivered in 2023-24

East Renfrewshire's multi-agency Children and Young People's Services Plan 2023-2026 recognises mental and emotional wellbeing as a key priority. The Covid-19 pandemic exacerbated the circumstances of many children, young people and families, and we have seen a rise in the number of those experiencing challenges with their mental health and wellbeing and this also includes those who have a neurodevelopmental diagnosis.

We continue our efforts to alleviate pressure on **CAMHS** by developing appropriate (Tier 2) alternatives that work with young people and families to support recovery and minimise crisis. In 2023-24 this has successfully reduced pressures at the CAMHS 'front door' bringing down the proportion of people having to wait more than 18 weeks and reducing the longest waits that families have experienced.

A key success has been seen with the ongoing development of the multi-stakeholder **Healthier Minds Service** aligned to school communities was developed to identify and ensure delivery of mental wellbeing support to children and families.

Healthier Minds referrals continue to primarily come from schools and other agencies including GPs, CAMHS, Social Work, RAMH, Woman's Aid and Children 1st and more importantly includes self-referrals from young people. A total of 1443 children and young people have been referred to the weekly screening hub (since the service began in November 2020). Last year a total of 385 children and young people were referred, resulting in children, young people

and their families being supported timeously. Another extensive calendar of training has been delivered in the current year with more planned for the new school year. The support offered by the Healthier Minds team continues to result in positive outcomes for children and young people with 97% reporting improved mental and emotional wellbeing. All parents who completed the post support evaluation noted they would recommend the service to others, ongoing since 2020.

Healthier Minds Service 2023-24

- 385 children and young people referred during the year
- 21% with ASC/ADHD diagnosis at point of referral (there is a large number of those referred displaying traits or with a query of a neurological diagnosis)
- Increased level of distress reflected in the four main reasons for referral:
  - Anxiety/stress
  - Suicidal ideation
  - Emotional regulation
  - Trauma
- 97% of children and young people supported by Healthier Minds reported improved mental and emotional wellbeing – up from 93% in previous year.

East Renfrewshire's **Family Wellbeing Service** supports children and young people who present with a range of significant mental and emotional wellbeing concerns. The services works with the HSCP to deliver holistic support based in GP surgeries to:

- Improve the emotional wellbeing of children and young people aged 8–16;
- Reduce the number of inappropriate referrals to CAMHS and other services;
- Support appropriate and timely recognition of acute distress in children and young people accessing clinical help if required;
- Improve family relationships and help build understanding of what has led to the distress and concerns;
- Engage, restore and reconnect children and young people with school and their wider community.

Holistic whole family support – Family First

A range of services have developed for families requiring support with parenting and caring for their children. Family First are the main universal service within East Renfrewshire who provide holistic support on a wide range of issues from housing and money advice, to help with behaviour, sleeping, diet and isolation. The service can work with families and their children individually or in a group format. Staff deliver PoPP, Incredible Years, Triple P and positive evaluation across these programmes post intervention is high with families reporting more able to manage and respond to their children's needs. Family First plays a key role in preventing difficulties escalating and last year their focus on supporting families with children with additional needs was hugely beneficial. Similarly the service reached out to minority ethnic communities to determine need and this has resulted in a significant increase in uptake from families from ethnically and religiously diverse backgrounds.

During the year we have continued to work in partnership with children, young people, and families/carers to implement **The Promise**. 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.

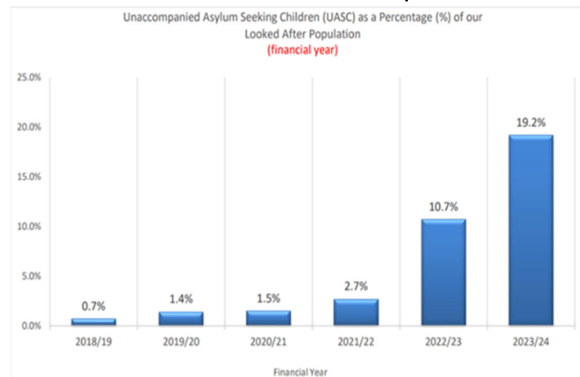
Delivering The Promise in East Renfrewshire

East Renfrewshire Council and East Renfrewshire HSCP have over many years demonstrated a strong commitment to improving the life chances of our looked after and care experienced children and young people. Through our multi agency East Renfrewshire Improving Outcomes for Children and Young People Partnership - led by East Renfrewshire Council and East Renfrewshire HSCP - we have worked hard since 2020 to promote and implement the Promise. Firstly by consistently raising awareness of the role of Corporate Parents we believe that all partners now understand that when a child or young person becomes looked after – at home or away from home - the local authority, health board, and a large number of other public bodies take on the statutory responsibility of Corporate Parent. This shared understanding that Corporate Parenting is the collective responsibility of the all of us is key to successfully keeping The Promise.

We are now over four years into the Promise's ten year plan with the current plan focusing on the period from 2021 until 2024. The five priority areas of Plan 21-24 - A Good Childhood, Whole Family Support, Planning, Supporting the Workforce, and Building Capacity and the 25 actions contained within - are reflected in the new East Renfrewshire's Children's Services Plan 2023-2026 titled "At Our Heart – The Next Steps". Progress with implementation is reported through Children's Plan annual review process which is a statutory duty. The 21-24 Plan also indicates 5 fundamentals to drive systems and cultural change across Scotland and these are: What Matters to Children and Families, Listening, Poverty, Children's Rights and Language.

The key message signed up to by partners is that "we want the best for our looked after children and young people, to see them flourish with good health, to be safe and happy, to do well in education and enjoy healthy relationships with family, carers and friends. Similarly, we want them to make the most of the available cultural and leisure opportunities, and to develop towards adulthood fully prepared to lead independent lives. Importantly, we want young people to progress into a positive post school destination, whether this be further or higher education, or employment, and to be financially secure". Over the remaining two years left of our local Children's Plan we will further progress this agenda and the fulfilment of our ambition for the children, young people, and their families.

The HSCP provides support to **unaccompanied asylum seeking children** arriving in the local authority area. The average frequency of contact for all arrivals is twice per week and newly arrived young people are supported seven days per week for the first few weeks. We have well established links with the Equality Development Officer for faith and culture groups; and additional support is provided to young people by Aberlour Guardianship Service. The number of unaccompanied asylum seeking children continues to rise and make up almost a fifth of our looked-after population. In addition, 9.2% of the after-care population are now UASC.



We continue to support young people with complex needs as they transition from one life stage to another. We have seen an increase in the numbers of young people being referred for

transitions assessment, planning and support, with numbers forecast to continue increasing in future years. A new **HSCP Transitions Team** has been created to support improvement in this activity. This Team works between ERC Education, HSCP Children and Families Services, and HSCP Adult Services. The aim is to provide an improved transition from children's services to adult services for young people with very complex needs. To this end a multi-agency mapping exercise has been undertaken to ensure all of the young people have a bespoke Transition Plan in place that they and their families contribute to. More work is required to ensure the experience is positive for the young person and their family and more partners will be involved as the roll out of the new way of working is implemented.

Supporting transitions – some key achievements 2023-24

Transitions Hub – we developed a shared working space for multi-agency and partnership working focussed on transitions. This promotes collaboration and utilisation of third sector and community resources with a focus on developing networks and independence.

Transitions Resource Enablement Group (REG) and Peer Professional Review Group (PPRG) - Development of transitions-specific REG and PPRG process. Highlights positive collaboration between children and adult services and ensure consistency of eligibility criteria application.

Introduction of Transitions Planning Framework - Governance of transitions planning and development across all HSCP services and third sector partners.

Transitions – supporting mental health

CAMHS are working in partnership with HSCP Transitions Team and Children and Families Services, to ensure young people who will require adult community mental health services as young adults have a seamless transition from one service to another. This multi-agency and multi-disciplinary approach is evolving and key agencies are being identified to participate in the model including the third sector. Young people on the CAMHS waiting list have been prioritised if they are 16/17 year of age to ensure the right support and treatment is in place prior to them accessing adult services. This is particularly important for those on the Neurodevelopmental Pathway who may require ongoing medication and monitoring.

We continue to develop and improve our practice supporting vulnerable children and young people, including the **Signs of Safety** model, led by the Chief Social Work Officer and the Head of Education Services (Equality and Equity). The model supports practice improvement, with a particular focus on developing relational interventions with children, young people, their families and carers in order to reduce risk and improve children's wellbeing. The approach recognises the need to define harm, outline danger and identify safety goals. Implementation of the Signs of Safety model is overseen by a multi-agency implementation group consisting of key partners. As a result, one assessment framework/paperwork is being used across a variety of statutory and non-statuary work including Child Protection assessments,

disability/Section 23 assessments, Child in Need and SCRA assessments. During 2023-24 we undertook a number of review and evaluation activities with the aim of revising and updating our implementation plan targets. We have had a number of new staff across the system and therefore further training has been required and have ran further refreshers courses for staff members. The implementation oversight board have identified key areas of process and improvement, which has resulted in sub committees with a focus on upskilling staff, managing risk, and progressing whole system implementation.

During 2023-24 we completed the implementation of the **Scottish Child Interview Model (SCIM)** which supports children who have experienced abuse. There is now a fully operational trauma recovery team who support children and their families following interview where required. During the year, we completed 211 interviews under this model and maintained an overall disclosure rate of 80%. We had our opening launch of the first ever **Bairns' Hoose** in United Kingdom in August 2023 and its premises are here in East Renfrewshire. The vision behind this trauma-informed environment has received positive praise and recognition from far and wide and plans are now in place to have the justice space in operation over the coming months. This should ensure no child has to experience the fear and alarm of attending an adult court environment and provide their evidence via remote link.

In East Renfrewshire **Youth Intensive Support Service (YISS)** is the lead service for all looked after young people aged 12 – 26 years, recognising that more intensive interventions are required to improve recovery from trauma, neglect and abuse. The service aims to successfully engage the most hard to reach young people in East Renfrewshire and has the following shared aims across social work and health services:

- To reduce the number of young people looked after and accommodated and at risk of hospitalisation and custody.
- To reduce the impact of historical trauma and abuse for young people.
- To ensure that the transition into adulthood achieves better long term outcomes.
- Maximise social capital.
- To keep whenever safe to do so a connection to their local communities.

Participation and engagement activities take place across the service, however our **Champions Board** and **Mini-Champs** are active groups of young people and children who meet regularly and inform strategy and practice. A central focus is on inclusion and participation allowing looked after young people a meaningful forum to directly influence and, through time, redesign services that affect them in a co-produced way by influencing their corporate parents. The Champions Board offers looked after young people leadership opportunities and the opportunity to change practice and policy. Our aim is to demystify and challenge misconceptions about looked after children and young people and strengthen awareness of the barriers that they face.

Champions Board activity 2023-24

The Champions Board have recently been helping design a collaborative housing pathway and service for young people who are leaving care. They have also attended national conferences and met with The Promise Scotland to share their views.

The Champions Board held a relaunch event in June 2023 whereby our Young Champions shared the journey of the Champions Board and next steps with new Elected Members and Directors and to ask for support moving forward as East Renfrewshire embeds The Promise. Following this, young people have spent time with Adult Champions.

We continue to raise awareness and promote the creativity of Care Experienced Children and Young People with the support of this sector partners. This has included a Hip-Hop Showcase where young people performed on stage a SWG3. Two of our Young Champions are also depicted on a mural dedicated to Care Experience on Strathclyde University.

We are currently working alongside Community Learning and Development to ensure representation of Care Experienced Young People, including our separated young people seeking asylum, in UN Convention on the Rights of the Child (UNCRC) forums.

2.3 Working together with people to maintain their independence at home and in their local community

National Health and Wellbeing Outcomes contributed to:
NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.3.1 Our strategic aims and priorities during 2023-24

Ensuring as many East Renfrewshire residents as possible can maintain their independence at home remains a priority of the partnership. Our approaches are person-centred and focused on the rights of individuals to exercise choice and control. We are able to deliver on this priority thanks to the enthusiasm and commitment of our partner providers and community support organisations and will continue to promote collaborative approaches.

We work to minimise isolation and engage with those in need through approaches such as befriending, peer support and the work of our Kindness Collaborative and Talking Points, linking people to local supports. We will continue to build on this collaborative working with the third sector and our communities and aim to increase the community supports and opportunities available. We will make best use of technology and health monitoring systems to support independence and self-management. We are committed to increasing choice and control and delivering the full potential of Self-directed Support. As more people live longer with more complex conditions it is important that we work collaboratively with housing providers to support independent living in our communities.

Our aim is to **support people to maintain their independence at home and in their local community**, by:

- Ensuring more people stay independent and avoid crisis though early intervention work
- Ensuring the people we work with have choice and control over their lives and the support they receive.

2.3.2 Our performance in 2023-24

Over 2023-24 we have continued to support people to live independently and well at home, despite additional demand pressures on our services due to more people seeking support at home as well as increased levels of frailty and complexity. During 2023-24 we have seen continuing pressure on our Care at Home service with increased referrals and reducing capacity among partner providers. Targeted activity has meant that we have been able to improve outcomes for people receiving re-ablement supports and have supported independent living for those in greatest need.

Headline performance data includes:

- 96.8% of local people aged 65+ live in housing rather than a care home or hospital – meeting our target and better than the Scottish average.
- 64% of people had a reduced care need following a period of reablement / rehabilitation support – up significantly from 48% in 22/23.
- % of people reporting outcome of 'living where you/as you want to live' increased to 91% from 89%, now ahead of target (90%)

- % of people aged 65+ with intensive care needs (plus 10 hours) receiving care at home dropped from 64.4% to 62.5% although still within our agreed target of 62%.
- The number of people self-directing their care through direct payments and other forms of self-directed support increased to 548 for 2023-24 (up from 488 in 22/23).
- In East Renfrewshire, spend on direct payments for adults as a % of total social work spend for adults was 9.3% in 22/23 – up from 8.9% in the previous year and better than the Scottish average (8.7%).

2.3.3 Ways we have delivered in 2023-24

The HSCP continues to promote Community Led Support which emphasises more local, personalised and flexible services. More than ever, we recognise the importance of strong community and third-sector links to ensure people can access the supports they need in their community, helping people to live independently and well.

Key to our approach as a partnership is the support provide by our local **Community Hub** which helps residents to access information and signposts to local community services and supports. The Community Hub is a partnership between Voluntary Action East Renfrewshire (VAER), HSCP Talking Points and East Renfrewshire Council Communities and Strategic teams.

Talking Points, which residents can access through the Community Hub**,** continues to be the main route for residents to get advice and support around their health and social care as well as information surrounding accessing community supports. The services has a membership of over 60 local and national organisations that work together to offer the correct support and information as early as possible. This preventative approach is person-centred and is integral in our delivery of Talking Points.

During 2023-24 there have been some wide-scale changes within the HSCP seeing key personnel changes resulting some service re-design and shifting of priorities. Further development of the Talking Points partnership has seen a shift towards a closer links between 3rd sector providers, community activities and the public sector under The Community Hub Collaborative.

The Community Hub – ensuring support is available in our communities

The Community Hub continues to demonstrate the benefits of collaborative working across East Renfrewshire, playing a key strategic role in the development and implementation of the HSCP's supporting people framework. Developing the scope and reach of our online community directory and helpline is central to the implementation of our single access point for local supports and activities.

Talking Points @ The Community Hub plays a pivotal role in diverting moderate to low level supports away from the HSCP front door, being picked up and supported by appropriate community and 3rd Sector providers. During 2023-24, The Community Hub picked up and supported 702 requests for assistance:

- 503 linked with Community Information

- 178 signposted/referrals directly to 3rd sector organisations
- 158 requiring further multi agency supports via the Talking Points screening group.

2023-24 witnessed an increase in demand for capacity supports to groups, community activities and support services. There is a clear indication that many groups/organisations are facing and will continue to face financial difficulties. This led to a funding session being held in January 24 (6 organisations); with authority-wide engagement planned, on a locality basis, during 2024/25. The range of supports provided during 2023-24 (including our virtual supports) consisted of:

- Organisational supports delivered to:
  - Social Enterprises 20
  - Charities/Community groups 51
- Supports provided Included:
  - Policies, Good Governance & Constitution Reviews: 33
  - Funding & Finance: 37
  - Charity Compliance & Information: 14
  - Legal Structures: 2
  - Asset Transfers: 1
  - Other: 8

Development of our Community Hub website has allowed for more targeted information for individuals whilst promoting volunteering opps, activities, supports and information available. Our Community Hub website brings together information and access to support services, community activities and volunteering opportunities in one person centred community page. Over 150 groups registered new activities on the Community Hub Directory and in April 2023 we launched a new directory focused on ASN children and young people.

The Community Hub website has seen 5600 users with 14,600-page views for community activities and support information. The development work carried out across the Talking Points collaborative has seen a further development during 2023-24 of our online referral form for partners and the development of a self referral form to be launched in 2024-25.

The Community Hub collaborative continue to work together to design an approach to data sharing and service design that is fit for purpose and meets the changing needs of our most vulnerable residents. Development of Talking Points support hubs within Thornliebank Resource centre, The Community Hub @ The Barrhead Centre and The Community Hub @ Kelburn Street started towards the end of 2023-24 offering Talking Points partners the opportunity to have a shared work space, that facilitates cross agency support and delivery. This will be further developed during 2024-25.

Find out more about the work of Talking Points by watching this video:
https://www.youtube.com/watch?v=IK88PRexpfs

Our partnership is working to support the ongoing development and expansion of community-led activities across East Renfrewshire through the **Kindness Collaborative** led by VAER. We are very proud of the progress we have achieved this year, recruiting volunteers, further developing existing collaboratives and creating new collaboratives to meet identified community need. Our Kindness Collaborative Lead has continued to develop work with our hospital discharge team, Talking Points partners and wider third sector partners and members of the community.

Over all this year we have supported:

- 35 Kindness buddies

- 30 residents supported.
- 4 new collaboratives set up.

Kindness Buddies
Our Kindness Buddies project focused on supporting Live Active, Home Safely and Time out for Carers to recruit volunteers and maintain relationships and support across these local areas of need

Our most successful achievement over this year has been the positive impact delivered by our volunteers. They have cemented the relationship with the people they support and have also developed their own peer support network meeting for coffee and walks. Our Kindness Buddy role is a true mutually beneficial relationship between our volunteers and the residents looking for support.

This year our volunteers and the people they support all attended the East Renfrewshire Big Lunch together, with other isolated residents looking to develop new connections and learn about the support services and social activities available across East Renfrewshire.

Kindness Collaborative
Our lead has focused their work this year on extending the successful work with Home Safely, Live Active and Time out for Carers to be integrated into our Talking Points network. Working closely with our HSCP colleagues and wider third sector partners we have been able to identify gaps in current community support provision and work collaboratively to try and meet those needs. These identified needs include; shopping requests, social support buddies and a need for general peer support across our vulnerable residents mainly older people or those with a long-term condition. Examples of the work delivered by the Kindness Collaborative in 2023-24 are given below.

Crookfur Cottages
A local sheltered housing complex with The Retail Trust as housing provider. They are redeveloping their communal space, to provide a range of services that reflect community need; potentially delivered by local people.
The Kindness team supported The Retail Trust to engage with other local groups and organisations that are already providing supports in the area to connect and collaborate; ensuring there development was not duplicating but adding additional capacity to the community.

Sporting Memories
Men's group/dementia sporting friendly groups are a gap in this area. KC supported them to set up a regular group that is volunteer led, out of our Barrhead community hub with a regular weekly attendance of between 3-5. Now being advertised across a number of local pubs as a way of supporting their regulars to receive support during the day.

Age Concern Eastwood
A new board member contacted us to get support to update their services and supports to meet local needs. We connected them with local partners through Talking Points and the wider 3rd Sector i.e. Retail Trust, Generations Working Together and our own youth volunteer team. This was really about how they could increase their volunteer offer, create some intergenerational work to help bridge the gap between young people and older people and to help enhance the local developing young workforce offer to create a new local generation of workers interested in skilled working within health and social care.

Thornliebank Parish Church
Volunteer support request, and looking for local support speakers to share local provision and increase awareness of what support is available locally. The Parish Church run a community café and social groups. We introduced them to the Prevention Team (to raise awareness of scams), Family First (to encourage wider community reach), CAB older peoples support worker, MART (Money Advice & Rights) and our Youth team again to encourage intergenerational supports.

Healthy Activities initiative
We now have 10 walks taking place with 102 participants and 18 volunteers.

Additionally, local strength and balance classes had 82 participants with 4 volunteers supporting them.

Parkinson's Support group
Again through Talking Points Parkinson's support has been highlighted as a gap in provision. Together with our HSCP partners, members of the local community and our local Carers Centre we have been working with Parkinson's UK to develop a peer support group. The first public meeting was held in March 2024; with 9 local residents in attendance and a further 4 people expressing an interest.

Long Covid Peer Support
We were approached by a local resident at the same time as our HSCP Talking Points Partners to help set up and develop a long Covid support group. Our team supported the establishment of two peer support groups, with 6 regular attendees. The group has been supported to make connections with local people experiencing the long term effects of Covid-19, we have sourced national and local specialist information ranging from health Improvement, MART and NHS interventions. We continue to support this group with an aim to recruit a volunteer to take over leading the group as and when they are ready.

In partnership with VAER we support the delivery of **Home Safely** linking with the HSCP Home from Hospital and Intermediate Care Teams. The project aims to support vulnerable residents to feel more supported to settle home following discharge from hospital/care setting. The intention is also that residents are more connected to social activities and support services and HSCP staff are more connected to community activities. The Home Safely project provides short term support (6-8 weeks) for isolated East Ren residents to re-connect with their communities after a stay in hospital. During 2023-24 we saw:

- 37 Referrals (11 declined, 4 on-going)
- 22 Residents matched with volunteers. Participants now attending activities within their local area.

During the year we have established close working links. We undertook a review of referral pathways and combined professional oversight of Rehabilitation team and Reablement to maximise support for individuals being discharged from hospital directly home or into an intermediate care setting - promoting home first ethos.

The Kindness Collaborative continues to provide range of support mechanisms for practical and emotional support to individuals. The community volunteering programme is designed to remove financial, digital and practical (transport/mobility) barriers to accessing community assets. There was a successful test of change with East Renfrewshire Culture and Leisure Trust for strength and balance exercise provision. This resulted in an increased number of individuals attending Vitality classes, increased attendance rates, strong communication links and pathways between HSCP and Leisure Trust ongoing.

East Renfrewshire HSCP's **Care at Home** service provides care to around 515 East Renfrewshire residents covering on average 9,250 visits and 3,115 hours of care per week.

There have been significant capacity issues within Care at Home both locally and across Scotland leading to continuing pressure on the HSCP's in-house care at home service.

During 2023-24 our **Learning Disability Team** underwent an unannounced inspection by the Care Inspectorate. The Inspection recognised the service as being 'Very Good' for both Leadership and Health and Wellbeing indicators.

During the year we also saw the transformation of former Learning Disability Day Services buildings into Community Hubs in partnership with VAER. This approach is supporting the developing resources and activities available to all. In order to enable a shift from Day Services to Day Opportunities to provide person-centred and outcome-focussed support in a variety of forms, the service was successfully registered as a dispersed service, a sub-category of Care at Home.

Community Pathways offers day opportunities and community outreach support to people with learning disabilities in East Renfrewshire, including transitions support for younger people. Around 40 people use the service on a permanent basis with a larger number of people participating in short term placements at any one time.

The service is based in Thornliebank Resource Centre but also makes use of other community-based buildings across East Renfrewshire. People can access a wide variety of groups, projects and activities aligned to their outcomes. This includes partnership working with 3rd Sector Organisations such as Include Me 2, Voluntary Action and The Trussel Trust. The service also offers workshops to develop independent living skills and skills for work.

Following an unannounced inspection in March 2024 the service received a highly positive report from the Care Inspectorate, commended for the person-centred approach taken by staff, the interesting and fulfilling activities on offer and an enthusiastic and well trained staff team.

The inspection found that the service works well in partnership with other health professionals and support providers and implements guidance received to improve people's wellbeing, such as eating and drinking advice and using techniques to limit stress and distress. The findings were based on evidence gathered from people who use the service and their families, who told the inspection team that key workers are the best thing about the service.

We continue to promote the positive impacts of **digital technology** on living well in East Renfrewshire, including through participation in the East Renfrewshire Digital Inclusion Partnership. We have continued to develop our digital offer, ensuring groups, organisations and individuals have access to the latest information. VAER have developed an interactive online directory of community activities that can be searched on the basis of interest, geography and access. However, we also appreciate that not everyone is comfortable with accessing or using digital information, therefore we continue to use traditional methods such as leaflet drops, information posters and face-to-face drop-ins.

During 2023-24 the partnership has continued to deliver 1:1 IT/Digital supports with 76 appointments carried out by our Digital Champion with The Market Place @ The Avenue.

Through our Talking Points Collaborative we have continued to promote the benefits of digital technologies to support independent living through referrals for community alarms, promoting dementia friendly technologies and referrals to the Tech enabled Care team within HSCP.

Scottish Centre of Technology for the Communication Impaired (SCTCI) was established in 1987 and exists to provide a high quality, specialist service for Augmentative and Alternative Communication (AAC) assessment for children and adults in Scotland who have complex additional speech, language and communication support needs.

SCTCI is hosted by East Renfrewshire HSCP and provides AAC assessment and equipment provision services throughout NHSGGC and Scotland across all client groups. The service works with patients and their teams, families and carers, to find technological solutions to reduce disabilities caused by communication impairments, thereby allowing patients to fully participate in their lives and communities.

The service crosses organisational, geographical, and demographic boundaries. Patients who are referred to the service can be ordinarily resident in any of the twelve health boards which have a service level agreement with SCTCI. Clinicians who refer patients to the service, mainly speech and language therapists, can be employed by local authority, NHS, or HSCP. We work closely with our Health Board partners and other stakeholders to support everyone to meet the legislative duty around AAC and communication equipment.

Last year the service received 116 referrals from 11 health boards. Most of those referrals resulted in SCTCI recommending a communication device. Client feedback in a recent video created by an AAC user for the Health Board included: ''I think SCTCI is a great service. They are always there when I am trying out new communication devices or when my clamp falls off. They work quickly. AAC is one of the biggest parts of my life. It doesn't just give myself a voice, it has given me so many opportunities writing blogs, public speaking and campaigning. So AAC is really important to me."

SCTCI is a nationally recognised service not only in Scotland but is also represented at many events throughout the UK. It received recognition from the Communication Matters Charity as the setting of the year award in 2019.

The service regularly travels across Scotland. Recent visits have been to Orkney, Aberdeen and Thurso. It has strong networks and links to Speech and Language Therapists from all over Scotland who are in regular contact for all AAC related queries.

The CHAT (Communication Help through Assistive Technology) Service Team is a service provided across Greater Glasgow and Clyde, hosted by SCTCI and is managed by East Renfrewshire HSCP on behalf of the health board.

It was set up in 2020 to support the provision of the Scottish AAC legislation, and to provide equipment for AAC users living in NHSGGC. They work alongside local Speech and Language Therapists to guide Augmentative and Alternative Communication (AAC) implementation, often following assessment by SCTCI. The impact of this service for those requiring AAC in Glasgow has been significant with significantly faster procurement of communication devices for adults and excellent support to use their devices. The impact on the workforce providing long term AAC support has been improved knowledge and confidence.

The service received recognition from the Communication Matters Charity at their 2023 awards ceremony. The CHAT service won The Samantha Hunnisett Access Award – an

award for an individual or team, whose innovative work has broken down barriers to access assessment or the use of AAC or Electronic Assistive Technology (EAT).

The team was commended for their excellent work in breaking down barriers to ensure equal opportunities and access to AAC assessment and provision. This has meant that 50 AAC users in Glasgow alone were provided with the communication aid they needed last year, most within three weeks from application.

User feedback from a client with Motor Neurone Disease (MND) 'When this disease has taken everything else away the ability to still communicate using eye gaze means everything to me. Thank you for giving me a voice so quickly when I needed it the most'.

CHAT has a number of projects ongoing which aim to improve procurement of devices and identify the training needs of the workforce in Greater Glasgow and Clyde. It also compliments the review work carried out by the Scottish Government as part of their AAC User Engagement Project. The service model has been recognised across Scotland as excellent with many other services requesting to replicate it.

East Renfrewshire HSCP are supporting the local delivery of the **Improving the Cancer Journey**, funded and supported by Macmillan Cancer Support (Scotland) and the Scottish Government. The partnership offers support to anyone affected by cancer across East Renfrewshire, by offering a Holistic Needs Assessment (HNA) to help identify and address all physical, psychological, social, financial and practical needs.

Macmillan Improving the Cancer Journey (MICJ) – East Renfrewshire

The East Renfrewshire Improving Cancer Journey (ICJ) Service is a partnership between Macmillan Cancer Support and the HSCP. The ICJ Service launched in East Renfrewshire in July 2023 and at present has funding secured until 2029. The launch of the East Renfrewshire service means that every local authority in the Greater Glasgow and Clyde NHS area is able to offer this dedicated support.

In addition to the extensive range of support available through Macmillan services, the ICJ Service also links to the East Renfrewshire Money Advice and Rights Team and the East Renfrewshire Culture and Leisure Trust's partnership with Macmillan to provide an information and advice service with support provided by volunteers many of whom have lived experience of living with a cancer diagnosis.

The ICJ Service has 3 part-time members of staff who although employed by the HSCP, are registered as Macmillan professionals and are therefore able to access a wide range of supporting materials and opportunities that support the people referred.

ICJ is primarily a signposting role. The Wellbeing Practitioners work alongside people with a cancer diagnosis to complete a holistic needs assessment (Holistic Needs Assessment (HNA) | Healthcare professionals | Macmillan Cancer Support) which identifies the persons concerns which in turn enables the Wellbeing Practitioner to ensure that the appropriate support and advice is available.

Although the ICJ Service started in July 2023, the Service was only officially launched in May 2024. At the time of writing, the ICJ Service has received 161 referrals and 136 people have completed care plans of support.

Partnerships have been established with a range of community partners including Cancer Support Scotland, Beatson Cancer Charity, East Renfrewshire Carers' Centre and East Renfrewshire Community Transport.

We very much look forward to the ICJ Service continuing to expand its reach and supporting more people diagnosed with cancer, and working with partners to provide an offer of comprehensive and holistic information, advice and support.

For more information about the East Renfrewshire Improving the Cancer Journey Service please see,
Helping you live with cancer - East Renfrewshire Council
Macmillan Cancer Support | The UK's leading cancer care charity

2.4 Working together to support mental health and wellbeing

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.4.1 Our strategic aims and priorities during 2023-24

During the pandemic we adapted our approaches across services to support the mental wellbeing of the people we work with. We are focused on good mental wellbeing, and on ensuring that the right help and support is available whenever it is needed. We recognise that different types of mental health need will continue to emerge as time passes and that we will need to continually adapt our approach to reflect this. We are focused on close collaboration with primary care, and further enhancing the mental health and wellbeing supports within primary care settings. We will work with GPs, third sector partners and people with lived experience to develop our approach to ensure people get the right service, in the right place at the right time. We are enhancing our approach to minimising drug and alcohol related harms and deaths and improving overall wellbeing amongst people with harmful drug or alcohol use and their families.

We will continue to work in partnership with people who use services, carers and staff to influence the Greater Glasgow and Clyde Adult Mental Health Strategy and contribute to its delivery to ensure the needs of East Renfrewshire residents are met. We will ensure a particular focus on prevention, early intervention and harm reduction; high quality evidence-based care; and compassionate, recovery-oriented care recognising the importance of trauma and adversity and their influence on well-being.

We will continue to support the promotion of positive attitudes on mental health, reduce stigma and support targeted action to improve wellbeing among specific groups.

Our aim is to **support people to look after and improve their own mental health and wellbeing**, by:

- Ensuring individuals can access a range of supports on their journey to recovery from mental health and alcohol and drugs harms
- Ensuring wellbeing is enhanced through a strong partnership approach to prevention and early intervention
- Helping staff and volunteers to have the skills, knowledge and resilience to support individuals and communities

2.4.2 Our performance in 2023-24

During 2023-24 our teams have continued to deal with increased demand across mental health and addiction services due to increases in complexity. There has been high demand across all teams (Alcohol and Drug Recovery Service, Adult Mental Health Team, Primary Care Mental Health Team, Older Adult Mental Health Team). For older people we continue to see wellbeing impacted by issues such as isolation and reduction in mobility. All services have had unforeseen staffing absences and vacancies during the year, contributing to limited appointments being available and increasing waiting times. Nevertheless, our teams have been working to minimise any decline in performance.

Headline performance data includes:

- Mental health hospital admissions remain low (at 1.2 admissions per 1,000 population)
- 84% waiting no longer than 18 weeks for access to psychological therapies – a significant improvement from 75% in 22/23
- 93% accessing recovery-focused treatment for drug/alcohol within 3 weeks – a slight decline from 96% in 22/23 but we are maintaining performance ahead of target (90%)
- 568 alcohol brief interventions undertaken in 23/24 – up from 173 last year, reflecting continued support for this service.
- % of people moving from drug/alcohol treatment to recovery services in the year declined from 5% to 4%. This can be impacted by circumstances for individuals including crisis or ill health but remains an area of focus for the HSCP.

2.4.3 Ways we have delivered in 2023-24

Our teams continue to deal with high demand across mental health and alcohol and drug recovery services due to increases in complexity. We continue to develop our approaches and ways of working to support good mental health and wellbeing, help people manage their own mental health, and build their emotional resilience.

The partnership takes a holistic approach to promoting mental health and wellbeing including promote physical activity linked to mental wellbeing, in partnership with VAER. During 2023-24, work with our communities to promote positive mental health and wellbeing has included:

- 10 community **health walks** running per week. Delivered by Volunteer Community Walk Leaders, supported by VAER Health & Wellbeing Development Worker.
- **New wheelchair group** established in March 2024 in Barrhead area.
- 7 community **Strength and Balance classes** running per week delivered by community volunteers, supported by the Voluntary Action East Renfrewshire Health & Wellbeing Development Worker.
- 12 new **volunteers recruited and trained** as Walk Leaders or Strength and Balance Leaders. Further volunteer recruitment underway, with volunteer training booked for May 2024.

Walking for Wellbeing

We are currently supporting 10 walks across East Renfrewshire and we hope to be supporting 14 walks by the end of July 2024.

This year, a number of new initiatives have been launched. The Wheelie on Wednesday is an opportunity for wheelchair users to get out and about in the community and launched in April. This has been a successful venture; the participants had complained that there was nothing to do for wheelchair users in Barrhead and a number of them expressed concern that they had a tendency to become reclusive and lacked social contact. This in turn, had affected their mental health. Since the launch of the Wheelie, the Wheelers have taken to it with enthusiasm. One of the participants, Dave Hill, completed Wheel-leader training and is now a volunteer. It has improved his confidence immeasurably and he has seen real improvements in his mental and physical health. Additionally, another Wheeler, Elaine Clark, is intending to do Wheelie Leader training in the near future.

Additionally, two existing walks run by fundraiser Anwar Rafiq (Well Walks) in Neilston are due to be absorbed into the Paths For All framework in the next week. These walks are longer than the normal PFA walks and can last up to two hours. There are two major benefits to this. Firstly, several walkers across East Renfrewshire have been asking for a more challenging and longer walk as they feel like they have progressed enough to try something harder. Secondly, one of Anwar's Walks is on a Saturday and allows for individuals who work or otherwise cannot attend the weekday walks to participate.

We are also in the process of setting up a walk with a Weight Watchers group in Thornliebank. The participants are very motivated to look after their health due to the nature of the class. The risk assessment and route has been completed and the new walk will begin soon.

Participant stories

Sarah began attending the First Steps in Eastwood Park Walk about a year and a half ago and has become an ever-present on my register. Before attending the walks Sarah had begun to suffer from a number of health conditions caused by a sedentary and unhealthy lifestyle – she was overweight, had high blood pressure and diabetes. She made the decision to make a positive change to her health because in her words she wants to "see my grandchildren grow up". Since attending the walks she has seen great physical improvement – she is now a healthy weight and has her blood pressure and diabetes under control. Additionally Sarah now attends 3 walks a week – First Steps in Eastwood Park, The Rouken Ramble and the Crookfur Walk. Kind-hearted and gentle by nature, Sarah volunteers for another charity and, after some consideration, she decided to do the Walk Leader training and has become my newest Walk Leader. As with most of the participants on the walks, she has very complimentary about the positive mental benefits and support network which build up around them. She says that people tend to open up in this sort of environment as walking side-by-side is less confrontational than sitting opposite someone.

Elaine attends the Giffnock Walk on a Monday. As a carer for her husband who has dementia, Elaine felt that she never had any time for herself and was struggling emotionally and physically with the demands of caring over the past few years. After organising for her husband to attend a lunch club for 2 hours with the Stables she began attending the Giffnock Walk. Elaine says that the company and support she has received from the group has had an extremely positive effect on her mental health; many of the other participants have experienced similar issues in the past and she feels very grateful that she has people with whom she can talk to about the demands of caring whilst also being able to talk about more light-hearted things which take her mind off of things. Physically, she has improved vastly – she had been neglecting herself before to care for another, looked very gray and strained. Now, she has more colour in her face and looks less careworn and stressed. Elaine says that she feels rejuvenated by the walk and it allows her to return to caring for her husband in a happier frame of mind and with more mental strength to deal with the challenges of caring for someone with dementia. She has recently secured the help of another dementia club on a Friday afternoon and is looking to join the Clarkston Walk too.

We are committed to working together with community planning partners on activities that support mental wellbeing and resilience across our communities, with Voluntary Action East Renfrewshire taking a leading role. We have continued to support delivery of the **Community Mental Health and Wellbeing Fund** in partnership with VAER successfully implementing the second year of support to local community. Year 3 funding has been announced for 2024/2025 and there is a focus on tackling loneliness and isolation. Our **Dementia Buddies** programme supported 12 individuals during the year; 11 volunteers received training provided by Alzheimer Scotland, Mearns Kirk Helping Hands, and East Renfrewshire Culture & Leisure Trust.

A key priority in delivering our strategy to support better mental health and wellbeing is to ensure staff and volunteers across the wider partnership have the skills, knowledge and resilience to support individuals and communities. We continue to support **training on mental health and wellbeing** for third sector staff and volunteers.

Seasons for Growth aims to build resilience and bring hope and confidence to children, young people and adults who have experienced significant change or loss. Three Seasons for Growth training sessions have been delivered to Mearns Kirk Helping Hands and Jewish Care staff and volunteers.

The following training courses have been delivered in 2024 with over 200 staff and volunteers participating: Scottish Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), Alcohol Brief Interventions, Seasons for Growth, Peer Support, as well as awareness raising sessions around suicide, self-harm and mental health and wellbeing.

In the last year, four staff have completed the training to become Peer Supporters. There are now nine Peer Support Champions working across East Renfrewshire to support the mental health and wellbeing of staff and partners.

Peer support provision continued throughout 2023-24 in mental health, alcohol and drugs service settings, jointly funded by Action 15 and Alcohol and Drugs Partnership funding. We have enhanced and diversified our multi-disciplinary teams through the addition of occupational therapy resources within the Alcohol and Drugs Recovery Service (ADRS). Additional clinical psychologist leadership has been put in place for the Primary Care Mental Health Team to support service delivery, in particularly delivering on psychological therapy waiting times.

Delivering on shared priorities across Greater Glasgow and Clyde

The **NHSGGC Mental Health Strategy** was recently refreshed. East Renfrewshire Mental Health and Recovery Services are implementing a number of elements of the strategy including:

- Working with commissioned providers on **peer support** provision, including work to improve the flow of supported people through the service, reduce waiting times and increase recording of recovery outcomes. To ensure more direct access to peer support, in 2024-25 the service will move from a commissioned model to NHS peer workers embedded in multi-disciplinary teams, building on learning from the past four years of service delivery
- The adult mental health team (AMHT) has implemented the **Patient Initiated Follow-Up Pathway** (PIFU), which enables patients to access appointments when their symptoms or circumstances change, and avoid unnecessary appointments. This system is working well with 94 patients on PIFU, maximising capacity in our AMHT.

We continue to deliver the priorities in the **East Renfrewshire Alcohol and Drugs Strategy,** with implementation led and overseen by the Alcohol and Drugs Partnership. During 2023-24, significant progress was made in a range of areas including:

- Developing a business case for investing Alcohol and Drugs Partnership reserves in the design and implementation of a **Community Recovery Hub**. The business case was greatly strengthened by the feedback from lived experience communities and was approved by the Scottish Government. Work is now progressing on the recovery hub initiative. Draft building plans have been developed and discussed with members of the recovery community and local partners. The community steering group in the

process of being established, with three engagement meetings held and a site visit to the potential hub premises.

- A range of activities to ensure that service user experiences shape services including interviews and focus groups to gather feedback on implementation of the Medication Assisted Treatment Standards conversation cafes to inform the development of occupational therapy within the Alcohol and Drug Recovery Service.
- ADRS and children and families social work worked together on a **whole family support** programme for family members of all ages affected by alcohol/drug harms. Aspects of the programme include group work with young people, family inclusive events, development of a play therapy programme, outdoor learning programme for children and young people
- 22 staff from across the alcohol and drugs partnership participated in Community Reinforcement and Family Training (CRAFT) which will build **capacity** and enhance **professional practice** in supporting families affected by alcohol and drugs.

Glasgow Council on Alcohol (GCA) have been commissioned to deliver **Alcohol Brief Interventions (ABIs)**, alcohol counselling sessions and training on the delivery of ABIs to staff across the HSCP and partners. 568 ABIs have been delivered to date (target 419) along with 379 alcohol counselling sessions. These interventions have taken place in leisure centres, libraries, Voluntary Action market places, community centres and food banks. Staff training on ABIs was delivered during the year.

The HSCP continues to deliver the **Medication Assisted Treatment (MAT) Standards** and ensure fast, appropriate access to treatment. The MAT standards enable people to access same-day prescribing for opioid dependency, facilitating low barrier access to assessment and treatment.

During 2023-24 the full staffing complement to deliver the MAT Standards was achieved with the successful recruitment of an occupational therapist, healthcare assistant and Alcohol and Drug Recovery Service nurse, in addition to the pharmacist prescriber who joined the team in 2022. A significant work programme was undertaken to gather the comprehensive evidence required to demonstrate implementation of the MAT Standards. In particular, experiential evidence of service users was required to inform improvement plans for the coming year. A formal Red/Amber/Green (RAG) assessment has been completed by Public Health Scotland and East Renfrewshire is expected to be rated as Green for all standards, including delivering rapid access to treatment (on same day where possible), offering choice of medications, and undertaking proactive assertive outreach for people at high risk.

Virus testing

The East Renfrewshire Alcohol and Drug Recovery (ADRS) Service achieved a 122% increase in Blood Borne Virus (BBV) testing in clients who are receiving Medication Assisted Treatment, which was recognised by the health board at the NHS Hepatitis C Education event.

99% of service users receiving Medication Assisted Treatment have now been tested, with the other 1% declining to participate.

Blood Borne Virus (BBV) testing and linkage to care is key to improving patient outcomes and reducing the risk of onward transmission to others. BBV tests are for Hepatitis B, Hepatitis C and HIV.

The team are unique in that both health and social work staff are trained to deliver dry bloodspot testing and to provide information and advice regarding the transmission of BBVs

and how to reduce transmission through safer practices. The Pharmacist Independent Prescriber, nursing staff, health care support worker and social care staff are integral to achieving this.

During Covid the rate of testing dropped significantly and it has taken a lot of dedication and hard work from the team to bring the rate back up to the high standard that they achieved and maintained prior to the pandemic.

The team have a system on the patient record for prompting when the next test will be due in order to maintain this high level of testing, and support is given to those who test positive.

We continue to work collaboratively with our partners on **suicide prevention** activities and our commitment and priorities for action are reflected in the recently approved East Renfrewshire Suicide Prevention Strategy and Action Plan 2024 – 2027.

A shared approach to suicide prevention in East Renfrewshire

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 trend 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 deprivation levels.

The **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.

Our local 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 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.

The long term vision for this strategy is: ***Good Mental Health and Wellbeing for All***. 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. However, 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.

The delivery of the new strategy and action plan is integral to our role as a Health and Social Care Partnership (HSCP), supporting individuals and communities as well as closely aligning 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, focusing on the following priority areas:

- Establish local suicide prevention network
- Provision of education and training to raise awareness, skills and knowledge in suicide prevention
- Communications and campaigns
- Involving communities and lived experience
- Data analysis and reviews to inform service improvement

2.5 Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time.

National Health and Wellbeing Outcomes contributed to:
NO2 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.5.1 Our strategic aims and priorities during 2023-24

The vision set out by NHSGGC in its recovery and remobilisation planning is to have in place a whole system of health and social care enabled by the delivery of key primary care and community health and social care services. HSCPs are working in partnership to ensure effective communications, a consistent approach, shared information and the alignment of planning processes.

Primary care is the cornerstone of the NHS with the vast majority of healthcare delivered in primary care settings in the heart of our local communities. It is vital in promoting good health self-care and supporting people with long term health needs and as a result reducing demands on the rest of the health and social care system. Through our Primary Care Improvement activity we have been expanding primary care teams with new staff and roles to support more patients in the community.

We continue to work together with HSCPs across Glasgow, primary and acute services to support people in the community, and develop alternatives to hospital care. In partnership we support the development and delivery of the joint strategic commissioning plan which outlines improvements for patients to be implemented over the next five years.

Our aim is to **ensure people's healthcare needs are met (in the right way, by the right person at the right time)**, by:

- Early intervention and prevention of admission to hospital to better support people in the community
- Improved hospital discharge and better support for people to transfer from acute care to community supports
- Improved primary / secondary care interface to better manage patient care in the most appropriate setting.

2.5.2 Our performance in 2023-24

As a result of the continuing pressures on the social care sector and particularly our care at home service during the year, we saw a higher than usual average number of delayed discharges and the number of hospital bed days lost to delayed discharge as a result of the continuing pressures on the social care sector and particularly our care at home service. Increased pressures on care at home services through higher demand and staff capacity issues, and higher levels of frailty and complexity among people return to the community from hospital impacted performance on delays. However, we continue to be one of the best performing partnerships for minimising delays in Scotland. Our Hospital to Home team work to deliver timely and appropriate discharges from hospital. Our performance for delays remains among the best in Scotland. We continue to support the hospital discharge efforts by

promoting the use of intermediate care beds where a care at home package cannot be immediately accommodated.

In East Renfrewshire, unplanned hospital attendances and admissions are stable (having increased slightly but remaining within target) and have not returned to pre-pandemic levels.

Headline performance data includes:

- Discharge with delay – averaged 7 delays for 23/24 – down from 8 for 22/23 but historically high, having sat at 3 or 4 before the pandemic.
- Adult bed days lost to delayed discharge increased slightly to 4,821 (2023 fig), up from 4,652 for 22/23
- Adult A&E attendances – 17,824 (2023 fig) – up slightly from 17,356 22/23 but ahead of target
- Adult Emergency admissions – 6,943 (2023 fig) – again, up slightly from 6,692 in 22/23 and ahead of target
- Emergency admission rate (per 100,000 pop) – 9,606 up from 9,215 for 22/23
- Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) – 73, up from 69 in 22/23

2.5.3 Ways we have delivered in 2023-24

During 2023-24 the HSCP has continued to work with other partnerships and acute services in the Glasgow area to develop services and pathways to prevent admissions and support people return home following a stay in hospital.

Our dedicated **Hospital to Home** service (which facilitates complex hospital discharges) includes a team focussing on the appropriate and effective use of intermediate care beds. This supports timely hospital discharge where the required homecare package is not immediately available and delivers improved outcomes from assessment activity carried out in this setting (versus hospital). The targeted work by the team includes requests for intermediate care beds, care home liaison, occupancy tracking, data collation, arranging interventions / reablement and carrying out outcome-focussed reviews and care planning. The collaborative working between these teams has ensured that delays in hospital discharges have been minimised and kept within manageable levels.

We are also working to implement our **discharge to assess** protocol to help minimise discharges with delay. There has been ongoing joint working between Acute Services and Hospital to Home Team, Intermediate Care and Rehab Service to support individuals to be discharged home or to alternative community setting to ensure safe discharge without delay and ongoing assessment. We provide **enhanced community support** and **intermediate care models** in partnership with HSCPs across Glasgow. To support timely discharge from hospital through intermediate ('step-down') provision, we provide a 6-bed unit in Bonnyton Residential Home and block, or 'spot' purchase additional beds for intermediate care in local Care Homes. Ongoing use of the 6 intermediate beds in Bonnyton is supported by partnership working across social work, community nursing, Reablement and Rehab services, and primary care services.

Addressing discharges with delays for Adults with Incapacity (AWI)

Despite our proactive activity to support discharge from hospital, the HSCP is still challenged with delays resulting from Adults with Incapacity (AWI) and family choice/indecision and delays due to Power of Attorney (PoA) not being in place. In partnership across Greater Glasgow and Clyde we are working to improve processes for AWI patients.

Although the GGC-wide review of the current AWI procedures is at an early stage, we have begun work to update our documentation for individuals. This should streamline the referral pathway for all departments within the partnership. A 6-month audit of all hospital discharges subject to delays as a result of Guardianship Applications commenced in January this year. The data from this will be analysed to identify any barriers to progressing AWI applications timeously and any learning from this will be reflected within the updated AWI procedures. The **Mental Health Officer (MHO)** service continues to provide a responsive service to the Hospital to Home Team as all requests for 13za reviews and AWI case conferences continue to be allocated and arranged at point of referral. The dedicated MHO based within the hospital team remains a key factor in ensuring that statutory work to facilitate hospital discharge is prioritised, and ensures a rapid and responsive service to individuals requiring a legal framework to facilitate hospital discharge.

During 2023-24 our **Community Rehabilitation Teams** continue to experience significant demand pressures in the aftermath of the Covid pandemic, with high levels of frailty and frailty-related falls among our older population. Average weekly referrals into the service are approximately 60% higher than before the pandemic. Due to increased complexity of need and deconditioning, the service is finding that people are requiring longer and more frequent inputs, adding to demand pressures. More than 40% of referrals to the service require urgent assessment and input (same day / within 72 hours).

Supporting frailty in our population

During the past year we have continued our work to implement frailty pathways and support initiatives to address frailty in our communities. There has been ongoing development of **Home First Response/Frailty service** including the appointment of two WTE Advanced Practitioners in Frailty aligned to Community Rehab Multidisciplinary team. There has been further development of community falls and frailty pathways across HSCP to identify and provide appropriate guidance, support and interventions both for community referrals and hospital discharges. We continue to work to improve our use of data and we have reviewed our 'frailty matrix' which details appropriate services across the frailty pathway. During the year we have seen increased use of Rockwood Dalhousie Frailty Scoring, with frailty scores being recorded on our systems and in Anticipatory Care Plans.

- 110 patients referred for Frailty Practitioners input in past 6 months. A new referral pathway has been established from primary care pharmacists undertaking polypharmacy review.

Our **community falls pathway** with Scottish Ambulance Service (SAS) continues and we are now looking to extend scope to include frailty presentations. We have sustained the target numbers of monthly referrals from SAS at 5 per month, or 30 for 6 month period.

- During 2023-24, all individuals referred through the have been reviewed same/next day and maintained in community with no ED attendance within 5 days.

We are working with primary care colleagues to identify test of change opportunities for proactive identification and management of frailty, building on a previous test of change with primary care pharmacy.

To prevent crisis and emergency use of acute services, we continue to work to improve the quality and quantity of **Anticipatory Care Plans (ACPs)**. In GGC anticipatory care plans are being rebranded as **Future Care Plans**. East Renfrewshire HSCP have completed 343 ACP's since the launch of the programme in 2021. Our target has increased by 10% from 2023 to 62 per quarter and we are on target to meet this. East Renfrewshire local ACP group continues

to meet every 12 weeks and staff training across HSCP is ongoing. District nurses and frailty practitioners are undertaking majority of ACPs. Care home liaison nurses have been supporting care homes to record ACPs on clinical portal. The East Renfrewshire ACP audit team meet quarterly to submit audits to central team and the quality of ACPs has been assessed as being high and an exemplar for other HSCPs. A pathway for the East Renfrewshire carers centre to refer carers and the cared for ACP's has received 26 referrals since commencing in May 2023.

To support our local **care homes** and minimised hospital attendances and admissions we have established a **Call Before You Convey** pathway. Between December 2023 and March 2024 - 47 calls came through the pathway, with all residents supported to remain within their care home. There has also been proactive targeted input to care homes from Rehab team AHPs including 240 residents' transfers/mobility and equipment reviewed to maximise safety.

Supporting local care homes

Our partnership works closely with local care home providers which include both independent and charity sectors. Commissioning and contracts staff continued to support homes with weekly welfare calls to homes, or more often if needed. Weekly multidisciplinary Care Home Assurance Meetings have now changed to fortnightly and there is a four-weekly Care Home Managers Forums with managers. Regular support meetings take place with care homes experiencing any issues/risks. The HSCP Adult Support and Protection team has worked closely with homes advising and investigating to keep the most vulnerable individuals safe from harm. Bespoke support is provide to care homes particularly where there was a Large Scale Investigation and closer monitoring is required to ensure the wellbeing of staff and residents continues to be a high HSCP priority. The Commissioning and Contracts team also supports the Care Home Assurance visits, alongside the clinical nursing team and senior managers for communities and wellbeing. The team is also providing input at various internal and external meetings, such as the weekly vaccination meeting, and Greater Glasgow care home assurance group.

2.6 Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities

National Health and Wellbeing Outcomes contributed to:
NO6 - People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing

2.6.1 Our strategic aims and priorities during 2023-24

Unpaid carers are essential to our social care system and the daily efforts of families and loved ones to support those in need is fully recognised by the partnership. During and after the Covid pandemic, unpaid carers have taken on increased caring responsibilities and have faced additional pressures. The ongoing work of the East Renfrewshire Care Collective has demonstrated the need to maintain and strengthen our approach to involving carers throughout the planning process in identifying the outcomes that matter to them and by ensuring carers voices are valued and reflected within our strategic planning work.

Our Carers Strategy 2024-26 sets out how we will work together with partners to improve the lives of East Renfrewshire's carers. Through our local engagement and discussion we know that we need to develop our workforce, pathways and supports for carers. We have committed to working together with East Renfrewshire Carers Centre (ER Carers) to improve access to accurate, timely information. We will continue to encourage collaboration between support providers for advice, information and support for carers ensuring local provision that best meets carers needs. We will provide information and training to raise awareness of the impact of caring responsibilities. We will continue to support the expansion of personalised support planning in collaboration with our unpaid carers and ensure that self-directed support options are offered to all adult carers who have been identified as eligible for support.

We will work collaboratively with providers to develop flexible and innovative approaches to the provision of breaks from caring; and we will make sure that carers are aware of and have access to these. Peer support and having the opportunity to share experiences is highly valued by our carers but has been disrupted during the pandemic. As a wider partnership we will ensure that these informal supports that enable people to continue in their caring role are re-established and strengthened going forward.

Our aim is to **ensure people who care for someone are able to exercise choice and control in relation to their caring activities**, by:

- Ensuring staff are able to identify carers and value them as equal partners;
- Helping carers access accurate information about carers' rights, eligibility criteria and supports;
- Ensuring more carers have the opportunity to develop their own carer support plan.
- Ensuring more carers are being involved in planning the services that affect them and in strategic planning

2.6.2 Our performance in 2023-24

Through our new Carers Strategy and working in partnership with East Renfrewshire Carers Centre, we have continued to ensure that carers have had access to guidance and support throughout the year. Training and awareness-raising on the issues affecting carers have been delivered. Work has continued on the development and promotion of support planning for carers and the partnership continues to develop approaches to short breaks for carers.

Headline performance data includes:

- 84.5% of those asked reported that their 'quality of life ' needs were being met – up from 80% in 22/23 and continuing to perform ahead of target.

2.6.3 Ways we have delivered in 2023-24

Throughout the year we have maintained our positive partnership working with the **East Renfrewshire Carers Centre (ER Carers)**, continuing to deliver community-based integrated support for carers in East Renfrewshire including access to tailored advice, support, planning and community activities.

In partnership with the ER Carers we ensure **information and training** is available to raise awareness of the impact of caring and requirements of Carers Act. The Equal Partners in Care (EPIC) Training Programme was paused and underwent a full redesign and relaunch as of at the start of 2023-24. New HSCP staff and student placements spend time at the Carers' Centre and are provided with information about the Carers legislation and the support services available locally.

As part of the role out of the HSCP's **Supporting People Framework**, the revised eligibility framework for carers was included in the staff training and "toolbox" talks. This was followed up with meetings with all HSCP teams. During the year, the Carers Lead and SDS Lead also delivered sessions specifically for third sector and Talking Points partners and continue to link with this network. **East Renfrewshire Carers Screening Group** with representation from HSCP, Carers' Centre and Talking Points met throughout 2023 with a focus on Adult Carer Support Plans.

During the year we have continued to work in partnership to ensure carers are being engaged and involved in **planning services** that affect them. The East Renfrewshire Carers Collective meets monthly to discuss a range of topics, and a carers led on a programme of engagement meetings during the year with over 50 carers participating. The Carers Collective also delivered a training session to members of the Integration Joint Board (IJB). All carers referred to the carers centre are routinely informed of their rights. The Centre also delivered 4 group sessions with 65 participants.

We continue to implement **carers' support planning** including planning for emergencies with individual carers. Following introduction of the Supporting People Framework we have developed our process for Adult Carer Support Plans (ACSPs). The new process incorporates Emergency plans with an increased focus on promoting Anticipatory Care Plans (ACP) for both carers and the people they support. Carers Centre staff have undertaken training to promote Anticipatory Care Plans and there is a new Carers Pathway for ACP with links to the Community Nursing Team. A senior social worker was seconded to support ACSP processer and introduced a 'carers tracker' on the HSCP client recording system to improve review uptake and monitoring. We have introduced a multi-agency ACSP screening group that reviews all ACSPs and decides if cases should go to the Resource Enablement Group (REG) for further discussion. An abbreviated ACSP has also been introduced for carers with no requirement for statutory support from the HSCP. This allows the Carers Centre to record support plans for all carers referred for support. A total of 176 support plans were created last year.

Short Breaks are undoubtedly an important support to ensuring carers can maintain their caring role while maintaining their own health and wellbeing and having a life away from being a carer.

The East Renfrewshire **Short Breaks Working Group** includes the HSCP, Carers Centre and carers and has informed development of local practice on short breaks. Funding has been secured from the **Promoting Variety Project** to explore the use of volunteers to support short breaks. The Carers Centre has successfully secured **Time to Live** funding which provides 'microgrants' to unpaid carers so that they can take a short break. The aim of the funding is to increase the range and availability of short breaks across Scotland. Funding was also secured for the development of the **Dementia Walking Buddies** project. The ER Carers Lead participates in Resource Enablement Group (REG) and Peer Professional Review Group (PPRG) meaning ideas about respite can be shared with colleagues and partners.

Short Breaks Statement

East Renfrewshire's Short Breaks Statement was developed in collaboration with carers and other stakeholders. It establishes guiding principles for planning short breaks and these remain key to short break provision. These are:

- Carers will be recognised and valued as equal partners in planning for Short Breaks.
- Planning and assessment will be outcomes focused to ensure that we focus on what both the carer and the cared for person wants to happen.
- By using our eligibility framework we will have an equitable and transparent system for determining eligibility for funding Short Breaks that is consistent and easily understood.
- There will be timely decision making.
- Planning a short break will be a safe, respectful and inclusive process with every carer treated equally.
- When planning a Short Break questions about needs and outcomes will have a clear purpose for carers, not just to inform the support system.
- Prevention will be key. Planning and assessments for support should prevent deterioration in the carer's health or the caring relationship.

Our Short Breaks Statement will be refreshed during 2024/25.

We continue to work with partners to ensure supports are available to carers to minimise the impact of **financial hardship** as a result of caring. The Carers Centre continues to work closely with East Renfrewshire **Money Advice and Rights Team (MART)** to support local cares making referrals as appropriate. Carers Centre staff provide advice on carer related benefits and attendance allowance, and have delivered sessions throughout the year in partnership with Social Security Scotland. During 2023-24, the Centre secured additional winter hardship funds and worked with East Renfrewshire Citizens' Advice Bureau to ensure that the benefit of this funding was maximised.

Supporting carers with cost of living challenges

Supporting unpaid carers continues to be a strategic priority for the HSCP. Working with carers to identify what was important to them, we refreshed our Carers Strategy for the period 2024 to 2026 and will work with our Carers Collective to progress and monitor progress of the key activities that will deliver positive outcomes for carers.

We recognised that as a group, carers have been adversely impacted by the current cost of living challenges. We secured additional funding for the Carers' Centre to work in partnership with the East Renfrewshire Citizen's Advice Bureau to provide grants to mitigate some of the additional caused carers face as a consequence of their caring role.

Over 200 grants were awarded for carers, predominantly for increased electricity and heating costs but also for items such as winter clothes, laundry costs and heated blankets.

The partnership between the Centre and CAB ensured that carers were offered holistic support covering all their practical and emotional needs and the evaluation of the partnership was very positive, after receiving the grants, carers fed back that they felt more appreciated and valued.

The relief from getting some breathing space financially, allowed them to focus more on their caring role and indeed themselves.

2.7 Working together with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives

National Outcomes for Community Justice contributed to:
Prevent and reduce further offending by reducing its underlying causes
Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all

2.7.1 Our strategic aims and priorities during 2023-24

We will continue to work together with our multi-agency partners to ensure there are strong pathways to recovery and rehabilitation following a criminal conviction.

Through the East Renfrewshire Community Justice Outcome Improvement Plan we are committed to a range of actions with community planning partners. We are working together to support communities to improve their understanding and participation in community justice. As an HSCP our justice service will continue to promote the range of community justice services that we deliver and, in response to the challenges posed by the pandemic period, will continue to identify and build on opportunities for the unpaid work element of community payback orders to meet the needs of the local community and reduce the risk of further offending. We will build on the innovative approaches that have been developed during the pandemic and ensure we have the capacity to support people to complete unpaid work.

We will continue to strengthen our links with community services and programmes to provide greater access and support for people to stop offending. In the context of our recovery from the pandemic we will work to ensure that people moving through the justice system have access to the services they require, including welfare, health and wellbeing, housing and employability.

Our aim is to **support people to prevent and reduce offending and rebuild their lives**, by ensuring :

- People have improved access to through-care
- People have access to a comprehensive range of recovery services
- Trauma-informed practice is embedded across justice services
- Structured deferred sentence and bail supervision is implemented
- The risk of offending is reduced though high quality person centred interventions

2.7.2 Our performance in 2023-24

The provision of Community Payback Orders (CPOs) was significantly impacted by the pandemic. However, the proportion of CPOs completed within court timescales has continued to improve steadily. We continue to support people with convictions into employment and volunteering. A new justice employability programme began in June 2023, resulting in a 181% increase in participants.

Headline performance data includes:

- 89% of unpaid work placement completions within Court timescale – up from 83% and ahead of target (80%)
- 83% Community Payback Orders (CPOs) commencing within 7 days – down slightly from 86% in 22/23 but ahead of target (80%)

- 83% of people reported that their order had helped address their offending – down from 100% and impacted by the low number of people completing the voluntary survey.
- Positive employability and volunteering outcomes for people with convictions – 57% down from 64% in 22/23. Although missing our target of 60% all other participants demonstrated a positive training/education outcome.

2.7.3 Ways we have delivered in 2023-24

The HSCP delivers accredited programmes aimed at reducing reoffending in partnership with East Renfrewshire Council. During 2023-24 we continued to deliver this activity in a group work capacity and we have overseen the transition of the programme from Moving Forward, Making Changes to **Moving Forward 2 Change (MF2C)**. Training for the staff in the new MF2C programme will take place later in 2024.

Minimising risk

The criminal justice service uses appropriate risk assessment tools to identify need and reduce the risk of further offending and all staff access accredited risk assessment tool training. Justice Social Workers have undertaken training in the Throughcare Assessment Release Licence (TARL) process which will strengthen collaborative risk assessments between community-based and prison-based Social Work. All Justice staff are now trained in this approach.

The HSCP works to deliver a whole systems approach to diverting both young people and women from custody. The Justice Social Work Service continue to provide assessments and interventions within the **Diversion from Prosecution scheme**. Staff continue to utilise Justice Social Work Reports to explore all available **community-based options** where appropriate.

Structured Deferred Sentences

Women and young people continue to be clear priorities in the use of Structured Deferred Sentences. The Structured Deferred Sentence is a low-tariff intervention providing structured social work intervention for offenders post-conviction but prior to sentencing. It is a sentencing option in all court reports for people under 25 and women who are appearing for sentencing. It is also intended for offenders with underlying problems such as drug or alcohol dependency, mental health or learning difficulties or unemployment that might be addressed through social work intervention. This outcome is promoted whenever appropriate within Criminal Justice Social Work Reports.

The Justice Social Work Service now runs both Bail Supervision and Electronic Monitoring Services. Due to staffing requirements, these are currently being managed by an Advanced Practitioner and existing staff. Additional recruitment is being underway to build capacity for this service.

New staff have accessed **Trauma Informed Practice training** as it has become available. All Justice Social Work Staff have now completed their Level 3 Trauma training. This has been complemented by all staff undertaking a range of training including CBT work.

We aim to ensure that people subject to statutory and voluntary supervision including licence have early **access to community mental health, alcohol and drug recovery services**. Staff continue to work closely with colleagues in East Renfrewshire Alcohol and Drug Recovery Service and Adult Services to provide **holistic supports** to service users. Staff continue to refer people with any identified needs to the associated ERCAT or Community Care teams. This includes regular contact with Adult Services to seek advice on possible referrals and potential interventions. Justice Social work and East Renfrewshire Alcohol and

Drug Service have revised local policies for Drug Treatment and Testing Orders to better meet the current needs of those requiring this service. Justice staff are now trained in the administering of opioid overdose prevention medication Naloxone. Staff regularly liaise with colleagues in mental health services whenever it is identified as necessary for successful outcomes for service users.

It is important that people are able to find positive alternatives to offending. The Justice Social Work Service work closely with the East Renfrewshire Employability Partnership, utilising the existing pipeline to refer people for assistance with **employability-related supports** and those for further **education/training**. We have sought to draw upon a wide-range of employability services to accomplish this and have connected with employability services to deliver input to our Moving Forward Making Changes programme for specialist supports. The Justice Social Work Service are active partners with our colleagues in employability services. We continue to access UKSPF (UK Shared Prosperity Funding) funding which has been in place from April 2023 for a two-year period. This has enabled us to continue co-facilitating a role for an employability worker with our colleagues in Work EastRen Employability Services. Referrals continue to be made where appropriate to our colleagues in employability services. The Justice Social Work Service is continually exploring new opportunities for personal placements. This has included some short-term opportunities whilst longer-term additional placements are reviewed. The service maintains close contact with people who are on existing personal placements.

2.8 Working together with individuals and communities to tackle health inequalities and improve life chances.

National Health and Wellbeing Outcomes contributed to:
NO1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.
NO3 - People who use health and social care services have positive experiences of those services, and have their dignity respected
NO4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
NO5 – Health and social care services contribute to reducing health inequalities

2.8.1 Our strategic aims and priorities during 2023-24

We are committed to the local implementation of Greater Glasgow and Clyde's Public Health Strategy: Turning the Tide through Prevention which requires a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities. This includes a commitment to reduce the burden of disease through health improvement programmes and a measurable shift to prevention and reducing health inequalities through advocacy and community planning.

We will continue to work together with community planning partners to improve health and wellbeing outcomes for our most disadvantaged localities and those who have been disproportionally impacted by the pandemic. We will also work collaboratively with local and regional partners to develop our understanding of health inequalities in East Renfrewshire and changing patterns of need as we recover from the pandemic.

Longer-term, the HSCP will continue to support community planning activity that aims to tackle the root causes of health inequalities as reflected in our Community Plan (Fairer EastRen). This includes activity to address child poverty, household incomes and strengthen community resilience. We will continue to promote digital inclusion with a particular focus on supporting people to live well independently and improve health and wellbeing.

Our aim is to **tackle health inequalities and improve life chances**, by:

- Increasing activities which support prevention and early intervention, improve outcomes and reduce inequalities;
- Reducing health inequalities will be reduced by working with communities and through targeted interventions.

2.8.2 Our performance in 2023-24

As a partnership we are focused on tackling health inequalities and improving life chances for our residents. Although we remain below our target, we have seen an increase breastfeeding rates in our most disadvantaged neighbourhoods for the last two years. The premature mortality rate has dropped significantly and East Renfrewshire now has the lowest rate in Scotland.

- Our premature mortality rate remains significantly below the national average at 264 per 100,000 (22/23 fig) – down from 333 the previous year. Scotland average is 442 per 100,000.
- 19.2% of infants in our most deprived areas (SIMD 1) were exclusively breastfed at 6-8 weeks (22/23 fig) – up from 17.9% for the previous year and 7.5 for 2020/21.

2.8.3 Ways we have delivered in 2023-24

Working in partnership with our communities and other local services and supports we continue to explore all opportunities to support **health improvement interventions**. Examples of activity during 2023-24 include:

- NHSGGC has awarded £49,341 to the HSCP to deliver a new **child healthy weight/child poverty** programme. VAER has been commissioned to host a Programme Coordinator role for one year.
- Funding has been agreed with NHSGGC to develop a range of training around **community nutrition**.
- £5k has been awarded for 10 nurseries to complete the **Nourish Peas Please** pilot, encouraging vegetable consumption. Training will be delivered to nursery staff to support upskilling staff on activities to support this.
- £40k has been awarded to support delivery of a community nutrition framework. An action plan has been developed to provide **food education** to improve communities' knowledge and understanding of food and nutrition and the impact on health. Training opportunities have been commissioned including REHIS Food Hygiene, REHIS Food and Health, Emergency first aid at work, and cooking skill, to support employability and skills development.
- **Smoking cessation** sessions continue with the return of face-to-face sessions and telephone support. We are achieving LDP target of Quit attempts for our 40% most disadvantaged areas.
- Funding has been awarded to support dissemination of the NHSGGC **Health and Wellbeing Survey** (HWBS) report and VAER will support delivery of workshops and will link in results with wider policies and other relevant survey findings.

We continue to deliver **tailored health improvement programmes** and activities in communities experiencing greater health inequalities.

<u>Addressing childhood obesity</u>

In East Renfrewshire**,** based on 2022/23, using epidemiological thresholds, 16.4% of P1 Children are at risk of being overweight or obese. This is consistent with the previous two years.

- 9.4% of P1 are at risk of being overweight (114 children)
- 7% of P1 are at risk of obesity (85 children)

The HENRY approach is being developed locally to provide practical interventions that deliver key messages to change family lifestyle habits and behaviours. Health Visitors and relevant staff in early years have attended HENRY 0-5 training. An agreement with NHSGGC & Early Years Scotland has been reached and Early Years Scotland will deliver HENRY groups with families in East Renfrewshire.

Supporting the health and wellbeing of BSL users

In partnership with Community Planning and NHSGGC Equality team, a workshop was held on 13th February with British Sign Language users. Building on the feedback a 20024 – 2030 BSL plan for East Renfrewshire has been developed.

The 2011 Census showed that 133 in East Renfrewshire live in households where BSL is used and improved dated data on BLS users across East Renfrewshire is a key action agreed.

Tackling harmful effects of smoking

P1b at Giffnock Primary School were the annual Jenny and the Bear winner.

The Jenny and the Bear resource is a story which is part of a coordinated programme and aims to increase awareness about the effects of second hand smoke on children and what parents/carers can do to ensure their children are not exposed to its harmful effects.
The programme is aimed at Primary 1 classes and consists of a story being read to the class followed by a classroom activity (lesson plans provided) to agree a name for the bear in the story, which is then entered into the competition to win a Teddy Bear mascot for their classroom. All children who take part in the programme are given a booklet version of the story to take home.

The HSCP is working to ensure people in our most disadvantaged community are able to **access** digital and other opportunities that support independence and wellbeing.

NHSGGC have established a Steering Group for the development of a Health Visitor app. Once finalised this will act as a central point of accessible national and local information, including breast feeding groups.

East Renfrewshire HSCP funded six **strength and balance classes**, making them free at the point of access for the population of East Renfrewshire. These classes are part of East Renfrewshire Culture and Leisure's Vitality programme and operate at levels 1 and 2. This test of change will assess whether removing financial and/or digital barriers will lead to increased participation and adherence, thus leading to improved health outcomes at an earlier stage.

We have seen significant improvement in the past year in the percentage of children exclusively breast fed within our most deprived neighbourhoods (data to 22/23). Barrhead is an area of higher deprivation within the HSCP with SIMD 1 and 2 with lower **breastfeeding** rates in comparison to our Eastwood area. The Barrhead Health Visiting team continue to follow an enhanced pathway in the early postnatal weeks to provide additional support for mothers within areas of SIMD 1 and 2 to provide extra support to mothers that are breast feeding. With the introduction of the antenatal pathway, this has allowed for early discussions on breast feeding with all mothers

Achievements in supporting breastfeeding

Unicef Accreditation for Gold Standard has been achieved for 2023.

ER HSCP provide Board wide leadership for breast feeding. The Health Improvement Lead Chairs the NHS GGC Breast feeding Public Acceptability Group linking in the national developments with NHS GGC Maternal Infant Feeding Group.

The East Renfrewshire Maternity and Infant Nutrition Group continue to meet six weekly and link in activity delivered by National Childbirth Trust and other local partners.

An early year's programme of training has been developed and available for Early Years staff on TURAS. Work continues to develop the roll-out of the Breast Feeding Friendly Scotland Scheme. Currently 12 organisations are signed up to the scheme in East Renfrewshire.

During 2023-24 the partnership has continued to support local activity to tackle child poverty and mitigate its effects.

Supporting local activity to tackle Child Poverty

32 out of 37 early years establishments deliver the Childsmile Tooth brushing programme in East Renfrewshire.

100% of Primary Schools participate in Childsmile tooth brushing.

Work is ongoing with the Oral Health directorate to support workforce development and involvement in East Renfrewshire activities.

Work continues with ERC Strategic Services and a Cost of Living Dashboard has been developed. Child Poverty was agreed to be Priority 1 for data collection.

The Cost of Living Working Group continues with a health and wellbeing perspective. The annual Cost of Living roadshow focused on mental wellbeing promoting the My Mental Health app, hosted by NHS Scotland Right Decision System.

All local authority areas were tasked with developing an emergency infant formula pathway. A local short-life working group was established and met three times to review pathways from other areas in Scotland. A pathway has been developed and ER HSCP contributed to a national food insecurity toolkit. The pathway will now be aligned to wider pre-5 food insecurity activity.

Thrive Under-5 Programme Implementation is underway. To date an NHS GGC and local ER Steering Group has been established. Two 0.5 WTE Programme Coordinators have been appointed in VAER and are undergoing induction.

We continue to work with our partners to tackle inequalities and support residents with a number of long term conditions.

The ER Macmillan **Improving the Cancer Journey (ICJ)** programme launched on 20th July 2023. Three 0.5 WTE Macmillan Wellbeing Practitioners completed both ERC and Macmillan induction. A development session was held in August 2023 to develop internal processes for referrals. Our Initial Contact Team Business Support are an integral part of the ICJ programme. Between July 2023 and March 2024, 195 people were referred to the ICJ service. Of the 134 engaged with the programme 109 care plans were established. A communication plan was developed and an evaluation proposal agreed by the local ICJ Programme Board. We continue to work in partnership with Edinburgh Napier University on the national evaluation. One ER ICJ case study was presented at the UK Annual Macmillan Professionals conference.

Monitoring of **cancer screening** programme continues and ER HSPC participate in the NHS GGC Community implementation for screening inequalities working group and national Equity in Screening Network. Breast Screening & Bowel Screening programmes continue to achieve uptake target. Cervical screening uptake is below the 80% target at 76.3% in 2023. Work is ongoing to review best practice to optimise uptake.

The partnership continues to work to **understand the needs** of the population and address longer term impacts from the pandemic on our communities and protected characteristic groups. The **NHSGGC Health & Wellbeing Survey** has been completed with 1058 East Renfrewshire residents interviewed. The survey report has been circulated with partners. A presentation on the findings has been developed and presented at the ERC Policy Network to date. Workshops within the community are planned for 2024/25 to share the findings and gather more information, building on the report. A small fund has been secured for VAER to support the workshops and the wider dissemination plan.

The report provides vital information on the experiences of our residents. As this is the first Health & Wellbeing Survey post-covid, it is vital we understand and act on information regarding ongoing and emerging population health issues. The content includes:

- Health and Illness
- Health Behaviours
- Social Health
- Social Capital
- Financial Wellbeing
- Demographics

2.9 Working together with staff across the partnership to support resilience and wellbeing

National Health and Wellbeing Outcomes contributed to:
NO8 – People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

2.9.1 Our strategic aims and priorities during 2023-24

We rely on our workforce to support all aspects of health and social care and their wellbeing and resilience has never been more important. The HSCP has established a health and wellbeing 'champion' who contributes to discussions at a national level and we have appointed a dedicated Health and Wellbeing Lead Officer for the wider partnership. A local Health and Wellbeing Group has been established to support the workforce across the partnership. The group is chaired by Head of Recovery and Intensive Services who also holds the national champion role. The group have put in place a wellbeing plan entitled 'You care….We care too.'

Our activity aligns to the NHSGGC Mental Health and Wellbeing Action Plan and national objectives. We will continue to input at a national level to the health and wellbeing conversation and to the development and delivery of the NHSGGC vision to support the mental health and wellbeing of staff. This includes ensuring rest and recuperation, peer support, helping staff fully utilise their leave allowance, and ensuring working arrangements are sustainable in light of continuing constraints and reflect ongoing changes to services and pathways.

Our aim is to **support resilience and wellbeing among staff across the partnership**, by:

- Ensuring staff have access to resources and information that can improve their wellbeing;
- Ensuring staff feel connected to their team or service and we embed a health and wellbeing culture across the partnership;
- Promoting opportunities for staff to take part in physical activity, rest and relaxation;
- Ensuring staff feel safe in the work place.

2.9.2 Our performance in 2023-24

Supporting staff wellbeing has been a key focus of the partnership, particularly since the Covid pandemic. The way staff have been working has changed significantly with home working becoming the norm for large groups of employees. Our dedicated Health and Wellbeing Lead has supported the implementation and delivery of wellbeing programmes across the health and social care landscape. The lead has had significant success to date, with comprehensive options in place. Support is accessible to HSCP staff, Care Homes, Primary Care, Care Providers, Third and Community Sector (staff and volunteers). Key measures in our iMatter staff engagement survey have shown improvement despite taking place during a period with significant pressures on our workforce.

Headline performance data includes:

- 89% of staff agreed that "My manager cares about my health and wellbeing" – up from 85% in previous iMatter staff survey
- 75% agreed that "I feel involved in decisions in relation to my job" – up from 71% in previous survey
- 77% agree that "I am given the time and resources to support my learning growth" – up from 74% in previous survey

2.9.3 Ways we have delivered in 2023-24

Over the course of the year we have continued to ensure that all staff have access to universal information with regard to health and wellbeing across the partnership's services. **Wellbeing information points** are in place at both Health Centres to promote universal information sharing. Both formal and informal communication methods are used to communicate the wellbeing offer to staff. There has been ongoing use of all communication channels, both online and in-person, including new whatsapp groups for yoga, health walks, working carers and fitness class. The Lead Officer has been a key mechanism for sharing updates, answering queries and encouraging attendance.

There has been ongoing focused work to engage managers to develop **leadership competencies** relating to wellbeing. Managers have ongoing access to all current wellbeing offers and training opportunities, including specific team wellbeing events. A forum for managers was publicised and arranged during 2023 at both Health Centres with the aim of increasing engagement with managers to focus on supporting and developing wellbeing competencies.

We continue to work to ensure that regular **wellbeing conversations** are taking place between staff and teams. Staff are offered 1-to-1 wellbeing conversation support and teams have the opportunity to participate in wellbeing related activities such as **focussed team wellbeing events**.

The Lead Officer has been working to develop cost effective delivery models and capacity building for wellbeing support. During the year there has been ongoing development of the NHSGGC wellbeing peer support network. East Renfrewshire HSCP is now a HUB location, with training taking place on-site in April 2024. We now have 9 qualified wellbeing peer supporters, and 2 qualified Level=2 trainers, plus 1 qualified Level-1 – Looking After Yourself and Others trainer.

During the year, the Health and Wellbeing Lead has continued to promote **relaxation, emotional support, physical activity** opportunities and practical support across the partnership. There is an ongoing offer of a variety of in-person and online relaxation and exercise activities across East Renfrewshire HSCP for all staff and volunteers, on a weekly basis.

We continue to support the development of **wellbeing spaces** (indoor and outdoor) to promote positive and safe use of spaces, and to support increased participation in wellbeing related activities, and nourish a positive wellbeing environment, both practically and aesthetically. 2023-24 has seen the ongoing development of outside spaces for wellbeing, including two balconies at Barrhead HC, courtyard at Eastwood HC, GP Practice outside spaces at Eaglesham and Carolside, and the development of a wellbeing room at St Andrews House Barrhead. Indoor and outdoor spaces continue to be used at both health centres for yoga and fitness class. Staff volunteers maintain the outside balcony growing spaces at Barrhead HC.

Supporting active travel for wellbeing
Awarded 3 awards in April 2024: Cycling Scotlands Cycle Friendly Employer Award for Barrhead and Eastwood Health Centres; and Paths for All walk at work awards for East Renfrewshire HSCP
Active travel events set for both Health Centres again in May 2024, delivered in partnership with Melo Velo and Includeme2 cycle charities.

2.10 Protecting people from harm

National Health and Wellbeing Outcomes contributed to:
NO7 - People using health and social care services are safe from harm

2.10.1 Our strategic aims and priorities during 2023-24

Fundamental to the work of the HSCP and cross-cutting the other strategic priorities set out in our Strategic Plan, is our responsibility to keep people protected and safe from harm. Everyone has the right to live in safety and be protected from neglect, abuse and harm. Our partnership has a key role in helping to keep vulnerable people in our communities safe and in preventing harm and supporting people at risk of harm. We deliver these through a variety of multi-agency public protection arrangements including: Child Protection; Adult Support and Protection; Violence Against Women Partnership; Multi-Agency Management of Offenders (MAPPA) and the Alcohol and Drugs Partnership. We also respond to new risks and vulnerabilities as these emerge, taking actions with our partners to prevent and respond and learning from each other to improve the ways we support and protect vulnerable people.

2.10.2 Our performance in 2023-24

- Improvement in safety and wellbeing outcomes for women who have experienced domestic abuse – 93% up from 90% in 22/23 - target met.
- People agreed to be at risk of harm and requiring a protection plan have one in place – continues to be 100% of cases

2.10.3 Ways we have delivered in 2023-24

As we work to protect adults at risk from harm we continue to respond to changing needs and patterns of demand. Through the delivery of our multi-agency **Adult Protection Improvement Plan** we continue to focus on: ensuring that adults at risk, their families and carers views are heard and help shape the way we deliver services; making best use of all our opportunities for the prevention and identification of harm; and ensuring that we offer supports and services which meet the needs of Adults at risk of harm and those who support them.

Our approach to protecting vulnerable adults

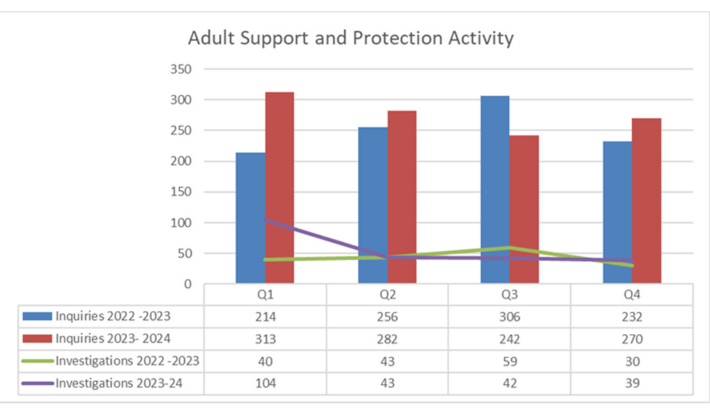
We have established strong relationships between partner agencies, promoting an approach to **adult support and protection (ASP)** that keeps all partners involved and included in discussions and planning, particularly in our routine ASP work and in the undertaking of Large Scale Investigations. In recent years, we have seen increased partnership working with a focus on keeping adults and their families and carers engaged and informed.

We operate a single point of contact for all ASP and adult welfare concern referrals. Created in June 2020 the dedicated ASP team was established as a test of change to strengthen our initial response to harm during the early stages of the pandemic. This dedicated team has greatly strengthened our response to ASP activity locally and led improvements across the HSCP. Due to the success of this model and positive feedback from colleagues and partners across East Renfrewshire, we resourced this model on a permanent basis (funded by SG Strengthening Adult Social Work funding stream) from November 2021 onwards.

The dedicated ASP team has greatly strengthened and streamlined our approach to screening and triaging adult protection referrals and application of the 3-point test. The team have provided coaching and mentoring support to council officers across the HSCP

and strengthened relationships between locality services, external partners, and Police and Fire Service colleagues. The ASP Team is supported on a rota basis by council officers and managers across the HSCP.

The HSCP has seen a steady increase in **demand from ASP activity** over a number of years and this continued in 2023-24. The volume of ASP Inquiries increased a further 10% on last year, having increased 30% in the previous year. ASP Investigations increased 25% on last year, having increased 33% from the previous reporting period.



	Q1	Q2	Q3	Q4
Inquiries 2022 -2023	214	256	306	232
Inquiries 2023- 2024	313	282	242	270
Investigations 2022 -2023	40	43	59	30
Investigations 2023-24	104	43	42	39

Supporting residents in a Large Scale Investigation (LSI)

A Large Scale Investigation (LSI) was conducted in relation to a privately-operated care home in the 2023-24 period. This LSI began on the 24/04/2023 and concluded on the 24/08/2023. This was a significant undertaking involving 10 Council Officers, supported by a range of professionals across the HSCP undertaking 59 ASP Inquiries and Investigations for all of the residents (including both ERC residents and placing authority HSCP residents). Three residents died during the first month of the LSI. These residents were receiving end-of-life care and died of natural causes. There were eleven ASP case conferences held with six residents being placed on a Protection Plan.

A voluntary moratorium was agreed on 06/04/2023 ending on 28/08/2023 when the LSI concluded. Before concluding the LSI all residents had a planned Social Care review, with feedback indicating very positive changes and residents and their relatives describing significant changes in their care provision since the LSI was initiated. All of the residents had full clinical health assessments, which were reviewed to ensure any recommended actions were completed.

The Care Home Management have advised that they have felt the LSI to be a very beneficial and supportive process. They advised that they had never experienced this from any other authority, indeed they felt previous experiences of LSI were punitive rather than supportive.

They advised they are keen to share their positive experience with staff in their other care homes as part of their ongoing learning and development. We view this as a positive outcome, and indicative of the good collaborative work undertaken during the whole LSI process.

The partnership recently received a Joint Inspection of Adult Support and Protection carried out by the Care Inspectorate in collaboration with Healthcare Improvement Scotland and HM Inspectorate of Constabulary in Scotland. The inspection reported in June 2023 and reported the following key strengths at the partnership:

- Adults at risk of harm experienced improvements in their circumstances because of timely, person-centred, and efficient adult support and protection interventions.
- The overall quality and effectiveness of core adult support and protection processes was a key strength for the partnership.

- Initial inquiries and investigations were highly effective and always determined the correct outcome for adults at risk of harm.
- Oversight of key processes supported staff and ensured consistent robust decision making for adults at risk of harm.
- Strategic leadership for adult support and protection was enthusiastic and focused. This supported targeted and meaningful improvements.
- The adult protection committee offered strong leadership for adult support and protection and offered effective oversight for the delivery of key processes.
- Strategic leaders promoted a culture of learning and continuous improvement which supported the development of adult support and protection services for adults at risk of harm.
- Health was a strong adult support and protection partner. Health services delivered innovative, early and effective interventions for adults at risk of harm.

The inspection set out a number of priority areas for improvement, including: improving the quality of chronologies; greater involvement of adults at risk of harm and their unpaid carers at a strategic level; enhanced multi-agency quality assurance practices; and, building on existing practice to ensure the full involvement of all key partners in relevant aspects of ASP practice going forward.

Domestic abuse continues to be the predominant reason for referral to our children's services and features as one of the most common concerns within child protection interagency referral discussions. Through our multi-agency approach we work collaboratively to deliver a significant range of actions to ensure an effective and sustainable approach to preventing, reducing and responding effectively to domestic abuse and all forms of violence against women and girls. This includes the implementation of **Routine Sensitive Enquiry**, **Multi Agency Risk Assessment Conference (MARAC)** and **Safe and Together** practice to ensure a perpetrator pattern based, child centred, survivor strengths approach to working with domestic abuse. We continue to strengthen the capacity of our services and action across the whole system to address the long-term effects of trauma and abuse experienced by women, children and young people.

We worked collaboratively with our partners in Rape Crisis Glasgow and Clyde to launch a new sexual violence outreach support service in East Renfrewshire for women and girls (age 13+). This is an important addition to the specialist support available for women and girls who have experienced rape, sexual assault or sexual abuse. The drop-in operates monthly in Barrhead Health and Care Centre and Eastwood Health and Care Centre.

As part of our work to protect people from harm and abuse, we have established and continue to support a MARAC in East Renfrewshire for high-risk domestic abuse victims. In 2023-24 we continued to see an increase in support required as a result of domestic abuse with 155 victims and 260 children discussed at MARAC. This is an increase of 15.6% and 33% respectively in cases discussed compared to the previous year. 21.32% of victims did not have children and this is important as women without children were not previously visible in the domestic abuse pathway and this demonstrates continued increase in awareness and risk assessment across the range of services and improved pathway response.

MARAC referrals from all statutory services nationally continue to be low overall and may suggest that unless a victim in Scotland reports domestic abuse to the Police or seeks out support from a specialist domestic abuse service, they are unlikely to be referred to their local MARAC. This is not the case locally as East Renfrewshire demonstrates a higher proportion of referrals from children and families and wider statutory services with 33% locally compared to 10% nationally and therefore we are able to capture families that might not be known to another services.

We continue to work together with **East Renfrewshire Women's Aid Service** to provide direct support for women and children who have experienced domestic abuse. Following a significant increase in calls to the helpline and drop-in following the pandemic the service is now seeing a move back towards levels experienced pre pandemic. During the period, East Renfrewshire Women's Aid Service supported 1059 women and children across the three core services and helpline in 2023-24, a reduction of 2.5% from the previous year.

Women's Aid further launched a new Children Experiencing Domestic Abuse Recovery (CEDER) Programme. This is a 12 week group work programme for women and children to support their recovery from domestic abuse.

Women supported by the service recently met with the Promise lead planner to discuss their experiences of seeking support and how services could be improved. Women gave positive feedback about their experiences of Women's Aid and described their experiences of being supported as employees and feedback on family-oriented support such as health visiting, education and after school care.

Training and Capacity Building

Domestic Abuse, Risk Assessment, MARAC and Safe and Together training continues to be delivered in addition to the provision of bespoke sessions tor key partners. Over the course of the last year 181 staff were trained across a range of disciplines including Adult Services, Children & Families, Mental Health, Alcohol and Drugs, Housing, Education, Care at Home, Community Learning and Development and Health Visiting.

Additionally domestic abuse training sessions were delivered to HR and managers to support the implementation of the new policy for HR and managers. Bespoke training was delivered to all community pharmacies across East Renfrewshire and a further 25 participants took up the offer to attend and observe a MARAC. Workers are further supported out with training with specialist domestic abuse advice as required (on average 3 workers per week) were supported.

We participated in the national campaign 16 Days of Action to end violence against women and girls by developing a specific local programme of key messaging and campaign activity delivered through-out the 16 days and concluded the campaign by launching our new Domestic Abuse Policy and Revised Guidance for employees.

2.11 Hosted Services – Specialist Learning Disability Service

We continue to host the **Specialist Learning Disability Inpatient Service** that supports people requiring a hospital admission. The service works in partnership to manage demand and ensure appropriate support is available in the community on discharge.

Our Assessment and Treatment Services, based at Blythswood House and Claythorn House, has 27 beds across the two sites. The service is available to people with a learning disability residing in nine Health and Social Care Partnerships, six of which are within the NHSGGC boundary and three of which are provided via service level agreements in areas outwith NHSGGC.

The number of admissions achieved during 2023-24 has dropped further by just over 33% with only 7 admissions throughout the full year. This is directly due to a significant reduction in the number of discharges achieved during 2023-24.

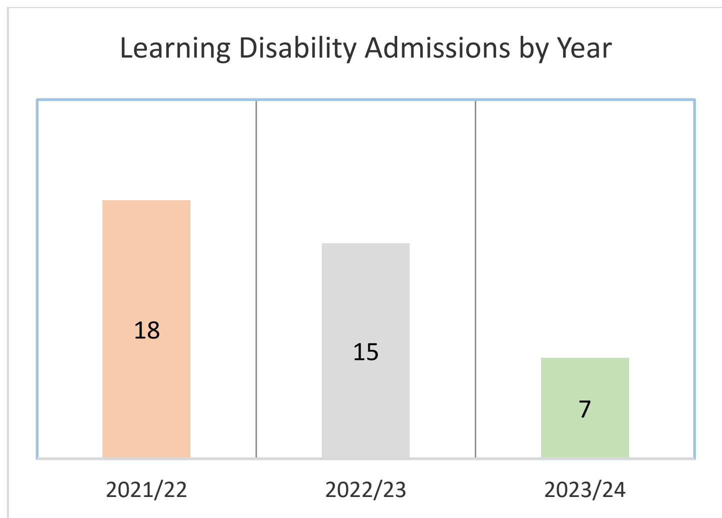
Delayed discharges remain a significant issue for the service. Delays are at the highest rate they have been for several years and this continues to create significant issues, with a high number of patients having no discharge plan for a significant period of time nor a home to return to. The reasons for delay across the partner areas were due to lack of suitable accommodation and/or no providers in place and/or providers in place having real difficulty with recruitment.

The main barrier to patient flow is the number of delayed discharges from placement breakdowns and the length of time taken to organise a new placement. This is generally longer for patients in the LD inpatient service compared to patients with LD in the mental health inpatient service.

People are still more likely to be discharged within a reasonable timescale if their primary reason for admission is due to mental ill health and/or they have an established home to return to.

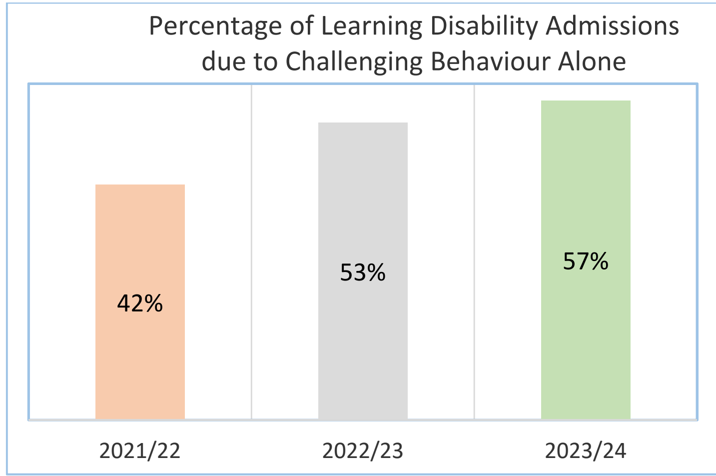
Establishing a new package of care and support is the primary reason for delays.

2.11.1 Admissions



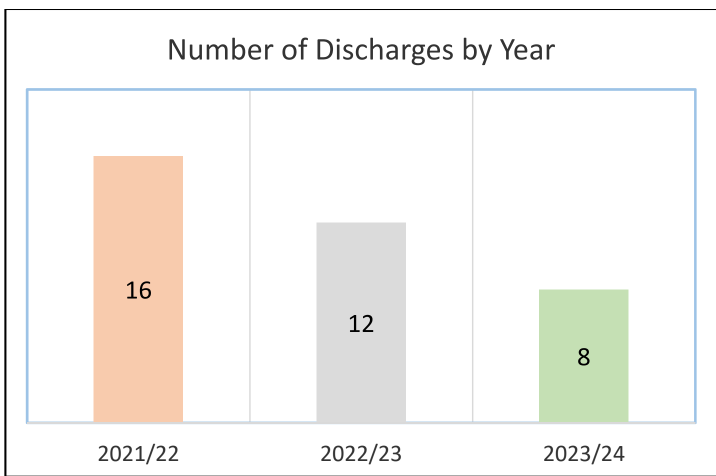
The service received 23 referrals for admission but only a total of 7 people were admitted to the LD inpatient service in 2023-24. This is just under half the number of admissions from the previous year and relates directly to a smaller number of discharges and increasing lengths of

stay / delays. This is the lowest number of admissions the service has ever experienced. Of the seven admissions the age range was between 16 – 59 years.



Of the seven admissions, four were admitted with long-standing challenging behaviour. The service is experiencing more referrals for people with behaviours that challenge and less with acute mental illness. Admissions due to challenging behaviour alone increased from previous years with 57% during 2023-24 compared to 53% in 2022-23 and 42% in 2021-22. This appears to be the result of instability in community supports for those with the most difficult to manage challenging behaviour, but also partly because patients in need of urgent admission due to mental illness or less complex challenging behaviour are more likely to be admitted to the mental health inpatient service due to the lack of availability of LD inpatient beds.

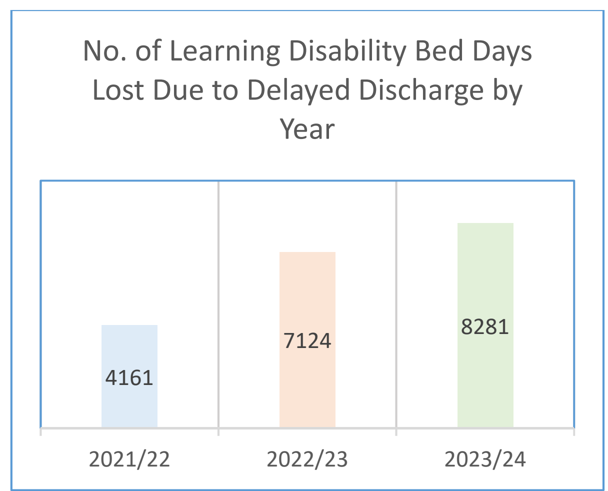
2.11.2 Discharges



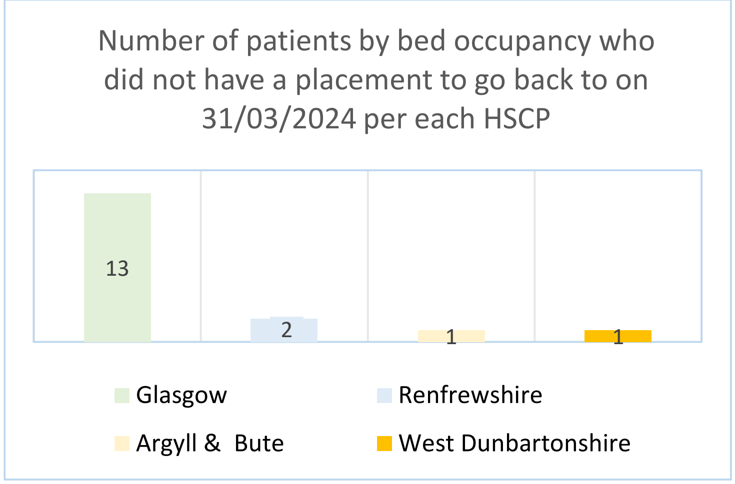
Eight patients were discharged from the LD inpatient service during 2023-24. The number of discharges has continuously decreased in recent years from 16 discharges in 2021-22 reducing to 12 in 2022-23 and just 8 in 2023-24. Overall the average length of stay counting all LD inpatients discharged during 2023-24 was 325 days with a range of 33 – 1113 days.

There is a correlation between length of stay and accommodation status on admission. Of the eight discharges, four were returning to the home they were admitted from, two had a support package identified on admission and two had no placement at the point of admission. The average length of stay for the four patients returning home was 104 days. For patients that had a new placement identified on admission the average length of stay was 282 days and for

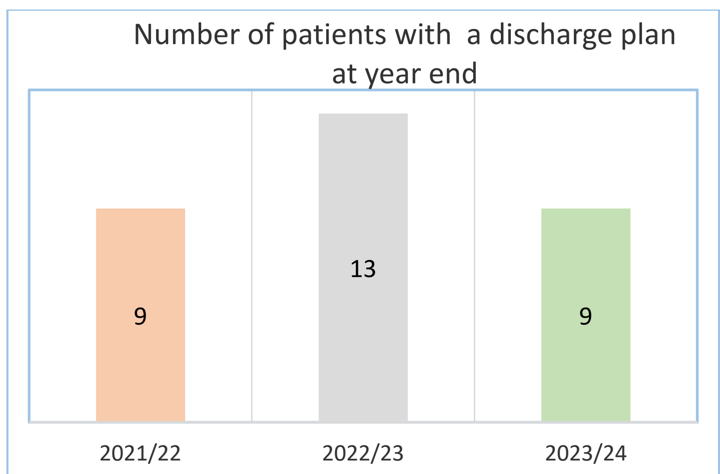
the two patients who required a new placement to be identified during their admission the average length of stay was 810 days. The inpatient service had 1 long stay patient discharged in 2023-24. There are 5 remaining long stay patients who now all have plans in place to be discharged to a community based model currently under development.



There was a 14% increase in beds days lost due to delayed discharges from 2022-23 to 2023-24.



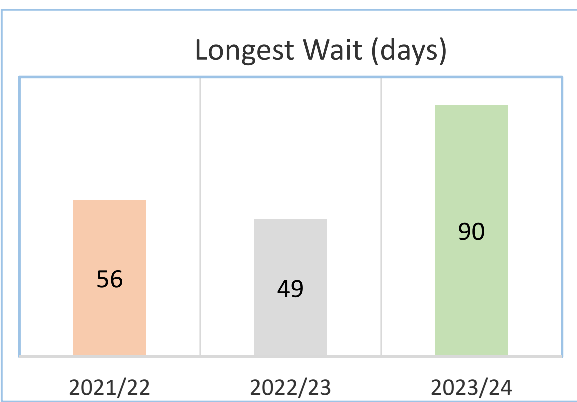
On 31 March 2024, 17 patients who were ready for discharge did not have a confirmed discharge plan / community placement.



Only 9 out of 26 LD inpatients had a discharge plan on 31/03/2024.This was a reduction in the number from the previous year of 13. Some patients have been waiting a long and

unacceptable time for discharge. The complex mix of patients who are delayed leads to high risks in the ward environment in particular around interpersonal risks and an increase in incidents of violence and aggression. This can only be mitigated in the ward environment with increased levels of special observations. The longer people are in hospital the more challenging it can be to identify suitable accommodation as there is a perception the risks can only be managed in this environment creating a further barrier to discharge.

2.11.3 Waiting times



The longest wait for admission to a learning disability inpatient bed was 90 days. As a result of continuous occupancy, the service is now typically unable to directly admit people requiring specialist learning disability assessment and treatment.

A group of people were removed from the waiting list as admission was no longer required or an alternative had been established before a bed became available for them.

Blythswood House is a learning disability in-patient service provided across Greater Glasgow and Clyde, and is managed by East Renfrewshire HSCP on behalf of the health board. The 15 bed unit provides assessment and treatment for adults who have a diagnosis of learning disability, mental illness and behavioural difficulties. The service is focused on creating a positive and supportive environment for vulnerable people prior to moving to a community setting with the right resources to support them.

The service **received highly positive feedback from the Mental Welfare Commission** in a recent visit. The nursing team were praised for the activity schedule, both group and individual, and it was noted that this was having a positive impact on the wellbeing of patients and reducing incidents of violence and aggression.

The team was commended for positive leadership. Managing risk and keeping people safe is a critical part of this service and the team were commended for high standards of all paperwork, including legal papers and care plans.

The team recognised work that had been undertaken to make the spaces within Blythswood pleasant and personalised for patients within very limited budgets. The feedback from families and carers was universally positive and a full report will be published later in the year.

3 Financial performance and Best Value

National Health and Wellbeing Outcomes contributed to:
NO9 - Resources are used effectively and efficiently in the provision of health and social care services

3.1 Introduction

Within this section of the report we aim to demonstrate our efficient and effective use of resources. Our Annual Report and Accounts 2023-24 is our statutory financial report for the year. We regularly report our financial position to the IJB throughout the year.

This was a very challenging year for the HSCP as we worked to balance meeting the demand for services within the allocated budget. We needed to deliver just over £7 million of savings as part of our plans to balance our budget and we were not able to do this. We used £1.9 million reserves as planned to support us to redesign how we deliver services and we achieved £2.7 million of savings during the year. This meant we had a £2.5 million shortfall against planned savings and when this shortfall is combined with the additional cost pressures from delivering services we ended the year with a deficit of £4.7 million.

This meant that during the financial year 2023-24 we moved to a financial recovery position and had a number of discussions with both of our partners; East Renfrewshire Council and NHS Greater Glasgow and Clyde. Both partners have provided additional funding, on a non-recurring basis, for 2023-24 to eliminate this deficit:

- East Renfrewshire Council provided an additional £2.6 million
- NHS Greater Glasgow and Clyde provided an additional £2.1 million

The main operational challenges that led to the increased cost pressures were meeting demand for Care at Home, the cost of special observations within the Learning Disabilities In-Patients service which we host on behalf of all six HSCPs within Greater Glasgow and Clyde and the costs of prescribing through our GP practices.

The main area we fell short on delivering planned savings was from our Supporting People Framework. This framework is based on eligibility criteria and was put in place early in the financial year to support reviews of the level of care we provide as we knew we would have to stop providing lower levels of need. We underestimated the impact and timeframe for the culture and practice changes required to implement such significant change alongside managing the expectations of the individuals and families we support.

As the year progressed it became clear that our approach was not delivering the level of cost reductions and savings needed and a formal financial recovery process was invoked at the November 2023 meeting of the Integration Joint Board.

Part of this process was to ensure that all possible earmarked and general reserves were released towards reducing the deficit, however this alone was insufficient and the difficult decision was taken by the IJB to move to delivering only substantial and critical levels of service. This means the IJB is in breach of its reserves policy, however the actions to mitigate cost pressures and the savings shortfall outweigh this.

Detailed discussions took place with both partners and culminated in additional funding, on a one-off basis, for 2023-24 to fund the deficit of £4.7 million. The IJB received an additional £2.1m from NHS Greater Glasgow and Clyde and £2.6 million from East Renfrewshire Council.

The savings shortfall and service pressure have been addressed by the IJB in the budget set for 2024-25.

3.2 Financial Performance 2023-24

The annual report and accounts for the IJB covers the period 1st April 2023 to 31st March 2024. The budgets and outturns for the operational services (our management accounts) are reported regularly throughout the year to the IJB, with the final position summarised:

Service	Unaudited Budget	Spend	Variance (Over) / Under	Variance (Over) / Under
	£ Million	£ Million	£ Million	%
Children & Families	13.777	12.989	0.788	5.72%
Older Peoples Services	27.544	27.764	(0.220)	(0.80%)
Physical / Sensory Disability	6.234	6.348	(0.114)	(1.83%)
Learning Disability – Community	19.248	19.687	(0.439)	(2.28%)
Learning Disability – Inpatients	9.959	11.330	(1.371)	(13.77%)
Augmentative and Alternative Communication	0.295	0.219	0.076	25.76%
Intensive Services	15.788	18.287	(2.499)	(15.83%)
Mental Health	6.274	5.733	0.541	8.62%
Addictions / Substance Misuse	2.417	2.155	0.262	10.84%
Family Health Services	30.411	30.475	(0.064)	(0.21%)
Prescribing	17.318	19.780	(2.462)	(14.22%)
Criminal Justice	0.074	0.086	(0.012)	(16.22%)
Finance and Resources	9.488	8.726	0.762	8.03%
Net Expenditure Health and Social Care	**158.827**	**163.579**	**(4.752)**	**(2.99%)**
Housing	0.449	0.449	-	-
Set Aside for Large Hospital Services	30.194	30.194	-	-
Total Integration Joint Board	**189.470**	**194.222**	**(4.752)**	**(2.99%)**
Additional Funding from NHSGGC	2.095	-	2.095	-
Additional Funding from ERC	-	(2.657)	2.657	-
Total Integration Joint Board	**191.565**	**191.565**	**-**	**-**

The operational overspend, before the additional funding from both partners is applied, is £4.752 million (2.99%) and is marginally better than the last reported position taken to the IJB which was £5.361 million of an overspend. The main variances to the budget were:

- £2.499 million overspend within Intensive Services from Care at Home cost pressures combined with unachieved savings
- £2.462 million overspend in prescribing resulting from both increased volume and costs
- £1.371 million overspend in the Learning Disability In-Patients service resulted from the level of additional staffing for special observations and managing the patient dynamics

- £0.788 million underspend in Children and Families was mainly from vacancy management and maximising available reserves
- The remaining overspends were primarily not achieving savings and the underspends were from vacancy management and release of reserves

Detailed reporting is taken to each meeting of the IJB throughout the year and in the latter months of 2023-24 frequent discussions took place with both partners as part of the financial recovery process.

In addition to the expenditure above, a number of services are hosted by other IJBs who partner NHS Greater Glasgow and Clyde and our use of those hosted services is shown below for information. This is not a direct cost to the IJB.

2022/23 £000	Services Prvided to East Renfrewshire IJB by Other IJBs within NHSGGC	2023/24 £000
476	Physiotherapy	556
50	Retinal Screening	68
788	Podiatry	520
306	Primary Care Support	318
419	Continence	457
631	Sexual Health	603
1,183	Mental Health	1,597
978	Oral Health	899
374	Addictions	479
232	Prison Health Care	223
156	Health Care in Police Custody	185
4,032	Psychiatry	5,197
n/a	Specialist Childrens Services*	3,344
9,625	**Net Expenditure on Services Provided**	**14,446**

*Hosted by East Dunbartonshire IJB from 1 April 2023

We also host the Specialist Learning Disability In-Patient Services and Augmentative & Alternative Communication (AAC) services on behalf of the other IJBs within the NHS Greater Glasgow & Clyde. The cost of these two hosted services are met in full by East Renfrewshire. The use by other IJBs is shown below for information.

2022/23 £000	Learning Disability In-Patient Servies Hosted by East Renfrewshire IJB	2023/24 £000
6,872	Glasgow	9,010
1,834	Renfrewshire	1,370
521	Inverclyde	97
291	West Dunbartonshire	658
-	East Dunbartonshire	-
9,518	Learning Disability In-Patients Services Provided to other IJBs	11,135
73	East Renfrewshire	195
9,591	**Total Learning Disability In-Patient Services**	**11,330**

2022/23 £000	Augmentative and Alternative Communication (AAC) Hosted by East Renfrewshire IJB	2023/24 £000
124	Glasgow	93
27	Renfrewshire	55
32	Inverclyde	10
5	West Dunbartonshire	6
27	East Dunbartonshire	23
215	AAC Services Provided to other IJBs	187
50	East Renfrewshire	32
265	**Total AAC Services**	**219**

3.3 Reserves

We used £4.562 million of reserves in year and we also added £0.344 million into earmarked reserves. The year on year movement in reserves is summarised:

	£ Million	£ Million
Reserves at 31 March 2023		6.046
Planned use of existing reserves during the year	(4.526)	
Funds added to reserves during the year	0.344	
Net decrease in reserves during the year		(4.182)
Reserves at 31 March 2024		1.864

The purpose, use and categorisation of IJB reserves is supported by a Reserves Policy and Financial Regulations, both of which were reviewed in September 2023.

The reserves of the IJB fall into three types:

- Ring-fenced: the funding is earmarked and can only be used for that specific purpose
- Earmarked: the funding has been allocated for a specific purpose
- General: this can be used for any purpose

As part of the financial recovery process for 2023-24 The IJB used all possible reserves available to mitigate cost pressures. This means the only reserves being taken into 2024-25 are for specific funding initiatives set by the Scottish Government or where funding is committed within an existing project.

Ring-Fenced Reserves
The spend in year was £1.113 million on existing initiatives and £0.1 million was added towards the end of the year for new Drug Intervention funding. The funding to support the development of a Recovery Hub at £0.489 million is the material element of the £0.8 million balance taken to 2024-25.

Earmarked Reserves
Our earmarked reserves are in place to support a number of projects and included bridging finance to support the delivery of savings. We used £3.141 million during the year and will take £1.064 million into 2024-25. This balance supports commitments already in place and the three main areas are supporting the whole family wellbeing project, trauma informed practice and the learning disability community living change fund. There are no bridging finance reserves remaining for 2024-25.

General Reserves
Our general reserve is now nil as we used the £0.272 million we held as part of the financial recovery process. The IJB recognises that this means it is not compliant with its Reserves Policy which advocates a 2% of budget should be the level of reserves held.

The use of reserves was reported to the IJB within our routine revenue reporting and during 2023-24 and this included the decision to un-hypothecate every reserve possible to mitigate cost pressures.

3.4 Prior Year Financial Performance

The table below shows a summary of our year-end under / (over) spend by service and further detail can be found in the relevant Annual Report and Accounts and in year reporting.

	2023/24	2022/23	2021/22	2020/21	2019/20
SERVICE	**(Over) / Under £ Million**	**(Over) / Under £ Million**	**(Over) / Under £ Million**	**(Over) / Under £ Million**	**(Over) / Under £ Million**
Children and Families	0.788	0.460	(0.020)	0.410	0.637
Older Peoples & Intensive Services	(2.719)	0.888	0.189	0.327	(0.866)

Physical / Sensory Disability	(0.114)	0.219	0.031	0.099	0.030
Learning Disability - Community	(0.439)	(0.727)	0.458	(0.267)	(0.095)
Learning Disability - Inpatients	(1.371)	(0.032)	0	0	0.002
Augmentative & Alternative Communication	0.076	0	0	0	0
Mental Health	0.541	0.337	0.136	0.192	0.189
Addictions / Substance Misuse	0.262	0.083	0.021	0.052	0.013
Family Health Services	(0.064)	0.002	0	0	-
Prescribing	(2.462)	(0.774)	0	0	(0.311)
Criminal Justice	(0.012)	0.030		0.011	-
Planning and Health Improvement *			0.005	0.065	0.098
Management and Admin / Finance & Resources	0.762	0.104	0.017	(0.056)	0.238
Net Expenditure Health and Social Care	**(4.752)**	**0.590**	**0.837**	**0.833**	**(0.065)**
Additional Funding ERC	**2.657**				
Additional Funding NHSGGC	**2.095**				
Net Expenditure Health and Social Care	**0.00**				

* In 2022/23 this was subsumed into the relevant adult / children's services

Additional funding was provided on a non-recurring basis as part of the financial recovery process for 2023-24.

3.5 Best Value

The IJB has a duty of Best Value and this includes ensuring continuous improvement in performance, while maintaining an appropriate balance between the quality of those services provided by the HSCP and the cost of doing so. We need to consider factors such as the economy, efficiency, effectiveness and equal opportunities. The IJB ensures this happens through its vision and leadership and this is supported and delivered by:

3.6 Future Challenges

The IJB continues to face a number of challenges, risks and uncertainties in the coming years and this is set out in our current Medium-Term Financial Plan (MTFP) for 2024-25 to 2028-29 and our Strategic Plan for 2022-23 to 2024-25. These key strategies also inform our strategic risk register and collectively support medium-term planning and decision making.

The IJB operates in a complex environment with requirements to ensure statutory obligations, legislative and policy requirements, performance targets and governance and reporting criteria are met whilst ensuring the operational oversight of the delivery of health and care services.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how and where we use our funding over time.

The most significant challenges for 2024-25 and beyond include:

- delivering savings to ensure financial sustainability, ensuring sufficient flexibility to allow for slippage, shortfalls or changes
- recognising the tension between delivering a level of savings that will allow the IJB to start to rebuild reserves and protecting service delivery
- managing reduced service capacity as a result of savings and maintaining discharge without delay from hospital and other key indicators
- delivering on our Recovery & Renewal programme for areas of change, including the implementation of a new case recording system
- understanding the longer term impacts of Covid-19 on mental and physical health
- recruitment and retention of our workforce, particularly in the current cost of living crisis
- managing prescribing demand and costs in partnership with our GPs
- supporting the physical and mental health and wellbeing of our workforce and our wider population, again further impacted by the current cost of living challenges

- meeting increased demand for universal services without funding for growth, including increased population demand and new care homes opening with the area
- we may also need to prepare for the challenges and opportunities that may arise from a national care service

The IJB agreed its budget for the financial year 2024-25 on 27th March 2024 recognising the significant challenges brought forward from 2023-24 as well as new demand and cost pressures for 2024-25.

Those cost pressures are £17.023 million and are offset in part by available funding of £7.206 million; leaving a funding gap of £9.817 million. A savings programme is in place to ensure we deliver a minimum level of savings to close this gap, and ideally to achieve more savings than required, as we know that £2.316 million of the funding that offsets the pressures is non-recurring for the next two years. We do not have reserves to offset any shortfall.

Revenue Budget	**ERC**	**NHS**	**Total**
	£m	**£m**	**£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			

Savings progress will continue to be reported to the IJB within the routine financial reporting and the Supporting People Framework is the most significant saving at c£4 million.

The budget report sets out the detail behind each of the cost pressures and it is important to note that these include contractual and policy requirements that must be met. The full detail of all savings is included in this report.

Whilst the scale of this challenge is significant to East Renfrewshire, particularly as one the smaller HSCPs this is not unique; the national position across all public sector services shows a challenging financial outlook.

The 2023-24 budget overspend was mitigated by additional non-recurring funding from both our partners; this will not be an option in 2024-25.

Looking forward to 2025-26 and beyond in any one year the modelled cost pressure could range from £3.5 million to £8.6 million depending on the combination of factors.

It also needs to be recognised that these scenarios show the potential level of cost pressure and do not make any allowance for any funding that may offset any future cost. For example in prior years the Scottish Government has provided funding for some pay and non-pay cost pressures.

Given the current levels of uncertainty it is not possible to assume anything beyond a flat cash approach at this time.

The assumptions are also predicated on full and recurring delivery of the 2024-25 savings.

Demographic pressures remain a very specific challenge for East Renfrewshire as we have an increasing elderly population with a higher life expectancy than the Scottish average and a rise in the number of children with complex needs resulting in an increase in demand for services.

Economic challenges are significant as we are seeing little recovery in the global economy and although inflation is on a downward trend, particularly with utilities, although this is a slow decline. The biggest risk remains to the IJB remains the cost volatility in prescribed drugs with inflation remaining a significant factor (around 8% in 2023-24).

The cost of pay inflation is still comparatively high and although inflation across a range of goods and services (CPI) is falling, this dropped to 4% in December 2023, this is still well above the UK target of 2%.

Our population and households are not impacted equally by the cost of living crisis and we know those with lower income are disproportionately affected.

We have successfully operated integrated services for around 20 years so we have faced a number of challenges and opportunities over the years, including delivering significant levels of savings; this means that we need to take very difficult decisions and look at radical options for change.

Prescribing will not only rise in line with population increases but is also subject to many other factors. This area is so volatile it is difficult to accurately predict however system wide work is in place across NHS Greater Glasgow and Clyde to support the delivery of a range of actions to mitigate some of the cost pressures we are seeing

Maintaining Discharge without Delay performance is a key issue for us. In order to achieve the target we continue to require more community based provision and this is dependent on availability of care. The medium-term aspiration remains that the costs of increased community services will be met by shifting the balance of care from hospital services. The work to agree a funding

mechanism to achieve this remains ongoing with NHS Greater Glasgow and Clyde and its partner IJBs through an Unscheduled Care Commissioning Plan.

The longer term impact on the on the sustainability of our partner care provider market in the post Covid-19 pandemic and current economic climate remains a significant issue. Our Strategic Commissioning plan sets out the detail on how we will work with our partners in the third and independent sectors in the coming years. The way we commission services may be impacted by the creation of a national care service. There is an increasing tension between cost expectations from care providers including those on national procurement frameworks and contracts and the funding, or more specifically the lack of that IJBs have to meet any additional increases

We plan to deal with these challenges in the following ways:

- Delivery of the required savings for 2024-25 with a deliberate intention to work to over-recover where possible to allow us to build back from financial recovery. Delivery of the Supporting People Framework savings programme is the most significant element of the programme.
- Further develop full savings options for 2025-26 and beyond; this will include development of charging options for non-residential care and support.
- Our Recovery and Renewal Programme continues and will focus on key projects to support the HSCP with major areas of change as well as short life projects to support delivery of benefits; this includes implementation of a new case recording IT system.
- We will update our Medium-Term Financial Plan on a regular basis reflecting assumptions and projections as issues become clearer; this will also inform planning for our 2025-26 budget.
- We will continue to monitor the impacts of Covid-19, economic and inflationary factors along with operational issues through our financial and performance monitoring to allow us to take swift action where needed, respond flexibly to immediate situations and to inform longer term planning.
- We will review our Strategic Improvement Plan that was agreed by the IJB in January 2020 which set out the combined actions / areas for improvement from the Joint Strategic Inspection of the IJB in 2019 and from the Ministerial Strategic Group self-evaluation and the findings from the Audit Scotland Report: Health and Social Care Integration, also 2019. This work was paused during the pandemic and will be incorporated if and where required to current plans.
- We will complete the review of our Integration Scheme; work has progressed during 2023-24 and this should be finalised in 2024-25 with partners.
- We routinely report our performance to the IJB with further scrutiny from our Performance and Audit Committee and our Clinical and Care Governance Group. The service user and carer representation on the IJB and its governance structures is drawn from Your Voice which includes representatives from community care groups, representatives from our localities and representatives from equality organisations including disability and faith groups. This partnership working is a key element to mitigating the impacts of the Supporting People Framework.
- Workforce planning will continue to support identification of our current and future requirements. Recruitment and retention of staff is key to all service delivery and we have mitigated as far as possible by minimising the use of temporary posts and developing our workforce and organisational learning and development plans. We are refreshing our 3-year workforce plan. This will also include any implications from the Health and Care Staffing (Scotland) Act 2019.

- We will continue with the redesign of the Learning Disability Inpatient bed model and progress the programme of health checks for people with a learning disability, following a successful pilot year.
- Governance Code; we have robust governance arrangements supported by a Governance Code.
- The IJB continues to operate in a challenging environment and our financial, risk and performance reporting continue to be a key focus of each IJB agenda.

The future challenges detailed above and our associated response include the main areas of risk that the IJB is facing. The uncertainty of the current economic climate, the longer term impact of Covid-19 on our population, the capacity for the HSCP and its partners to meet continued demand and complexity whilst delivering such challenging savings remain significant risks.

4 Performance summary

4.1 Introduction

In the previous chapters of this report we have focused on the key areas of work carried out by the HSCP over the course of 2023-24. In this final chapter we draw on a number of different data sources to give a more detailed picture of the progress the partnership has been able to make against our established performance indicators. Quantitative performance for many of our performance indicators continue to reflect ongoing challenges being faced locally and nationally in the aftermath of the Covid pandemic.

The sections below set out how we have been performing in relation to our suite of Key Performance Indicators structured around the strategic priorities in our Strategic Plan 2022-25. We also provide performance data in relation to the National Integration Indicators and Ministerial Steering Group (MSG) Indicators. Finally, we provide a performance summary relating to recent inspections of our in-house services.

4.2 Performance indicators

Key to performance status	
Green	Performance is at or better than the target
Amber	Performance is close (approx 5% variance) to target
Red	Performance is far from the target (over 5%)
Grey	No current performance information or target to measure against

Direction of travel*	
↑	Performance is IMPROVING
▬	Performance is MAINTAINED
↓	Performance is WORSENING

*For consistency, trend arrows **always point upwards where there is improved performance** or downwards where there is worsening performance including where our aim is to decrease the value (e.g. if we successfully reduce a value the arrow will point upwards).

Strategic Priority 1 - Working together with children, young people and their families to improve mental and emotional wellbeing										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
Percentage of children and young people subject to child protection who have been offered advocacy. *(Aim to increase)*	**65%**	100%	61%	62%	63%	n/a	n/a	n/a	n/a	⇧
Percentage of children with child protection plans assessed as having an increase in their scaled level of safety at three monthly review periods. *(Aim to increase)*	**100%**	100%	100%	84%	87.5%	n/a	n/a	n/a	n/a	−
Percentage of children looked after away from home who experience 3 or more placement moves *(Aim to decrease)*	**0%**	11%	0%	1.8%	1.2%	0.0%	1.4%	1.2%	7.1%	−
Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral *(Aim to increase)*	**99%**	90%	86%	55%	61%	78%	74%	89%	90%	⇧
Child & Adolescent Mental Health - longest wait in weeks at month end *(Aim to decrease)*	**18**	18	24	41	35	33	34	35	31	⇧
Balance of Care for looked after children: % of children being looked after in the Community (LGBF) *(Aim to increase)*	n/a	Data only	**92.2%**	92.7%	91.1%	94.9%	98.0%	93.6%	91.5%	⇩

Strategic Priority 1 - Working together with children, young people and their families to improve mental and emotional wellbeing										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
% Child Protection Re-Registrations within 18 months (LGBF) *(Aim to decrease)*	n/a	Data only	**12.5%**	0	0	15.8%	7.7%	0%	9%	↓
% Looked After Children with more than one placement within the last year (Aug-Jul). (LGBF) *(Aim to decrease)*	n/a	Data only	**14.4%**	20.8%	20%	18.8%	24.5%	29.1%	19.6%	↑

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. *(Aim to increase)*	**548**	600	488	458	551	575	514	491	364	↑
Percentage of people aged 65+ who live in housing rather than a care home or hospital (MSG) *(Aim to increase)*	n/a	97%	**97%**	97%	97%	97%	95.9%	96.6%	96.8%	–
The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care. *(Aim to increase)* NI-18	n/a	63%	**64.4%**	65.2%	58%	57%	64%	64%	63%	↓

Strategic Priority 2 - Working together with people to maintain their independence at home and in their local community										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
People reporting 'living where you/as you want to live' needs met (%) *(Aim to increase)*	**91%**	90%	89%	89%	91%	88%	92%	84%	79%	
SDS (Options 1 and 2) spend as a % of total social work spend on adults 18+ (LGBF) *(Aim to increase)*	n/a	Data Only	**9.3%**	8.86%	8.69%	8.44%	8.15%	7.5%	6.6%	
Percentage of people aged 65+ with intensive needs receiving care at home. (LGBF) *(Aim to increase)*	n/a	62%	**62.5%**	64.4%	62.2%	57.6%	57.5%	62.5%	61.1%	
Percentage of those whose care need has reduced following re-ablement *(Aim to increase)*	**63.9%**	60%	48%	60%	31%	67	68	62	64	

Strategic Priority 3 - Working together to support mental health and well-being										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
Mental health hospital admissions (age standardised rate per 1,000 population) *(Aim to decrease)*	n/a	2.3	**1.2**	1.2	1.4	1.6	1.5	1.5	1.5	
Percentage of people waiting no longer than 18 weeks for access to psychological therapies *(Aim to increase)*	**84%**	90%	75%	76%	74%	65%	54%	80%	56%	

Strategic Priority 3 - Working together to support mental health and well-being										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
% of service users moving from drug treatment to recovery service *(Aim to increase)*	**4%**	7%	5%	9%	6%	16%	22%	12%	9%	↓
Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines. *(Aim to increase)*	**568**	419	173	0	5	33	93	331	468	↑
Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. *(Aim to increase)*	**93%**	90%	96%	95%	95%	89%	95%	87%	96%	↓

Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI *(Aim to decrease)* (NHSGGC data)	**7**	0	8	7	2	2	4	4	4	↑

Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity) *(Aim to decrease)* (MSG data)	**4,821***	1,893	4,625	4,546	2,342	1,788	2,284	1,860	2,704	↓
No. of A & E Attendances (All ages) *(Aim to decrease)* (NHSGGC data)	**22,321**	Data only	21,913	20,813	18,091	23,934	24,830	23,220	22,238	↓
Number of Emergency Admissions: Adults *(Aim to decrease)* (NHSGGC data)	**6,595**	Data only	6,185	7,372	6,217	6,859	6,801	6,916	6,908	↓
No. of A & E Attendances (adults) *(Aim to decrease)* (MSG data)	**17,824***	18,335	17,356	16,877	13,677	20,159	20,234	19,344	18,747	↓
Number of Emergency Admissions: Adults *(Aim to decrease)* (MSG data)	**6,973***	7,130	6,692	7,894	7,281	7,538	7,264	7,432	8,032	↓
Emergency admission rate (per 100,000 population) for adults *(Aim to decrease)* NI-12	**9,606****	11,492	9,215	9,414	9,210	10,441	10,345	10,304	11,427	↓
Emergency bed day rate (per 100,000 population) for adults *(Aim to decrease)* NI-13	**105,211****	117,000	108,721	108,448	97,806	106,296	110,749	120,265	121,099	↑
Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) *(Aim to decrease)* NI-14	**73****	100	69	77	98	78	79	79	83	↓

Strategic Priority 4 - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
A & E Attendances from Care Homes (NHSGGC data) *(Aim to decrease)*	**487*****	Data only for 23/24	390	252	236	394	429	541	n/a	↓
Emergency Admissions from Care Homes (NHSGGC data) *(Aim to decrease)*	**248*****	Data only for 23/24	188	141	154	233	261	338	166	↓
% of last six months of life spent in Community setting *(Aim to increase)* MSG	n/a	86%	**87.7%**	89.4%	89.8%	88.3%	86.2%	85.0%	85.8%	↓

* Full year data not available for 2023/24. Figure relates to 12 months Jan-Dec 2023. Data from MSG release, 11 April 2024

** Full year data not available for 2023/24. Provisional figure relates to 12 months Jan-Dec 2023. Data from PHS release, 22 May 2024

***In April 2024 NHSGGC revised data for care home admissions and attendances to include previously omitted care homes. New target to be established for these performance measures.

Strategic Priority 5 - Working together with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
People reporting 'quality of life for carers' needs fully met (%) *(Aim to increase)*	**84.5%**	80%	80%	92%	91%	92%	78%	72%	70%	↑
Total combined % carers who feel supported to continue in their caring role *(Aim to increase)* NI 8	n/a	Data only	n/a	**28.4%**	n/a	35.3%	n/a	37.5%	n/a	↓

Strategic Priority 6 - Working together with our community planning partners on effective community justice pathways that support people to stop offending and rebuild lives										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. *(Aim to increase)*	**89%**	80%	83%	81%	75%	71%	84%	92%	96%	↑
Criminal Justice Feedback Survey - Did your Order help you look at how to stop offending? *(Aim to increase)*	**83%**	100%	100%	100%	92%	100%	100%	100%	100%	↓
% Positive employability and volunteering outcomes for people with convictions. *(Aim to increase)*	**57%**	60%	67%	56.5%	66%	65%	55%	n/a	n/a	↓

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities and improve life chances.										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
Breastfeeding at 6-8 weeks most deprived SIMD data zones *(Aim to increase)*	n/a	25%	**19.2%**	17.9%	7.5%	15.4%	22.9	27.3	17.2	↑
Premature mortality rate per 100,000 persons aged under 75. (European age-standardised mortality rate) *(Aim to decrease)* NI-11	n/a	Data Only	**264**	333	334	295	308	301	297	↑

Strategic Priority 7 - Working together with individuals and communities to tackle health inequalities and improve life chances.										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
Percentage of adults able to look after their health very well or quite well *(Aim to increase)* NI-1	n/a	Data Only	n/a	**92%**	n/a	94%	n/a	94%	n/a	⬇

Strategic Priority 8 - Working together with staff across the partnership to support resilience and well-being										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
% Staff who report 'I am given the time and resources to support my learning growth'. *(Aim to increase)*	**77%**	90%	74%	75%	n/a	77%	76%	70%	n/a	⬆
% Staff who report "I feel involved in decisions in relation to my job". *(Aim to increase)*	**75%**	Data Only	71%	72%	n/a	n/a	69%	n/a	n/a	⬆
% Staff who report "My manager cares about my health and well-being". *(Aim to increase)*	**89%**	Data Only	85%	88%	n/a	n/a	85%	n/a	n/a	⬆

Strategic Priority 9 - Protecting people from harm										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
% Change in women's domestic abuse outcomes *(Aim to increase)*	**93%**	85%	90%	87%	84%	79%	64%	65%	66%	
People agreed to be at risk of harm and requiring a protection plan have one in place. *(Aim to increase)*	**100%**	100%	100%	100%	100%	100%	100%	n/a	n/a	

Organisational measures										
Indicator	**2023/24**	**Current Target**	**2022/23**	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**	**2016/17**	**Trend from previous year**
Percentage of days lost to sickness absence for HSCP NHS staff *(Aim to decrease)*	**8.3%**	4.0%	7.5%	6.9%	5.5%	7.3%	6.8%	8.5%	7.2%	
Sickness absence days per employee - HSCP (LA staff) *(Aim to decrease)*	**19.5**	17.5	20.3	14.7	13.6	19.1	16.4	13.0	13.6	

4.3 National Integration Indicators

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships.

The Integration Indicators are grouped into two types of measures: 9 are based on feedback from the biennial Scottish Health and Care Experience survey (HACE) and 10 are derived from Partnership operational performance data. A further 4 indicators are currently under development by NHS Scotland Information Services Division (ISD). The following tables provide the most recent data for the 19 indicators currently reportable, along with the comparative figure for Scotland, and trends over time where available.

4.3.1 Scottish Health and Care Experience Survey (2021-22)

Information on nine of the National Integration Indicators are derived from the biennial Scottish Health and Care Experience survey (HACE) which provides feedback in relation to people's experiences of their health and care services. The most recent survey results for East Renfrewshire relate to 2021-22 and are summarised below.

The results show that we performed better than the Scottish average for seven of the nine indicators and performed close to the national rate for the remaining two. While performance declined for all of the indicators at the national level since the previous survey, we saw improving performance for five of the nine indicators.

National indicator	2021/22	Scotland 2021/22	2019/20	2017/18	2015/16	East Ren trend from previous survey	Scotland trend from previous survey
NI-1: Percentage of adults able to look after their health very well or quite well	**91.9%**	90.9%	94%	94%	96%	↓	↓
NI-2: Percentage of adults supported at home who agreed that they are supported to live as independently as possible	**80.4%**	78.8%	78%	74%	80%	↑	↓
NI-3: Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	**73.8%**	70.6%	75%	64%	77%	↓	↓
NI-4: Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	**65.1%**	66.4%	62%	60%	69%	↓	↓
NI-5: Total % of adults receiving any care or support who rated it as excellent or good	**75.5%**	75.3%	70%	77%	82%	↑	↓
NI-6: Percentage of people with positive experience of the care provided by their GP practice	**69.7%**	66.5%	85%	84%	88%	↓	↓
NI-7: Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	**83.6%**	78.1%	78%	76%	79%	↑	↓
NI-8: Total combined % carers who feel supported to continue in their caring role	**28.4%**	29.7%	35%	37%	45%	↑	↓
NI-9: Percentage of adults supported at home who agreed they felt safe	**90.5%**	79.7%	81%	82%	82%	↑	↓

Data from PHS release, 22 May 2024. Latest available survey data relates to 2021/22. 2023/24 data available July 2024

4.3.2 Operational performance indicators

National indicator	2023/24	Scotland 2023/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	Trend from previous year
NI-11: Premature mortality rate per 100,000 persons	n/a	442	**264**	338	334	259	308	301	297	↑
NI-12: Emergency admission rate (per 100,000 population) for adults	**9,606***	11,614*	9,215	9,414	9,210	10,439	10,345	10,497	11,427	↓
NI-13: Emergency bed day rate (per 100,000 population) for adults	**105,211***	110,257*	108,721	108,448	96,914	105,544	110,0628	119,011	121,099	↑
NI-14: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	**73***	104*	68	77	98	78	79	79	83	↑
NI-15: Proportion of last 6 months of life spent at home or in a community setting	**88.6%***	89.2%*	88.2%	89.5%	89.8%	88%	86%	85%	86%	↑
NI-16: Falls rate per 1,000 population aged 65+	24.9*	22.7*	24.1	25.1	21.5	22.6	23.4	22.4	21.2	↓
NI-17: Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	n/a	75.2%**	**86.9%**	79.0%	84%	84%	84%	88%	88%	↑
NI-18: % of adults with intensive care needs receiving care at home	**64.4%***	64.8%*	65.0%	62.0%	58.4%	57.1%	63.6%	63.3%	58.0%	–

NI-19: Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	**397**	902	415	342	189	156	170	117	228	
NI-20: Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	n/a	24.0% (2019/20)	n/a	n/a	n/a	**20.9%**	20.8%	22.4%	22.2%	

Data from PHS release, 22 May 2024.
*Full year data not available for 2023/24. Provisional figure relates to 12 months Jan-Dec 2023.
** Scotland fig is 2022/23.

The indicators below are currently under development by Public Health Scotland.

National indicators in development
NI-10: Percentage of staff who say they would recommend their workplace as a good place to work
NI-21: Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI-22: Percentage of people who are discharged from hospital within 72 hours of being ready
NI-23: Expenditure on end of life care, cost in last 6 months per death

4.4 Ministerial Strategic Group Indicators

A number of indicators have been specified by the Ministerial Strategic Group (MSG) for which cover similar areas to the above National Integration Indicators.

MSG Indicator	2023/24	Target 23/24	2022/23	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16	Trend from previous year
Number of emergency admissions (adults)	n/a	7,130	**6,564**	6,767	6,517	7,538	7,264	7,432	8,032	7,922	
Number of emergency admissions (all ages)	n/a	8,331	**7,847**	7,860	7,281	8,645	8,246	8,513	9,199	9,123	
Number of unscheduled hospital bed days (acute specialties) (adults)	n/a	57,106	**70,064**	67,267	58,333	62,861	60,953	62,967	62,901	58,271	
Number of unscheduled hospital bed days (acute specialties) (all ages)	n/a	58,899	**72,458**	67,136	59,593	59,764	64,407	64,769	64,455	60,064	
A&E attendances (adults)	n/a	18,335	**17,355**	16,877	13,697	20,159	20,234	19,344	18,747	18,332	
A&E attendances (all ages)	n/a	25,299	**25,202**	24,270	17,843	27,567	27,850	27,011	25,888	25,300	
Acute Bed Days Lost to Delayed Discharge (Aged 18+ including Adults with Incapacity)	n/a	1,893	4,652	4,546	2,342	1,788	2,284	1,860	2,704	2,366	
% of last six months of life spent in Community setting (all ages)	n/a	86%	**87.7%**	89.5%	89.8%	88.3%	86.2%	85.0%	85.8%	85.6%	
Balance of care: Percentage of population at home (supported and unsupported) (65+)	n/a	Data only	**96.8%**	96.7%	96.6%	96.5%	95.9%	95.8%	95.7%	95.6%	
Balance of care: Percentage of population at home (supported and unsupported) (all ages)	n/a	Data only	**99.2%**	99.2%	99.1%	99.2%	99.0%	99.0%	99.0%	99.0%	

Latest data from PHS release, 11 April 2024. (MSG Indicators)

4.5 Inspection performance

East Renfrewshire HSCP delivers a number of in-house services that are inspected by the Care Inspectorate. The following table show the most up to date grades as of May 2024.

Key to Grading:
1 – Unsatisfactory, **2 –** Weak, **3 –** Adequate, **4 –** Good, **5 –** Very Good, **6 –** Excellent

Service	Date of Last Inspection	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Inspection Report
Adoption Service	11/10/2019	5	Not assessed	5	Not assessed	PDF Adoption Services - InspectionReport-305
Fostering Service	11/10/2019	5	Not assessed	5	Not assessed	PDF Fostering Services - InspectionReport-306
HSCP Holiday Programme	26/07/2022	5	Not assessed	5	4	PDF Holiday Programme - InspectionReport-312
HSCP Adult Placement Centre	25/10/2019	5	Not assessed	5	5	PDF Adult Placement InspectionReport-306

The Care Inspectorate launched the new evaluation framework in July 2018, which is based on the Health and Social Care Standards. Bonnyton House and Kirkton were inspected under the new quality inspection framework.

Service	Date of Last Inspection	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
Bonnyton House InspectionReport-317155.pdf	26/09/2023	4 (Good)	4 (Good)	Not assessed	Not assessed	Not assessed
Kirkton Kirkton - InspectionReport-304	23/7/2019	5 (Very Good)	Not assessed	Not assessed	Not assessed	5 (Very Good)
Care at Home Item 10. 2 of 2 InspectionReport-318	30/01/2024	3 (Adequate)	3 (Adequate)	3 (Adequate)	Not assessed	3 (Adequate)
Community Pathways InspectionReport-318885 (2).pdf	25/03/2024	5 (Very Good)	5 (Very Good)	Not assessed	Not Assessed	Not Assessed

The quality framework for children and young people in need of care and protection, published in August 2019.

Service	Date of Last Inspection	Evaluation of the impact on children and young people			Inspection Report

Joint Inspection of adult support and protection	June 2023				East Renfrewshire adult support and pro

Evaluation of the impact on children and young people - quality indicator 2.1

For our inspections of services for children at risk of harm, we are evaluating quality indicator 2.1. This quality indicator, as it applies to children and young people at risk of harm considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: Excellent

4.6 Use of Directions during 2023-24

Directions are the means by which the Integration Joint Board tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan. Directions are a key aspect of governance and accountability between partners. Directions issued in 2023-24 are given below.

March 2024	Budget 2024/25	ERC	Direction issued to East Renfrewshire Council to carry out each of the functions listed within the Integration Scheme in a manner consistent with: the existing policies of the Council and any relevant decisions of the Council in relation to the revenue budget; and with the Integration Joint Board's strategic plan.
March 2024	Budget 2024/25	NHS	Direction issued to NHSGGC to carry out each of the functions listed within the Integration Scheme in a

			manner consistent with: the existing policies of the Council and any relevant decisions of the Council in relation to the revenue budget; and with the Integration Joint Board's strategic plan.

Appendix One - National Outcomes

The National Health and Wellbeing Outcomes prescribed by Scottish Ministers are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including support to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

The National Outcomes for Criminal Justice are:

- Prevent and reduce further offending by reducing its underlying causes.
- Safely and effectively manage those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all.

AGENDA ITEM No. 11

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 2024
Agenda Item	11
Title	The National Neurodevelopmental Specification

Summary

To provide an update to the Integration Joint Board on the development of the National Neurodevelopmental Specification in East Renfrewshire.

Presented by	Raymond Prior, Head of Children's Services (Chief Social Work Officer)

Action Required

The Integration Joint Board is asked to:

- Note the progress being made in implementation.
- Note the development of the service and the challenges therein.

Directions	**Implications**	
☒ No Directions Required	☐ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2024

Report by Chief Social Work Officer

THE NATIONAL NEURODEVELOPMENTAL SPECIFICATION

PURPOSE OF REPORT

1. The purpose of this report is to outline the progress in implementing the neurodevelopmental specification for children and adult services in East Renfrewshire.

RECOMMENDATION

2. The Integration Joint Board is asked to:
    - Note the progress being made in implementation.
    - Note the development of the service and the challenges therein.

BACKGROUND

3. In 2019, the Children and Young People's Mental Health and Wellbeing Taskforce recommended that Scottish Government and partners should develop a neurodevelopmental service specification for use across services in Scotland. This specification was published in 2021, and is for children and young people who have neurodevelopmental profiles with support needs that require more support than currently available.

4. The neurodevelopmental service specification outlines the principles and seven minimum service standards that all boards should follow. It is a whole system approach to meet the needs of children and young people and their families who have neurodevelopmental profiles.

5. The Neurodevelopmental pathway within specialist children's services (SCS) has the remit to provide a diagnostic service to children, young people and their families where the child or young person may be displaying signs and symptoms of the following conditions;

    Autism Spectrum Disorder
    Attention Deficit Hyperactivity Disorder
    Foetal Alcohol Spectrum Disorder.
    Developmental Coordination Disorder
    Developmental Language Disorder
    Intellectual Disabilities as appropriate

6. In the Scottish Government's 'National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care', standards were detailed as the fundamental components on which any neurodevelopmental pathway be based and are linked to the principles of Getting it Right for Every Child (GIRFEC). They are;

Standard 1: High Quality Care and Support that Is Right for Me
Standard 2: I am fully involved In the Decisions about my Care
Standard 3: I will receive High Quality Assessment, Formulation and Recommendations that are right for me
Standard 4: My Rights are acknowledged, Respected and Delivered
Standard 5: I am fully involved in Planning and Agreeing my transitions
Standard 6: We fully involve Children, Young People and their Families and Carers
Standard 7: I have confidence in the Staff who support Me

7. These standards will underpin the philosophy of the SCS Neurodevelopmental Pathway Specification. Primarily the two conditions most referred to or highlighted as being of concern are Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD).

8. This approach is being developed within a system that is experiencing increasing levels of demand. It is estimated that around 25% of mainstream pupils in Scotland have additional support needs and it is now understood that neurodevelopmental differences leading to additional support needs are more common than previously understood.

9. A neurodevelopmental disorder is a term reserved for those who present with a functional impairment in day-to-day life due to difference in one or more neurocognitive functions which lie at the extreme of, or outwith the typical range. Neurocognitive functions are selective aspects of brain function – the ability to learn and use language, the ability to regulate attention, emotions, impulses, social behaviour and process sensory stimuli. Like height, these traits may be significantly genetically influenced, and are present from birth. The statistical normal range changes, dependant on age.

REPORT

10. The Neurodevelopmental Service Specification is a whole system approach to meeting the needs of children with neurodevelopmental profiles and their families. Whilst it is referred to as a ‘service’ the Standards recognise that it will be delivered by a combination of services and the neurodevelopmental specification is noted as “involv(ing) health, education, social services and third sector”. It sits within the GIRFEC approach and principles of United Nations Convention on the Rights of the Child (UNCRC). Key elements include;

11. Early identification and early support which does not wait for diagnosis, with further assessment as needs arise.

12. Effective support from the appropriate service for needs, e.g. universal services, community based mental health and wellbeing supports and services, or specialist children’s services. Delivery of services should be as close to home as possible and supports include those for parents. Where needs are best met elsewhere there should be support and ‘personalised, meaningful signposting’.

13. Close working between services, including training and advice. This close working includes involvement of the child/young person and their families/carers in care planning. A single child’s or young person’s plan would be used by all services and the child/young person and their family.

14. The service includes young adults aged 18-24 (and 26 for care experienced young people) and the need for support with transitions is highlighted.

15. It is recognised that diagnosis can enhance the understanding of support needs but that the provision of support should not wait for diagnosis. It also recognises that children and young people may have neurodevelopmental support needs whilst not meeting criteria for diagnosis.

16. Other principles included in the service specification and associated standards include ensuring that workforce planning and service development is informed by local assessment of neurodevelopmental needs, and, that services undertake the best standards of engagement in both redesign and in monitoring and improving services.

17. Implementation of the neurodevelopmental service specification has been progressing across NHSGGC although significant work is still required and particular areas of activity require focus. A number of these areas also have implications for workforce planning.

18. Similar to other partnerships, East Renfrewshire requires to understand demand for neurodevelopmental services. This includes both current demand, changing patterns of developmental concerns, and potential unmet need. Our partnership must also ensure that preventative work is strengthened. This includes developing a better understanding of what factors are amenable to intervention. National and local trends are towards increasing developmental concerns at the 27-30 month health visitor assessment with the most significant increase seen in terms of speech, language and communication.

19. Locally we also need to understand what the barriers are to accessing supports without a neurodevelopmental diagnosis and progressing GIRFEC approaches. This may include; parental advice and support, additional needs support in schools and financial supports. An assessment of what community supports best meet the needs of children, young people and their families will also be helpful. This would include sharing practice, evidence review, consultation and evaluation. There may also be a need to communicate the benefits of these supports to families and professionals so that their value is recognised. Community supports include the actions of the team around the child at early stages through to post-diagnostic supports. As such this is a key aspect of developing the neuro developmental service specification.

20. Local service planning needs to achieve a balance between capacity for diagnostic services and capacity for effective therapies. One example where further consideration may be required is around ADHD supports. There is a need to formalise responsibilities across partners for the delivery of the neuro developmental service specification, including core offer and the timeframes that the service will work towards. There is also a need to publish information in a clear, accessible format about who the neurodevelopmental services are for and how children, young people and their parents/carers can access them.

21. East Renfrewshire Health and Social Care partnership has responsibility for the local delivery of the neurodevelopmental service specification. To achieve this a multi-disciplinary neurodevelopmental team is being created. The core team will be led by a team lead and comprise of Nursing, Occupational Therapy and Speech and Language Therapy with access to sessions from Psychiatry, Paediatricians and Clinical Psychology. Different hub models are being progressed across GGC and the opportunity exits to take account of the

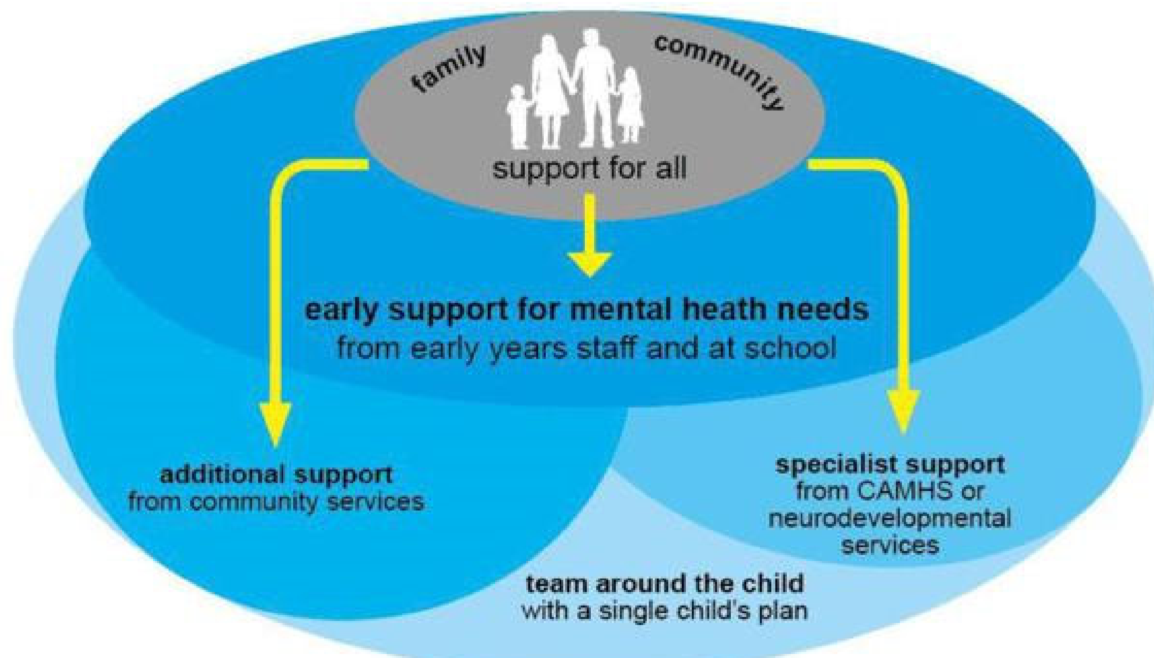
learning across the board area to ensure our model is as effective as possible. Within the HSCP all activity will be informed by our developing focus on neuro-affirming practice.

22. The Promise Whole Family Wellbeing fund has been utilised in East Renfrewshire to fund several posts, in a variety of settings, to provide neurodevelopmental support. These posts are located in the Healthier Minds service, health visiting, social work and early intervention teams. The GIRFEC approach is embedded within the service specification ensuring that a partnership approach is at the core of our delivery model. There is an expectation that professional staff supporting the implementation will include registered children's professionals with additional training in the identification and formulation of neurodevelopmental conditions including Speech and Language Therapists, General Practitioners, Paediatricians, Occupational Therapists, Physiotherapists, Peripatetic Teachers, Educational Psychologists, Nurses, Clinical Psychologists, Social Workers and Children and Adolescent Psychiatrists.

23. Clinical guidelines for the major neurodevelopmental conditions have or are in process of being written. Staff input has and continues to support both the development, sharing and implementation of guidelines. The new pathway will require a robust communication system. Referral guidance and an updated referral form and information leaflet have been produced and will form part of the service roll out.

24. The overall strategic aims of this approach are to ensure that children and families receive the supports and access to services that meet their needs at the earliest opportunity, based on the GIRFEC approach. For many children and young people, such support is likely to be community based, and should be quickly and easily accessible.

25. The services to be provided are defined within the specification. The pathways to appropriate services have been agreed and our communication system will allow children and young people and their families to understand this.



26. The local neurodevelopmental team will provide a single point of access for access into neurodevelopmental services and will be able to support the management of waiting lists. The waiting list will be dynamic with the neurodevelopmental services responding to team around the child requests. The services provided will depend on the needs identified and will be rooted in the provisions that already exist with children's services.

27. As of May 2024 there were 7560 children and young people awaiting neuro developmental assessment in NHSGGC. For East Renfrewshire there are 590 children and young people awaiting assessment with the longest wait for assessment 161 weeks. There is 0.5 wte (whole time equivalent) Speech and Language Therapy time given to neurodevelopmental diagnostic assessment work in East Renfrewshire and an agreement to recruit a further 1.0 wte post to pathway for 23 month fixed term period. Demand is significantly higher than capacity can match in terms of diagnostic assessment. Furthermore where a neurodevelopmental diagnosis is made and if this requires ongoing medication management for Attention Deficit Hyperactivity Disorder this is managed through the CAMHS team with no ability to step down to primary care colleagues further placing demand on limited secondary care resource.

28. There has been an increase in private assessment for Neurodevelopmental conditions with then a request for NHS services to provide ongoing medication support specifically in relation to ADHD medication. There has been a recently developed policy in relation to how this can be managed to ensure both that assessments are in line with clinical guidelines and then how to manage demand for support for young people in the context of those with an established diagnosis and those who have not yet received an assessment.

29. Neurodevelopmental conditions often present with more than one diagnosis, for example, ASD and ADHD. It is agreed that support should not be predicated on the basis of diagnosis but rather that children's planning should consider a child's presenting needs and the supports to help them manage in everyday environments.

30. The Scottish Government published the Transition Care Planning Guidance in 2018 and this describes the standards required in the planning of good transitions for young people. The Principles of Transition guidance is relevant in planning and supporting all transitions for children and young people, including those who have been supported by services delivering the neurodevelopmental specification. Both children's and adult services are working together using the guidance to develop transition protocols and mechanisms which will ensure effective transitions for children and young people with neurodevelopmental conditions.

31. While there is currently no single adult neurodevelopmental pathway or associated single service in East Renfrewshire or Greater Glasgow and Clyde, there is ongoing activity to explore how this might be achieved across all of NHSGGC and is subject to senior level discussions.

32. There is clear evidence demand for neurodevelopment assessment, advice and post diagnostic support is rapidly increasing across all age groups. East Renfrewshire is the lead partnership for the board wide adult autism service and has, in recent years, seen 500% increase in demand. As a result we have amended our delivery model in an effort to better meet this demand however, this remains challenging.

33. The neurodevelopmental pathway does not readily align with adult services however locally work is being carried out to better identify young people transitioning from children's to adult services. Our Transitions team are making good progress in working collegiately with education, families and wider partners to ensure we are able to plan ahead for all young people with additional support needs. As the neurodevelopment pathway embeds we will ensure close working across the spectrum of Children / Transition / Adult Services.

34. From an adult perspective we are largely in a position where we are working hard to keep up with demand for neurodevelopment assessment however recognise a need to work on a whole family basis. The small nature of the HSCP places us in a good position to encourage cross system working however this will be strengthened as a new pathway is implemented.

35. In response to the increasing demand in adults we developed an ADHD assessment service embedded in the Community Mental Health Team. The team consists of two occupational therapists with expertise in assessment, diagnosis and post diagnostic support. This small resource is working closely with primary and secondary care colleagues including developing links with third sector providers.

36. While there is currently no discrete adult neurodevelopmental pathway or associated single service in East Renfrewshire or GGC, there is ongoing activity to progress this. The neurodevelopmental pathway does not readily align with adult services however locally work is being carried out to better co-ordinate transitions to appropriate services. East Renfrewshire is served by the Adult Autism Team and has an ADHD assessment service embedded in the Community Mental Health Team. Locally we also benefit from a good foundation of supports available in the community.

IMPLICATIONS

37. There are no implications arising from this report.

DIRECTIONS

38. There are no implications arising from this report.

CONCLUSIONS

39. East Renfrewshire HSCP is committed to delivering the Neurodevelopmental Pathway Specification. This paper highlights the strengths in our partnership and that we have the ingredients needed across Children's services, Transitions and Adults to achieve this aim. An equal number of challenges exist but we are aware of those gaps and recognise East Renfrewshire is in a similar situation to other partnerships across the board. There will require strong commitment and partnership working with SCS to monitor demand and resource implication across the workforce.

RECOMMENDATIONS

40. The Integration Joint Board is asked to:
    - Note the progress being made in implementation.
    - Note the development of the service and the challenges therein.

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

https://www.gov.scot/publications/national-neurodevelopmental-specification-children-young-people-principles-standards-care/

AGENDA ITEM No. 12

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	26 June 2024
Agenda Item	12
Title	Finance and Policy Implications for Foster Care, Kinship and Adoption in relation to Scottish recommended allowances

Summary

This report provides an overview of the Scottish Government implementation of the Scottish Recommended Allowances (SRA) which impacts our foster care, kinship and adoption fees and allowances.

Presented by	Raymond Prior, Head of Children's Service and Justice (Chief Social Work Officer)

Action Required

The Integration Joint Board is asked to:

- Recognise the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council.
- Approve the revised fostering, kinship and adoption fees and allowances which have been reviewed in line with the Scottish Recommended Allowances (SRA).
- Approve the Continuing Care and Supported Care allowances.

Directions	**Implications**	
☒ No Directions Required	☒ Finance	☒ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 JUNE 2024

Report by Chief Social Work Officer

FINANCE AND POLICY IMPLICATIONS FOR FOSTER CARE, KINSHIP AND ADOPTION IN RELATION TO SCOTTISH RECOMMENDED ALLOWANCES

PURPOSE OF REPORT

1. This report provides an overview of the Scottish Government implementation of the Scottish Recommended Allowances (SRA) which impacts our foster care, kinship and adoption fees and allowances.

RECOMMENDATION

2. The Integration Joint Board is asked to:
    - Recognise the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council.
    - Approve the revised fostering, kinship and adoption fees and allowances which have been reviewed in line with the Scottish Recommended Allowances (SRA).
    - Approve the Continuing Care and Supported Care allowances.

BACKGROUND

3. IJB members will recall approving the uplift and proposal to streamline our fostering fees and allowances, presented to the IJB on 16th August 2023. Subsequently, the Scottish Government implemented the new Scottish Recommended Allowance (SRA) on 29th August 2023, which means we have had to review all earlier decisions in relation to our fees and allowances.

4. The Scottish Government's commitment to keeping the Promise, led to the review and implementation of a national recommended allowance which will benefit care experienced children and young people. The move to a SRA is to create parity across Scotland for all children and young people and recognises the support they receive, no matter where they live.

5. We have shown within East Renfrewshire Health and Social Care Partnership (HSCP) a strength of commitment to our looked after children and young people and have continued to review our fees and allowance. We have implemented increases which will make improvements to the lives of East Renfrewshire's children and young people.

6. The Scottish Government is committed to maintaining the 2023-2024 levels of support for the SRA allowances and to reviewing the funding implications for future years from 2024-2025.

7. It should be noted that the SRA covers the allowance only, allowing each local authority and agency to decide their own fee structure.

REPORT

Fostering, Kinship and Adoption

8. In respect of the SRA, the Scottish Government stipulated; *"Where local authorities are already paying above the national minimum allowance, this will continue so that kinship or foster carers currently in receipt of the allowance will not be worse off because of this commitment."*

9. It is promising to see that we have already taken steps to increase allowances beyond the current SRA (table 1). We are committed to maintaining these higher rates for the 23/24 financial year to ascribe to the ethos of making no carer worse off.

10. As part of our move to streamline fees and allowances we had changed our age ranges to 0-11 and 12+, however we now have to revert to the 4 ages ranges as prescribed by Scottish Government for the SRA.

11. We have also reviewed age ranges for our fostering fee to align with the age ranges introduced by Scottish Government for the SRA, whilst keeping our commitment to the fees as presented on 16th August 2023 paper.

12. These are included in the table below, along with the new recommended allowance which will be effective from April 2023.

New proposed age range	Current			Proposed			Change
	Allowances	Fees	Weekly rate	Allowances	Fees	Weekly rate	Weekly rate
	£	£	£	£	£	£	£
0-4 years (was 0-11)	166.74	217.28	384.02	168.31	217.28	385.59	1.57
5-10 years (was 0-11)	166.74	217.28	384.02	195.81	217.28	413.09	29.07
11-15 years (was 12+)	207.60	311.43	519.03	207.60	311.43	519.03	-
16+ years (was 12+)	207.60	311.43	519.03	268.41	311.43	579.84	60.81

Continuing and Supported Care

13. Young people leaving care after their sixteenth birthday who have been looked after in foster, kinship or residential care are eligible for Continuing Care. This means these young people are eligible to stay with their carers up to their 21st birthday.

14. Whilst the Scottish Government are continuing to review the support available to care leavers, including financial support, they have currently stated that the SRA does not apply to young people receiving continuing care, only to those young people aged 16-18 who still are in care.

15. As we remain committed to providing essential support to our young people in continuing care and supported care we have reviewed our previous continuing care and supported care payments and our recommendation would be that continuing care allowance continues to match the 16+ rate of SRA for future payments.

16. The supported care allowance is slightly lower, in recognition of the young person becoming more independent and able to contribute to their own living arrangements. Details are provided in the table below.

	Current			Proposed			Change
	Allowances	Fees	Weekly rate	Allowances	Fees	Weekly rate	Weekly rate
	£	£	£	£	£	£	£
Continuing Care	207.60	198.51	406.11	268.41	198.51	466.92	60.81
Supported Care	198.51	175.55	374.06	238.41	198.51	436.92	62.86

17. These recommendations would allow continuing care and supported care payments to keep in pace with the fostering SRA. We acknowledge that the Scottish Government may make future proposals for continuing care, and we can review this accordingly.

18. As part of the review of our allowances and fees, we have reviewed our current additional/discretionary payments. To provide additional support to our continuing carers and supported carers we are recommending that we pay one week's birthday payment and one week's Christmas/festival payment equivalent to the young person's weekly allowance rate.

19. Our continuing carers and supported carers have provided feedback that they feel it is important to provide ongoing support for our young people that would continue to give them memories through providing a special birthday and Christmas/festival.

CONSULTATION AND PARTNERSHIP WORKING

20. We have had feedback from our carers who are providing continuing and supported care to our young people around any potential for additional financial support.

IMPLICATIONS OF THE PROPOSALS

Finance

21. The Scottish Government provided additional funding during 2023/24 and this meets the cost of increases effective from 1 April 2023.

22. Through committing to the implementation of SRA we are also recognising that future increases in allowances will be subject to national implementation and oversight. In prior years a local assumption has been made as part of the budget setting process.

<u>Workforce</u>

23. There are no workforce implications however in implementing these recommendations we can continue, as part of our ongoing foster carer recruitment strategy, to compare favourably to external and voluntary providers which will allow us to remain competitive when seeking to recruit and assess new foster carers.

<u>Infrastructure</u>

24. There are no infrastructure implications.

<u>Risk</u>

25. By investing in our carers we are ensuring the retention of them which is an established recruitment strategy and reduces the risk of requiring external placements. External third sector and independent providers is significantly more costly to the Council and HSCP than recruiting and retaining its own carers.

<u>Equalities</u>

26. By implementing the SRA, we are committed to creating parity across Scotland for all care experienced young people. We are continuing to invest in our carers and families and recognise all they offer for our children and young people.

<u>Policy</u>

27. None

<u>Legal</u>

28. None

<u>Fairer Scotland Duty</u>

29. None

DIRECTIONS

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

CONCLUSIONS

31. The proposals will allow East Renfrewshire to continue to keep our commitment to Scotland’s Promise, and our children and young people.

32. Through investing in our own foster carers, we will be best placed to ensure the quality of the care provided to our children and young people is of the standard necessary to improve outcomes and give them the best possible start in life.

33. This proposal strengthens support and scaffolding to all our kinship carers who offer significantly important care to children and young people.

34. These changes will allow us to continue to invest in our children and young people, supporting them to remain in and engage in their local community.

35. Through implementing the SRA and making the commitment that no carer is worse off due to SRA implementation, we will continue to maintain our strong recruitment position. We will remain comparative and competitive across Scotland, which will support our recruitment campaign to increase our own carers ensuring we are less reliant on the need for external fostering/residential costs.

RECOMMENDATIONS

36. The Integration Joint Board is asked to:
    - Recognise the impact of legislative and policy change for the Health and Social Care Partnership and East Renfrewshire Council.
    - Approve the revised fostering, kinship and adoption fees and allowances which have been reviewed in line with the Scottish Recommended Allowances (SRA).
    - Approve the Continuing Care and Supported Care allowances.

REPORT AUTHOR AND PERSON TO CONTACT

Jen McKean, Senior Manager Children's Services
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Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

New national allowance for foster and kinship carers - gov.scot (www.gov.scot)
Scottish Recommended Allowance: information for carers and professionals - gov.scot (www.gov.scot)
Executive Summary - Keeping the Promise implementation plan - gov.scot (www.gov.scot)
IJB_Item_07_-_16_August_2023.pdf (eastrenfrewshire.gov.uk)

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 2024
Agenda Item	13
Title	East Renfrewshire Alcohol And Drugs Partnership Annual Reporting Survey 2023-24

Summary

This report presents the draft Alcohol and Drugs Partnership Annual Reporting Survey for 2023-24, which has been prepared for submission to the Scottish Government.

Presented by	Julie Murray, Chief Officer

Action Required

The Integration Joint Board is asked to approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2023-24 prior to submission to the Scottish Government.

Directions	**Implications**	
☒ No Directions Required	☐ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2024

Report by Chief Officer

EAST RENFREWSHIRE ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORTING SURVEY 2023-24

PURPOSE OF REPORT

1. The purpose of this report is to present the draft Alcohol and Drugs Partnership (ADP) Annual Reporting Survey 2023-24, which has been prepared for submission to the Scottish Government.

RECOMMENDATIONS

2. The Integration Joint Board is asked to approve the East Renfrewshire Alcohol and Drugs Partnership (ADP) Annual Reporting Survey 2023-24 prior to submission to the Scottish Government.

BACKGROUND

3. Integration Joint Board members will be aware that there is significant scrutiny of Alcohol and Drugs Partnerships, particularly in relation to the delivery of the National Mission to prevent alcohol and drug related deaths. This scrutiny includes robust assessment of evidence of delivery of the Medication Assisted Treatment Standards, monitoring of residential rehabilitation placements, as well as performance indicators including service waiting times and the substance use treatment target. The East Renfrewshire Alcohol and Drugs Strategy 2024-27 was recently updated to reflect local priorities as well as the National Mission and was approved by the IJB in March 2024. Annual progress reports will be produced to demonstrate progress and impact.

4. Alcohol and Drugs Partnerships (ADPs) are also required to complete an Annual Reporting Survey, and the Scottish Government has requested that local Integration Joint Boards approve these prior to submission. The Integration Joint Board considered the 2022-23 report in June of last year. This survey is designed to collect a range of information from all ADPs across Scotland relating to the delivery of the National Mission during the financial year 2023-24, and mainly covers those areas where ADPs do not already report progress nationally through the other means outlined in paragraph 3. The collated findings from all ADP surveys feed into the annual National Mission Progress Report, produced in autumn each year.

REPORT

5. East Renfrewshire's draft survey submission is attached in Annex 1. This is a simple survey tool with single option or multiple choice check boxes, and limited free text input. As such it is not particularly easy to read. For ease of reference for Integration Joint Board members, some key points in East Renfrewshire's survey return are listed below:

- Arrangements for monitoring and recording lessons learned from alcohol and drug related deaths include Multi-Disciplinary Team reviews, and further investigation is undertaken using NHS ADRS Significant Adverse Event Review (SAER) process. High level findings from analysis of drug related deaths data are reported to the Chief Officer's Public Protection group.
- Mechanisms for involving people with lived / living experience including East Renfrewshire ADP Lived Experience Panel.
- Services are aiming to reduce stigma for people who use substances through no barrier and rapid access to services and no wrong door approach
- Arrangements in place at a health board level to gather intelligence on drug harms, new substance types and other risks – the NHS Greater Glasgow and Clyde Drug Trend Monitoring Group
- ADP support and funding is provided for prevention and early intervention work including youth diversionary activities and alcohol brief interventions.
- Examples of training and capacity building delivered across the partnership including CRAFT (Community Reinforcement and Family Training) – a model for supporting people affected by a loved one's substance use.

6. As the annual reporting survey is intended to cover those areas where ADPs do not already report progress nationally through the other means outlined in paragraph 3, it is important to note the document does not reflect the range and scale of activity to address alcohol and drugs harms in East Renfrewshire.

CONSULTATION AND PARTNERSHIP WORKING

7. There was no consultation required to complete the annual reporting survey, however the submission notes the arrangements in place to involve people with lived and living experience in the work of the Alcohol and Drugs Partnership and examples of partnership work that are underway.

IMPLICATIONS OF THE PROPOSALS

8. There are no finance, workforce, risk, infrastructure, policy, legal or equality implications arising from this report.

DIRECTIONS

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

CONCLUSIONS

10. The Annual Reporting Survey provides a range of examples of East Renfrewshire's contribution to the National Mission to prevent alcohol and drug related deaths.

11. Following approval the Alcohol and Drugs Partnership Annual Reporting Survey will be submitted to the Scottish Government.

RECOMMENDATIONS

12. The Integration Joint Board is asked to approve the East Renfrewshire Alcohol and Drugs Partnership Annual Reporting Survey 2023-24 prior to submission to the Scottish Government

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

National Drugs Mission 2022-26
Report to Integration Joint Board, June 2023, Alcohol And Drugs Partnership Annual Report 2022-23
Report to Integration Joint Board, March 2024, East Renfrewshire Alcohol and Drugs Strategy 2024-27

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as Official Statistics on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses here. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an ‘x’.
[single option]

Aberdeen City ADP
Aberdeenshire ADP
Angus ADP
Argyll & Bute ADP
Borders ADP
City of Edinburgh ADP
Clackmannanshire & Stirling ADP
Dumfries & Galloway ADP
Dundee City ADP
East Ayrshire ADP
East Dunbartonshire ADP
X East Renfrewshire ADP
Falkirk ADP
Fife ADP
Glasgow City ADP
Highland ADP
Inverclyde ADP
Lothian MELDAP ADP
Moray ADP
North Ayrshire ADP
North Lanarkshire ADP
Orkney ADP
Perth & Kinross ADP
Renfrewshire ADP
Shetland ADP
South Ayrshire ADP
South Lanarkshire ADP
West Dunbartonshire ADP
West Lothian ADP
Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.
[multiple choice]

Alcohol death review group

Alcohol harms group

Drug death review group

Drug trend monitoring group/Early Warning System

None

X Other (please specify): East Renfrewshire ADRS MDT reviews all alcohol and drug deaths of people known to the service or discharged in the last 12 months and further investigation is undertaken using NHS ADRS Significant Adverse Event Review (SAER) process. Any learning is shared both at a local level through Team Meeting structures and at board wide level through the SAER Board Wide ADRS Meeting.

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.
[single option]

x Yes

No

Don't know

3b. If no, please provide details on why this is not the case.
[open text – maximum 500 characters]

Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

NHSGGC Drug Trend Monitoring Group ciruclates intelligence gathering from thr health board area; Public Health Scotland RADAR drugs early warning system - warning sand data briefings are circulated round local ADRS and wider partners to cascade information to local residents at risk.

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.
[single option]

Yes

X No

5b. Please provide details of any revisions
[open text – maximum 500 characters]

Although no protocols revised as yet, raising this at team meetings with staff to have conversation with anyone using novel synthetics to gather intel and provide harm reduction advice, with a view to passing any information onto Scottish Drugs Forum, local surveillance teams and other health professions monitoring the use of these drug trends.

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent[1] staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.
[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	1.40
Total vacancies (whole-time equivalent)	

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).
[open text – maximum 500 characters]

n/a

Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).
[open text – maximum 2,000 characters]

East Renfrewshire HSCP delivered a partnership wide wellbeing programmes during 2023-24. Included universal access across staff and volunteers to wellbeing walks, tai-chi, yoga.

[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a ‘full-time’ position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an ‘x’. [multiple choice]

X Experiential data collected as part of MAT programme

X Feedback / complaints process

X Lived / living experience panel, forum and / or focus group

Questionnaire / survey

No formal mechanism in place

X Other (please specify): conversations café events, summer and winter events

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an ‘x’. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff		
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)		

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

X Other (please specify): Through representation on ADP via Lived Experience Panel membership

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

X Other (please specify): Through representation on ADP via Lived Experience Panel membership

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.
[multiple choice]

Prerequisite for our commissioning

Asked about in their reporting

Mentioned in our contracts

None

X Other (please specify): This information would be asked for as relevant to the particular piece of work being commissioned

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation[2] in the last financial year. Within your answer please indicate which activities have been most costly.
[open text – maximum 2,000 characters]

Small contract with The Advocacy Project to support the Lived Experience Panel. Financial resources to support invovement and participation including conversation cafes, venues, vouchers, transport. The ADP Co-ordinator supports lived experience involvement and this is built into the costs of the post. Commissioned support and the support directly provided by ADP co-ordinator (i.e. staff time) is the most costly element.

Cross cutting priorities: Stigma Reduction

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.
[multiple choice]

X ADP strategy, delivery and/or action plan
Alcohol deaths and harms prevention action plan
Communication strategy
Community action plan
Drug deaths and harms prevention action plan
X MAT standards delivery plan
Service development, improvement and/or delivery plan
None
Other (please specify):

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

[2] The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

Increasing promotion of alcohol and drug services to normalise service provision and make more accessible; delivering support and recovery events in different, neutral venues within the community; Initiatives to reduce stigma featuring more in 2024-25 work plan with a priority action within newly published alcohol and drugs strategy.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).
[open text – maximum 500 characters]

Experiential data gathering planned for 2024-25

Fewer people develop problem substance use

Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an ‘x’. [multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			
People from minority ethnic groups			
People from religious groups			
People who are experiencing homelessness			
People who are LGBTQI+			
People who are pregnant or peri-natal			
People who engage in transactional sex			
People with hearing impairments and/or visual impairments			
People with learning disabilities and literacy difficulties			
Veterans			
Women			

Question 16

Which of the following education or prevention activities were funded or supported[3] by the ADP? Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information			X
Harm reduction services			
Learning materials	X	X	
Mental wellbeing			
Peer-led interventions			
Physical health			
Planet Youth			
Pregnancy & parenting			
Youth activities	X	X	
Other (please specify)	Diversionary equipment for use in youth clubs/groups to provide activity to encourage young people into buildings and off the streets. Police-led holiday diversionary programme with outdoor activities etc.	x	

[3] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies			X	
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X	X	X	X
General practices				
Homelessness services				
Hospitals (incl. A&E, inpatient departments)				
Justice services				
Mental health services				
Mobile/outreach services	X	X	X	X
Peer-led initiatives				
Prison	X	X	X	X
Sexual health services				
Women support services				
Young people's service				
None				
Other (please specify)	harm reduction also available within home visits and different community settings; peer Naloxone intiative test of change			

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an ‘x’.
[multiple choice]

X Drug checking
Drug testing strips
Heroin Assisted Treatment
Safer drug consumption facility
Safer inhalation pipe provision
Safe supply of substances
Other (please specify):

19b. Please provide details, e.g. scale of the demand.
[open text – maximum 500 characters]

So far we would not describe it as demand but there have been a small number of queries within the service on how to get drugs tested.

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.
[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services		
Hospitals (including emergency departments)		
Housing services		
Mental health services		
Police Scotland	X	
Primary care		
Prison		
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

Further workforce training required

X Insufficient funds

Issues around information sharing

Lack of leadership

Lack of ownership

X Workforce capacity

None

X Other (please specify): infrastructure to support out of hours working (including office bases available out of hours and clinical supervision)

Question 21

In what ways have you worked with justice partners[4]? Mark all that apply with an 'x'. [multiple choice]

Strategic level

X ADP representation on local Community Justice Partnership

X Contributed to strategic planning

X Coordinated activities between justice, health or social care partners

X Data sharing

X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)

X Provided advice and guidance

Other (please specify):

Operational level

Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)

X Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)

X Supported staff training on drug or alcohol related issues

Other (please specify):

Service level

Funded or supported:

Navigators for people in the justice system who use drugs

Services for people transitioning out of custody

Services in police custody suites

Services in prisons or young offenders institutions

X Services specifically for Drug Treatment and Testing Orders (DTTOs)

X Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

Other (please specify):

[4] Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an ‘x’.
[multiple choice]

	Pre-arrest[5]	In police custody[6]	In courts[7]	In prison[8]	Upon release[9]
Advocacy or navigators					
Alcohol interventions				X	X
Drug and alcohol use and treatment needs screening			X		X
Harm reduction inc. naloxone	X	X	X	X	X
Health education & life skills				X	X
Medically supervised detoxification				X	X
Opioid Substitution Therapy				X	X
Psychosocial and mental health based interventions				X	X
Psychological and mental health screening		X		X	X
Recovery (e.g. café, community)				X	X
Referrals to drug and alcohol treatment services		X	X	X	X
Staff training					X
None					
Other (please specify)	Police Scotland officers now carry Naloxone, funded at	note there are no custody suites in East Renfrewshire		note there is no prison located in East Renfrewshire, prison and	

[5] Pre-arrest: Services for police to refer people into without making an arrest.
[6] In police custody: Services available in police custody suites to people who have been arrested.
[7] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[8] In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).
[9] Upon release: Services aimed specifically at supporting people transitioning out of custody.

	national level	however there are navigators in custody suites in Glasgow, as well as custody healthcare provided by NHSGGC, who would signpost to East Ren services		custody healthcare is provided by NHSGGC Low Moss Prison has a recovery hub/café model	

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.
[single option]

X Yes
No
Don't know

24b. If yes, please list the relevant services.
[open text – maximum 500 characters]

The residential rehabilitation pathway and associated budget covers all affected by alcohol/drug use and who would benefit from this type of support including people involved wth justice system. Local services would work together to facilitate access / referral to Turning Point Scotland Turnaround Service direct from prison.

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area[10]? Mark with an 'x'. [single option]

X Yes
No
Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

Access to Drug Treatment and Testing Order service

[10] We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

Alcohol hospital liaison

Arrangements for the delivery of alcohol brief interventions in all priority settings

X Arrangement of the delivery of alcohol brief interventions in non-priority settings

Pathways for early detection of alcohol-related liver disease

None

Other (please specify):

Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

X Alcohol hospital liaison

Alcohol related cognitive testing (e.g. for alcohol related brain damage)

X Community alcohol detox (including at-home)

X In-patient alcohol detox

X Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

None

Other (please specify):

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an ‘x’.
[multiple choice]

X Availability of aftercare
Availability of detox services
X Availability of stabilisation services
Current models are not working
Difficulty identifying all those who will benefit
Further workforce training required
X Insufficient funds
Insufficient staff
Lack of awareness among potential clients
Lack of capacity
X Lack of specialist providers
Scope to further improve/refine your own pathways
X Waiting times
None
X Other (please specify): lack of crisis and stabilisation services, rules around medication can restrict access; variation in prices across different rehab providers

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

Participating in national work on commissioning framework for providers; working with providers on case-by-case basis to best meet needs of service users identified for residential rehabilitation placement

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an ‘x’.
[single option]

No revisions or updates made in 2023/24
X Yes - Revised or updated in 2023/24 and this has been published
Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

reduced repetition in the referral forms and documents in response to staff feedback to streamline process

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area? Mark all that apply with an 'x'.
[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)
X Availability of stabilisation services
Difficulty identifying all those who will benefit
Further workforce training is needed
Geographical challenges (e.g. remote, rural, etc.)
Insufficient funds
Insufficient staff
Lack of awareness among potential clients
X Lack of capacity
Scope to further improve/refine your own pathways
Waiting times
None
Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 500 characters]

We are exploring variety of options around partnership and cross-boundary working.

Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities		X	
Employability support			X
Family support services	X	X	X
Information services			
Justice services			X
Mental health services (including wellbeing)			
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities			X
School outreach			
Support/discussion groups (including 1:1)		X	
Other (please specify)	There are no specific treatment services for this age group. Social work services would work with families where child protection and welfare needs identified	Social work services would work with families where child protection and welfare needs identified	Social work services will work with young people up to age 25 if care experienced. ADRS open to adults aged 16 and over.

Question 31

Please list all recovery groups[11] in your ADP area that are funded or supported[12] by your ADP.
[open text – maximum 2,000 characters]

PARTNER Community-Led Recovery Group

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		X
People from minority ethnic groups		X
People from religious groups		X
People who are experiencing homelessness		X
People who are LGBTQI+		X
People who are pregnant or peri-natal		X
People who engage in transactional sex		X
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		X
Veterans		X
Women		X

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

X Yes
No

[11] 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.
[12] Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

33b. Please provide details.
[open text – maximum 500 characters]

NHS GGC Interface Protocol - mental Health and Substance Use services; joint care planning development underway within East Renfrewshire HSCP Recovery Services (where alcohol and drugs and mental heath services are jointly managed by senior leadership team)

Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an ‘x’.
[multiple choice]

Dual diagnosis teams

X Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify):

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an ‘x’.
[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

X By representation on the ADP board

X Through partnership working

Via provision of funding

Not applicable

Other (please specify):

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported[13] services to implement a trauma-informed approach? Mark all that apply with an 'x'.
[multiple choice]

Engaging with people with lived/living experience

Engaging with third sector/community partners

Provision of trauma-informed spaces/accommodation

Recruiting staff

X Training existing workforce

Working group

None

X Other (please specify): applying trauma informed principles to design of proposed community recovery hub

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

X Yes

No

Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.
[single option]

Yes

X No

Don't know

[13] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.
[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support			
Family support services	X	X	X
Information services			
Mental health services			
Outreach/mobile services			
Recovery communities			
School outreach			
Support/discussion groups			
Other (please specify)	Social work services would work with families where child protection and welfare needs identified Diversionary activities provided by Police and Community Learning and Development partners	Social work services would work with families where child protection and welfare needs identified	Social work services will work with young people up to age 25 if care experienced. ADRS family support open to adults 16+

Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.
[multiple choice]

Advocacy

Commissioned services

Counselling

X One to one support

Mental health support

X Naloxone training

Support groups

Training

None

Other (please specify): Social work services will support adults affected by another's substance use where the overall family needs meet threshold for support

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an ‘x’.
[single option]

X Yes
No
Don’t know

40b. Please provide details of these activities and priorities for 2023/24.
[open text – maximum 500 characters]

Action to implement approach in 2023-24 included delivery of funded programme jointly across children & families social work and ADRS including parenting support, outdoor activity programme for young people and wellbeing support. ADP has supported additional complimentary training on CRAFT and human rights based approaches, with participation of a range of disciplines including social work, police, carers orgs. Whole family approach is incorporated in new alcohol and drugs strategy.

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an ‘x’.
[multiple choice]

	Family member **in treatment**	Family member **not in treatment**
Advice	X	
Advocacy		
Mentoring		
Peer support		
Personal development	X	X
Social activities	X	X
Support for victims of gender based violence and their families	X	X
Youth services	X	X
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children’s Service’s Planning Partnership area? Mark with an ‘x’. [single option]

X Yes
No

Don't know

42b. If yes, please provide details.
[open text – maximum 500 characters]

Health visiting post funded through WFWF working with families, many of whom are involved with ADRS, and involved with co-production of peer support groups. Linked with Trauma-informed services roll out and trauma lived experience group.

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

Service / organisation name [open text]	Amount of funding provided £ [number]
Penumbra Mental Health (Peer Support Service)	60000.00
Glasgow Council on Alcohol (ABIs and counselling)	43000.00
Turning Point Scotland (overdose response)	75000.00
The Advocacy Project (lived experience panel)	6500.00

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

ADP

IJB

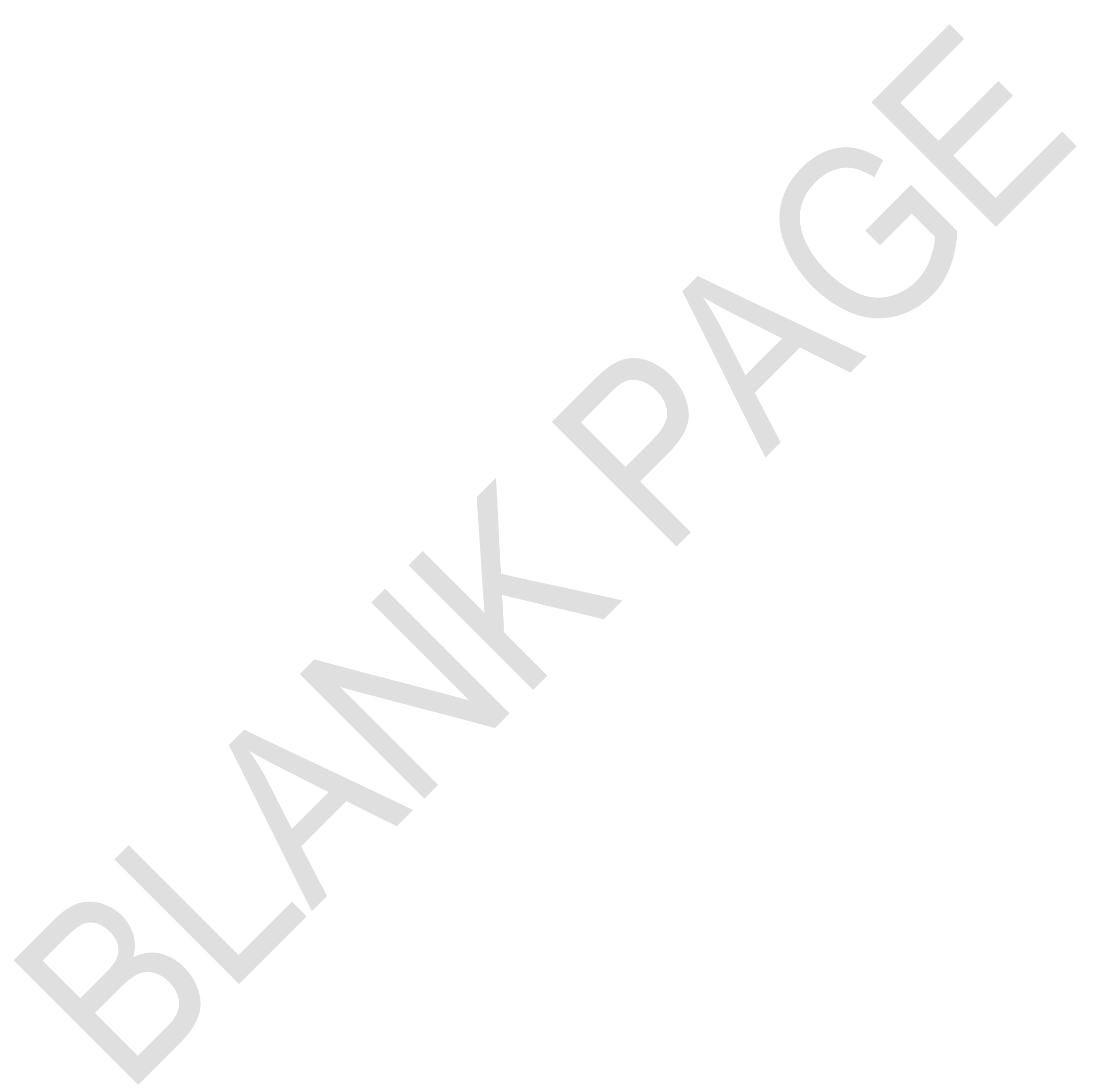
Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format):

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]



AGENDA ITEM No. 15

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 26 June 2024
Agenda Item	15
Title	Integration Joint Board and Performance and Audit Committee Membership
Summary A report providing a position statement in relation to the new NHS Greater Glasgow and Clyde representative on the IJB and seeking approval for changes to the membership of the committee as set out in the report.	
Presented by	Julie Murray, Chief Officer
Action Required The Integration Joint Board is asked to approve the membership as set out in the report.	

Directions	**Implications**	
☒ No Directions Required	☐ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☐ Policy	☒ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☐ Workforce	☐ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

EAST RENFREWSHIRE INTEGRATION JOINT BOARD

26 June 2024

Report by Chief Officer

INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE MEMBERSHIP

PURPOSE OF REPORT

1. The purpose of this report is to provide information about the membership of the Integration Joint Board and Performance and Audit Committee.

RECOMMENDATION

2. The Integration Joint Board is asked to note the changes to membership as set out in the report.

BACKGROUND

3. As set out in the Integration Scheme, NHS Greater Glasgow and Clyde and East Renfrewshire Council nominate 4 Non-Executive Board members and 4 Councillors to serve on the IJB. In addition, each partner identifies one of its 4 nominees to the IJB to serve as lead and Chair/Vice-Chair.

4. In terms of the Integration Scheme, the posts of Chair and Vice Chair are held for a two year term by the lead persons appointed by the Council and the Health Board. At the end of the two year term the positions reverse.

REPORT

5. The term of office for both Anne Marie Monaghan and Jacqueline Forbes on the NHSGGC Board comes to and end on 30th June 2024.

6. NHSGGC has nominated Mehvish Ashraf as the lead for East Renfrewshire IJB.

7. As the date of this change coincides with the IJB Chair and Vice Chair two year term, this means that Councillor Katie Pragnell will assume the role of Chair of the IJB and Mehvish Ashraf will take on the role of Vice-Chair. This also means that Mehvish Ashraf becomes Chair of the Performance and Audit Committee, with Councillor Katie Pragnell as Vice Chair of Performance and Audit Committee.

8. At the time of writing, we await confirmation of the nominated NHSGGC non-executive members who will join East Renfrewshire IJB.

CONSULTATION AND PARTNERSHIP WORKING

9. There has been no consultation on the proposed memberships

IMPLICATIONS OF THE PROPOSALS

10. There are no direct implications arising from this report as this relates to the governance of the Integration Joint Board.

DIRECTIONS

11. There are no directions arising from the report.

CONCLUSIONS

12. The review of membership was required as two NHSGGC Non-Executive members of the IJB have reached the end of their term in office.

RECOMMENDATIONS

13. The Integration Joint Board is asked to note the changes to membership as set out in the report.

REPORT AUTHOR AND PERSON TO CONTACT

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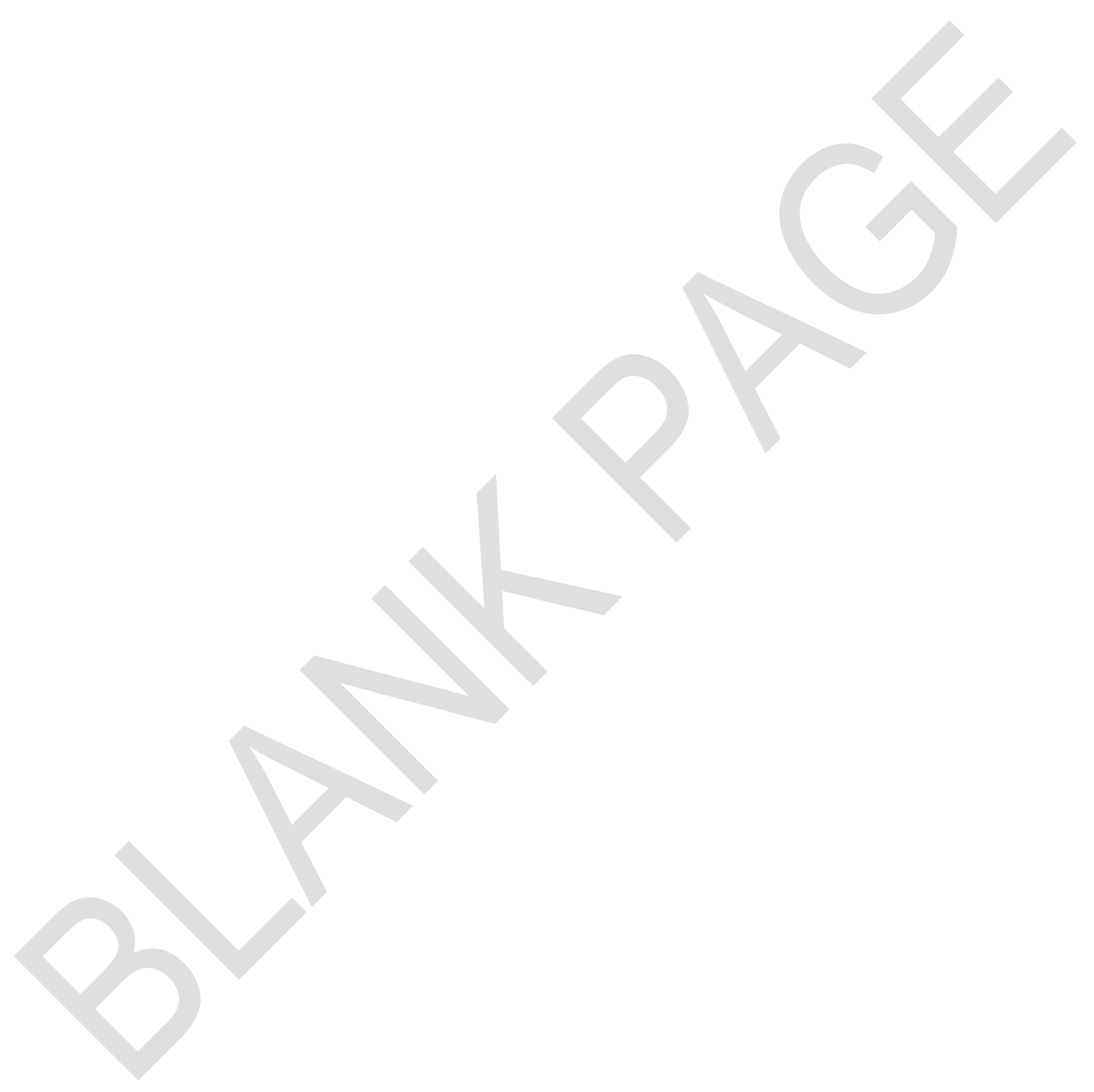
0141 451 0749

Chief Officer, IJB: Julie Murray

11 June 2024

BACKGROUND PAPERS

East Renfrewshire Integration Scheme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